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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE COMMISSIONER

Lori A. Shibinette
Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9200 1-800-852-3345 Ext. 9200
Fax: 603-271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

May 29, 2020

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

INFORMATIONAL ITEM

Pursuant to RSA 4:45, RSA 4:47, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, and 2020-09, Governor Sununu has authorized the Department of Health and Human Services, Division of Public Health Services, to enter into **Retroactive, Sole Source** contracts with the vendors listed below, in the amount of $200,000 to provide telemedicine services for uninsured residents of New Hampshire who are experiencing COVID-19 related signs or symptoms and to have one vendor provide the coordination of testing for long-term health care workers, with the option to extend in accordance with the terms included in these agreements, from the dates below through June 30, 2020. 100% General Funds.

Vendor Name	Vendor Code	Area Served	Contract Amount	Retroactive Date
Health First Family Care Center	158221-B001	Merrimack County	$100,000	April 23, 2020
Mid-State Health Center	158055-B001	Grafton County	$100,000	April 20, 2020
		Total:	$200,000	

Funds are available in the following account for State Fiscal Year 2020, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

05-95-95-950010-56760000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: COMMISSIONER'S OFFICE, OFFICE OF THE COMMISSIONER, OFFICE OF BUSINESS OPERATIONS

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2020	103-502664	Contracts for Oper Svc	95010999	$200,000
			Total	$200,000

EXPLANATION

This item is **Retroactive** and **Sole Source** to allow the Department to quickly provide telemedicine services to uninsured residents to effectively respond to the COVID-19 Pandemic. The purpose of this contract is to provide uninsured residents of New Hampshire medical services

to treat the signs and symptoms of COVID-19, during the State of Emergency. Uninsured individuals typically seek non-emergent care at hospitals, due to hospitals requirement to provide care to uninsured patients. The Department requested these contracts be effective April 20, 2020, and April 23, 2020, because the Department needed to quickly establish contractual relationships to be prepared for a surge of individuals seeking medical attention at hospitals.

The exact number of uninsured residents of the State of New Hampshire served from April 20, 2020, to June 30, 2020, will depend on the trajectory of the COVID-19 pandemic.

The vendors will be providing telemedicine visits to individuals who are uninsured and reside in New Hampshire to treat the signs or symptoms of COVID-19. If the vendor's healthcare provider orders a COVID-19 test, vendors will coordinate the specimen collection, processing, coordination with a reference laboratory for testing and communication with the uninsured individuals concerning the test results and recommendations for further treatment based on the test results.

As referenced in the attached Agreement, the parties have the option to extend in accordance with the terms of this Agreement contingent upon satisfactory delivery of services, available funding, agreement of the parties and appropriate State approval.

Area served: Statewide

Source of Funds: 100% General Funds

Respectfully submitted,

Lori A. Shibinette
Commissioner

AGREEMENT BETWEEN

THE STATE OF NEW HAMPSHIRE
DEAPRTMENT OF HEALTH AND HUMAN SERVICES,
DIVISION OF PUBLIC HEALTH

AND

HealthFirst Family Care Center

This Agreement dated this 21st day of April 2020 is entered into by and between the State of New Hampshire, Department of Health and Human Services, Division of Public Health ("DPH"), and HealthFirst Family Care Center (HFFCC) having their principal office at 841 Central Street, Franklin, NH 03235 (hereafter, collectively, "HealthFirst").

WHEREAS, consistent with the Governor's Executive Order 2020-04 as extended by Executive order 2020-05, DPH is working to respond to the growing outbreak of COVID-19;

WHEREAS, approximately 81,000 residents of New Hampshire are uninsured, many of whom may need medical services to treat the signs and symptoms of COVID-19;

WHEREAS, uninsured individuals typically seek non-emergent care at hospitals, due to the hospitals' capacity and ability to provide uncompensated care to the residents of NH,

WHEREAS, in preparation for the hospital surge expected as a result of the COVID-19 outbreak, DPH must manage the availability of hospital services available to all residents of NH,

WHEREAS, HFFCC is the owner and operator of a Federally Qualified Health Center (FQHC), Planned Parenthood Clinic, or FQHC Look-a-Like;

WHEREAS, HFFCC has the capacity to offer non-emergent services to uninsured individuals at a discounted rate paid for by the Department of Health and Human Services; and

WHEREAS, by providing for the uninsured individuals to receive non-emergent care at these walk-in center locations, DPH is better able to keep hospital services available for those needing emergency care for the treatment of COVID-19;

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree:

1. Services to be provided:

A. HFFCC shall provide telemedicine visits to individuals who are uninsured and reside in New Hampshire to triage, screen, and treat the signs or symptoms of COVID-19 during the State of Emergency in New Hampshire declared pursuant to Executive Order 2020-04 as extended by Executive order 2020-05.

Telemedicine visits provided by HFFCC for individuals for issues unrelated to COVID-19 shall not be included within the services to be rendered under the Agreement.

B. At the conclusion of a telemedicine visit with a HFFCC healthcare provider in which the provider has ordered a SARS-CoV-2 (virus that causes COVID-19) test, HFFCC shall coordinate the specimen collection, processing, coordination with a reference laboratory for testing, and communication with the uninsured individual concerning the test result and recommendations for further treatment based on the test result.

C. HFFCC shall commence the services upon signature of both parties.

2. Payment for Services:

A. For each telemedicine visit provided under this Agreement, DPH shall pay HFFCC $99.00.

B. DPH reserves the right to offset from any amounts otherwise payable to HFFCC under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

C. HFFCC shall submit an invoice to DHHS by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. HFFCC shall ensure the invoice is completed, dated and returned to DHHS in order to initiate payment. The invoices shall include: name of patient seen and the date of service.

D. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to Mary.Calise@dhhs.nh.gov, or invoices may be mailed to:

Mary Calise
Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

F. The State shall make payment to HFFCC within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.

3. Price Limitation:

A. The total to be paid or reimbursed under this Agreement from DPH to HFFCC shall not exceed $100,000.00. If the volume of uninsured individuals receiving care and/or testing under this Agreement is high, DPH and HFFCC may increase this limit upon mutual agreement by the parties with appropriate approvals as required pursuant to the laws of the State of New Hampshire for government contracting.

B. Notwithstanding any provision of this Agreement to the contrary, all obligations of

DPH hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the scope of service.

4. Effective Date and Duration: The Term of this Agreement shall commence upon signature from both parties and shall terminate on June 30, 2020, unless sooner terminated or extended in accordance with the terms of this Agreement.

5. Indemnification: Unless otherwise exempted by law, HFFCC shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of HFFCC, or subcontractors, including but not limited to negligent, reckless or intentional conduct. The State shall not be liable for any costs incurred by HFFCC arising under this paragraph. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this Agreement.

6. Confidentiality: Any and all confidential information obtained or received by HFFCC shall be kept confidential and shall not be disclosed to anyone for any reason. "Confidential Information" means all information owned, managed, created, or received from the Individuals, DPH, any other agency of the State, or any medical provider, that is protected by Federal or State information security, privacy or confidentiality laws or rules. Confidential Information includes, but is not limited to, Derivative Data, protected health information (PHI), personally identifiable information (PII), federal tax information (FTI), Social Security Administration information (SSA) and criminal justice information services (CJIS) and any other sensitive confidential information provided under the Agreement. This covenant shall survive the termination of the Agreement.

7. Assignment: HFFCC shall not assign any interest in this Agreement without prior written notice, which shall be provided to DPH at least fifteen (15) days prior to the assignment, and a written consent of DPH. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

8. Modification: No modification of this Agreement shall be binding upon the other Party unless made in writing and agreed upon by both Parties to this Agreement. Either Party may terminate this Agreement for any reason or for no reason upon thirty (30) days written notice to the other Party.

9. Severability: In the event that any provision of this Agreement shall be held by a court of competent jurisdiction to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions of this Agreement shall not be affected and shall remain in full force and affect.

10. Jurisdiction: This Agreement shall be governed by, interpreted and enforced under the laws of the State of New Hampshire without making reference to its conflicts of laws or choice of laws provisions. The Parties consent to a state court located in the state of New Hampshire as having the sole jurisdiction of any and all controversies that may arise under this Agreement.

11. Entire Agreement: This Agreement constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

DULY signed and authorized by:

Lori Shibinette

State of New Hampshire, Department of Health and Human Services, Division of Public Health

4/23/2020

Date

HFFCC

Russell A. Keene, CEO

4.20.20

Date

Attorney General's Office (form, substance and execution):

5/8/2020 Takhmina Rakhmatova

Attorney

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

CERTIFICATE OF VOTE

(Corporation without Seal)

I, Michael Stanley, do hereby certify that:

1. I am the duly elected Vice Chairman of the Board of Directors for the Nonprofit Corporation HealthFirst Family Care Center, Inc.

2. James Wells is the duly elected Chairman of the Board of the Corporation.

3. Russell G. Keene is the duly appointed President and Chief Executive Officer (CEO) of the Corporation.

4. The following resolution was adopted at a meeting of the Board of Directors held on the 23rd day of October, 2019:
   RESOLVED: That the Chairman of the Board of HealthFirst Family Care Center, Inc. and/or the President and CEO are hereby authorized on behalf of this Corporation to enter into Board-approved and previously authorized contracts with agencies of the Federal government and the State of New Hampshire and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications related thereto, as they may deem necessary, desirable, or appropriate as directed by the Board.

5. The forgoing resolution has not been amended or revoked, and remains in full force and effect as of the 20th day of April, 2020. by Michael Stanley.

(Signature of Vice Chairman)

STATE OF NEW HAMPSHIRE

County of Merrimack

The forgoing instrument was acknowledged before me this _____

_____
Signature of Notary

My Commission Expires:

HEALFIR-01 JTHAMM

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/16/2019

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 Liconse # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: Jessica Thamm PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: jthamm@clarkinsurance.com
INSURED HealthFirst Family Care Center, Inc. 841 Central St Franklin, NH 03235	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Citizens Ins Co of America — 31534 INSURER B: Massachusetts Bay — 22306 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	7/1/2019	7/1/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$ 5,000
	POLICY [ ] PRO-JECT [ ] LOC						PERSONAL & ADV INJURY	$ 1,000,000
	OTHER:						GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY			OBVA044172	7/1/2019	7/1/2020	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	X UMBRELLA LIAB [X] OCCUR			OBVA044172	7/1/2019	7/1/2020	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WDVA044167	7/1/2019	7/1/2020	X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] N/A (Mandatory in NH)						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

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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.

BerryDunn

[redacted]

HEALTHFIRST

FINANCIAL STATEMENTS

and

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

September 30, 2019 and 2018

With Independent Auditor's Report

[redacted]

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
HealthFirst Family Care Center, Inc.

Report on Financial Statements

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 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.

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.

Other Matter

Our audit was conducted for the purposes 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 January 28, 2020 on our consideration of HealthFirst Family Care Center, 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 HealthFirst Family Care Center, 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 HealthFirst Family Care Center, Inc.'s internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
January 28, 2020

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	181,160	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	491,476	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.

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	416,946	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.

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.

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	301,916	496,816
Depreciation	73,166	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.

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.

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 %

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.

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.

SUPPLEMENTARY INFORMATION

HEALTHFIRST FAMILY CARE CENTER, INC.

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2019

Federal Grantor/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		$ 271,723
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		1,510,269
Total Health Center Program Cluster			1,781,992
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Preventive Health and Health Services Block Grant Funded Solely with Prevention and Public Health Funds (PPHF)	93.758	102-500731/90072003	3,137
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	93.898	102-500731/90080081	6,635
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90080000	58,118
Bi-State Primary Care Association, Inc.			
Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces	93.332	1NAVA150228-02-00	4,330
Total Expenditures of Federal Awards			$ 1,854,212

The accompanying notes are an integral part of this schedule.

HEALTHFIRST FAMILY CARE CENTER, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2019

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**

   HealthFirst Family Care Center, Inc. (the Organization) has elected not to use the 10-percent 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
HealthFirst Family Care Center, 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 HealthFirst Family Care Center, Inc. (the Organization), which comprise the balance sheet as of September 30, 2019, and the related statements of operations and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated January 28, 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) to determine the 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 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.

Board of Directors
HealthFirst Family Care Center, 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 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.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
January 28, 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
HealthFirst Family Care Center, Inc.

Report on Compliance for the Major Federal Program

We have audited HealthFirst Family Care Center, 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 September 30, 2019. 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, HealthFirst Family Care Center, Inc. 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 September 30, 2019.

Other Matters

The results of our auditing procedures disclosed instances of noncompliance which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as item 2019-001. Our opinion on the major federal program is not modified with respect to this matter.

The Organization's response to the noncompliance finding identified in our audit is described in the accompanying schedule of findings and questioned costs. The Organization's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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, 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 our 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 and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, we identified deficiencies in internal control over compliance, as described in the accompanying schedule of findings and questioned costs as Items 2019-001 and 2019-002, that we consider to be significant deficiencies.

Board of Directors
HealthFirst Family Care Center, Inc.

The Organization's response to the internal control over compliance findings identified in our audit is described in the accompanying schedule of findings and questioned costs. The Organization's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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
January 28, 2020

HEALTHFIRST FAMILY CARE CENTER, INC.

Schedule of Findings and Questioned Costs

Year Ended September 30, 2019

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

Finding Number:	**2019-001**
Information on the Federal Program:	Program Name: Health Center Program Cluster (CFDA numbers 93.224 and 93.527) Grant Award: 5 H80CS00295-17 from March 1, 2018 through February 28, 2019 and 5 H80CS00295-18 from March 1, 2019 through February 29, 2020 Agency: U.S. Department of Health and Human Services, Health Resources and Services Administration Pass-Through Entity: n/a
Criteria:	In accordance with 42 USC 254(k)(3)(F), as an FQHC, the Organization must prepare and apply a sliding fee discount schedule so that the amounts owed for the Organization's services by eligible patients are adjusted (discounted) based on the patient's ability to pay.
Condition Found and Context:	The Organization has not applied sliding fee discounts to patient charges consistent with its sliding fee discount schedule. While testing the application of the Organization's sliding fee policy to 25 individual patient balances, we noted the sliding fee discount applied was not consistent with the Organization's sliding fee discount policy for two patients. The total difference between the discount and the policy was less than 1% of the sample tested.
Cause and Effect:	The errors were a result of the patient responsibility under the Organization's sliding fee discount program that was entered into the patients' records in the billing system not agreeing with the approved sliding fee discount applications and contract with the two patients due to a deficiency in monitoring procedures. The errors resulted in incorrect sliding fee discounts which resulted in patients paying less than required under the Organization sliding fee discount policy.
Questioned Costs:	None
Repeat Finding:	Yes (2018-001)
Recommendation:	We continue to recommend management develop and improve current monitoring processes for the sliding fee discount program to include independent verification of the discount calculation.
Views of a Responsible Official and Corrective Action Plan:	Management agrees with the finding. Timely documented reviews of sliding fee scale adjustments will be completed to ensure compliance with the Organization's sliding fee discount policy.

3. Federal Award Findings and Questioned Costs

Finding Number:	**2019-002**
Information on the Federal Program:	Program Name: Health Center Program Cluster (CFDA numbers 93.224 and 93.527) Grant Award: 5 H80CS00295-17 from March 1, 2018 through February 28, 2019 and 5 H80CS00295-18 from March 1, 2019 through February 29, 2020 Agency: U.S. Department of Health and Human Services, Health Resources and Services Administration Pass-Through Entity: n/a
Criteria:	In accordance with 2 CFR § 180, Non-Federal entities are prohibited from contracting with parties that are suspended or debarred for the procurement of goods and services that are expected to equal or exceed $25,000.
Condition Found and Context:	The results of our testing of cash disbursement transactions identified the Organization did not perform procedures to verify that vendors were not debarred, suspended, or otherwise excluded. There were a total of 11 vendors with contracted amounts in excess of $25,000 during 2019.
Cause and Effect:	The Organization does not have formal written procedures to verify that vendors are not debarred, suspended, or otherwise excluded. If the Organization were to enter into a contract with an excluded vendor, any costs charged to the grant related to the contract would not be allowable and could result in questioned costs and loss of grant revenue.
Questioned Costs:	None
Repeat Finding:	No
Recommendation:	We recommend management develop procedures to verify that vendors are not debarred, suspended, or otherwise excluded. This verification would be accomplished by checking the vendor against the Excluded Parties List System maintained by the General Services Administration at sam.gov.
Views of a Responsible Official and Corrective Action Plan:	Management agrees with the finding. Formal policies and procedures will be established to monitor the suspension and debarment compliance requirement.

HEALTHFIRST FAMILY CARE CENTER, INC.

Summary Schedule of Prior Year Findings and Questions Costs

Year Ended September 30, 2018

Finding Number:	**2018-001**
Information on the Federal Program:	Program Name: Health Centers Cluster (CFDA numbers 93.224 and 93.527) Grant Award: 5 H80CS00295-15 from March 1, 2016 through February 28, 2017 and 5 H80CS00295-16 from March 1, 2017 through February 28, 2018 Agency: Health Resources and Services Administration Pass-Through Entity: n/a
Prior Year Criteria:	In accordance with 42 USC 254(k)(3)(F), as an FQHC, the Organization must prepare and apply a sliding fee discount schedule so that the amounts owed for the Organization's services by eligible patients are adjusted (discounted) based on the patient's ability to pay
Prior Year Condition:	The Organization has not applied sliding fee discounts to patient charges consistent with its sliding fee discount schedule.
Recommendation:	We continue to recommend management develop and improve current monitoring processes for the sliding fee discount program and to stress the importance of the elimination of old sliding fee discount schedules once a new schedule has been approved.
Status:	Partially resolved - see finding 2019-001.

HEALTH FIRST FAMILY CARE CENTER, INC.

Board of Directors Listing

Last	First	Title	Classification	Residential Address	Mailing Address	City	State	Zip	Tel One	Start Date	# Terms	Current Term	Expires
Burns	Scott	Director	Community Representative	144 Woodridge Road, Franklin, NH 03235	144 Woodridge Road	Franklin	NH	03235	603.203.7727	Jun 2015	2	Jun 2018 to 2021	Jun 2021
Donovan	Kevin	Director	Agency Representative	80 Highland Street, Laconia, NH 03246	80 Highland Street	Laconia	NH	03246	603.524.3211	Mar 2017	1	Mar 2017 to 2020	Mar 2020
Everett	Myla	Director	Client Representative	290 S. Main St., Apt 9		Franklin	NH	03235	603.496.0190	Oct 2019	3	Oct 2019 to 2022	Oct 2022
Lennon	Michelle	Director	Community Representative	10 Palmer Road, Campton, NH 03223	10 Palmer Road	Campton	NH	03223	603.960.2128	Jun 2015	2	Jun 2018 to 2021	Jun 2021
Loud	Renee	Director	Client Representative						(603) 707-9758	Jan 2019	3	Jan 2019 to 2022	Jan 2022
Lunt	Susan	Director	Agency Representative		53 Kendall S	Franklin	NH	03235	(603) 934-3400	Mar 2018	1	Mar 2018 to 2021	Mar 2021
Merriman	Christine	Director	Client Representative	Apt. 5, Northfield, NH 03276	10 Dearborn Road, Apt. 5	Northfield	NH	03276	603.998.2840	Mar 2017	1	Mar 2017 to 2020	Mar 2020
Purslow	William	Secretary/Treasu	Community Representative	714 Shore Drive, Laconia, NH 03246	714 Shore Drive	Laconia	NH	03246	603.528.5503	Jun 2014	2	Jun 2018 to 2021	Jun 2021
St. Jacques, Sr.	Robert	Director	Client Representative						603.455.6556	Jun 2017	3	Jun 2017 to 2020	Jun 2020
Stanley	Michael	Vice Chair	Client Representative	111 New Chester Road, Hill, NH 03243	P.O. Box 213	Hill	NH	03243	603.934.2531	Jul 2012	2	Jul 2019 to 2021	Jul 2021
Wells	James	Chair	Client Representative	99 Monroe Street, Franklin, NH 03235	99 Monroe Street	Franklin	NH	03235	603.470.9663	Mar 2005	3	Mar 2017 to 2020	Mar 2020
Wnuk	Susan	Director	Agency Representative	18 Wheeler Road, Bow, NH 03304	P.O. Box 1016	Concord	NH	03302	603.225.3295	Mar 2009	3	Mar 2018 to 2021	Mar 2021

Russell G. Keene
Lee, NH
RussellGKeene@gmail.com | (603) 723-4771

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. | 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 and fundraising skills. 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 - Present

- Provides strategic leadership and planning, programmatic oversight and operational direction for Federal and State funded initiatives (46m 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 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 but not limited to the Governor's Office, Attorney General, Department Commissioners, and key legislative leadership for the purpose of informing a statewide program operations as the primary agency representatives.
- 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 measures 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.

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. 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.
- **Natural Leader;** Confident leading by example and possess strong skills in forging partnerships through trust and experience.

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;** bridged critical access hospitals. This designation was an essential element of sustainability as the economic effect was over $10M annually.
- **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 are 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;** understand 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 allow patients access to care previously only accessible hours away. Successful in building new specialty lines to meet the demands and drive 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 enhancement of over $10M. Taking advantage of 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 optimal margins in a consistent manner.This was accomplished irrespective of AVH having one of the most difficult patient 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 theconversion 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
- Patient Access (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

Curriculum Vitae

Name: Eleanor A. (Nora) Janeway, M.D., M.Ed.
Address: 10 ½ William St., Cambridge MA and Washington, Sullivan Co., NH
Phone: 617-913-7735
Email: nora_janeway@hms.harvard.edu

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
1994-2018	Windsor St. Health Center, immigrant and low-income patients
2018-present	Medical Director, HealthFirst Family Care Center, Inc.

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.

Elizabeth Kantowski

[redacted]

Health First Family Care Center
March 2002 – Present - Administrative Services/Human Resources Manager
Staff recruitment; benefit enrollment; advise staff on personnel issues; physician credentialing; prepare supporting grant application and report documents; administer the School Based Oral Health Program; coordinate administrative support to executive director and staff of two non-profit organizations; attend Board of Director meetings and record minutes; supervision of one staff member.

MacNeill Worldwide, Inc., ISO 9001 – October 1996 to November 2001
Human Resources Manager
Responsible for staffing recruitment and selection; advising staff of human resource policies and state and federal employment laws; creating and conducting new staff orientation; conducting and arranging staff training; managing department budget; monthly staffing reports; payroll and benefit programs; worker compensation; conflict resolution; safety committee member; staff morale programs; supervision of one staff member.

Nickerson Assembly – September 1994 to August 1996
Human Resources Manager/Administrative Assistant to President
Staffing recruitment and selection; payroll preparation; ISO implementation team; benefits administration, safety committee chair; newsletter editor; administered and interpreted the Benzinger Thinking Styles Assessment, supervision of one staff member.

Sunny Knoll Retirement Home – May 1993 to February 1994
Office Manager
Responsible for accounts payable, receivable and payroll; Home administrator on a rotating basis for off hours and weekends.

HomeBank – December 1991 to May 1993
Administrative Assistant to Assets Manager – Bank closed by RTC

Catholic Medical Center – September 1991 to December 1991
Per Diem Human Resources Assistant

Education/Training/Membership
- Notre Dame College – 128 credits
- Human Resources Internship – Catholic Medical Center
- Dynamic Leadership – Effective Personal Productivity
- Dale Carnegie – Public Speaking and Human Relations
- Society for Human Resources Management
- Certified Human Resource Professional, 2000-2004

References will be provided upon request

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.

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

- 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

HEALTHFIRST
FAMILY CARE CENTER inc.

Stacey Benoit

PROFESSIONAL SUMMARY

Dedicated Practice Manager for 24 years combining experience in management and patient service experience in the healthcare setting. I am driven by providing exceptional service to patients and their families.

SKILLS

- Active Listening
- Judgement and Decision Making
- Social Perceptiveness
- Critical Thinking
- Service Orientation
- Learning Strategies
- Financial Management
- Coordination
- Troubleshooting
- Communication
- Project Management

EXPERIENCE

Practice Manager HealthFirst Family Care Center **Oct. 2017- current**

- Coordinate and facilitate team and provider meetings, and special events.
- Compose, type and distribute meeting notes, routine correspondence, reports, such as presentations, statistical or monthly reports.
- Review work to ensure quality material and information is in place and that company policies are followed.
- Manage projects as determined by the CEO.
- Develop training and onboarding tools to assist staff with meeting performance expectations.
- Maintain provider schedules and ensure productivity goals are met. Discuss issues or ideas with CEO.

(Stacey Benoit resume cont'd.)

- Recruit, hire and onboard new administrative staff as needed.
- Ensure customer service standards are met and address customer complaints promptly.
- Attend monthly management team meetings.

Practice Manager Concord Orthopaedics **Jan. 1994 - Oct. 2017**

- Perform payroll functions, such as maintaining timekeeping information and processing and submitting payroll.
- Recruit, hire and onboard staff for clinical, patient services, radiology and leadership positions.
- Project Manager for the Patient Experience Committee, includes marketing efforts for new services lines.
- Use various computer applications, such as Microsoft programs, PowerPoint, Word & Excel, electronic health records and practice management software.
- Set up and manage paper and electronic filing systems, updating paperwork, or maintaining documents, such as credentialing, business associate agreements and other correspondences.

- Operate office equipment, such as fax machines, copiers and phone systems and arrange for repairs and upgrades as needed.
- Maintain and oversee schedules for 39 Providers. Ensuring patients have appropriate access to care.
- Responsible for efficient and cost effective planning of all patient care, clinical and radiology staff.
- Coordinate and facilitate team meetings, and special events, such as "luncheon learns".
- Compose, type and distribute meeting notes, routine correspondence, reports, such as presentations, statistical or monthly reports.
- Review work to ensure quality material is in place and that company policies are followed.
- Manage projects as determined by the Practice Administrator or CEO.
- Work with Leadership to develop training and onboarding tools to assist staff with meeting performance expectations.
- Oversee and ensure corporate compliance with Meaningful Use and Clinical Quality Compliance programs.

Chiropractic Assistant Interlakes Chiropractic Center **June 1991- Dec 1994**

- Answer telephones and give information to callers, take messages, or transfer calls to appropriate individuals.
- Collect co-payments and enter money into accounts, daily balancing of funds collected, prepare bank deposits.
- Assist patients with financial counseling process when appropriate.
- Create, maintain, and entered patient demographics and insurance information into databases.
- Set up and manage paper or electronic filing systems, recording information, updating paperwork or maintaining documents, such as patient progress notes, correspondence, or other material.
- Operate office equipment, such as fax machines, copiers and phones systems.
- Greet visitors or callers and handle their inquiries or direct them to the appropriate person for assistance.
- Maintain physician's schedules.
- Schedule and confirm appointments for patients.
- Make copies of correspondence or other printed material.
- Maintain patient health record information according to office policy.
- Prepare patients for their appointment with the physician, such as, collect chief complaint, change attire, apply modalities as appropriate.
- Provided patient education material as directed by the physician.
- Other duties as assigned.

EDUCATION

Associates of Applied Science: Business Management **June 1991**
Lakes Region Community College - Laconia, NH

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

AGREEMENT BETWEEN

THE STATE OF NEW HAMPSHIRE
DEAPRTMENT OF HEALTH AND HUMAN SERVICES,
DIVISION OF PUBLIC HEALTH

AND

MID-STATE HEALTH CENTER

This Agreement dated this 20 day of April 2020 is entered into by and between the State of New Hampshire, Department of Health and Human Services, Division of Public Health ("DPH"), and Mid-State Health Center, having their principal office at 101 Boulder Point Drive, Plymouth, NH 03264 hereafter, collectively, ("MSHC").

WHEREAS, consistent with the Governor's Executive Order 2020-04 as extended by Executive Order 2020-05, DPH is working to respond to the growing outbreak of COVID-19;

WHEREAS, approximately 81,000 residents of New Hampshire are uninsured, many of whom may need medical services to treat the signs and symptoms of COVID-19;

WHEREAS, uninsured individuals typically seek non-emergent care at hospitals, due to the hospitals' capacity and ability to provide uncompensated care to the residents of NH,

WHEREAS, in preparation for the hospital surge expected as a result of the COVID-19 outbreak, DPH must manage the availability of hospital services available to all residents of NH,

WHEREAS, MSHC is the owner and operator of a Federally Qualified Health Center (FQHC), Planned Parenthood Clinic, or FQHC Look-a-Like;

WHEREAS, MSHC has the capacity to offer non-emergent services to uninsured individuals at a discounted rate paid for by the Department of Health and Human Services; and

WHEREAS, by providing for the uninsured individuals to receive non-emergent care at these walk-in center locations, DPH is better able to keep hospital services available for those needing emergency care for the treatment of COVID-19;

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree:

1. Services to be provided:

A. MSHC shall provide telemedicine visits to individuals who are uninsured and reside in New Hampshire to triage, screen, and treat the signs or symptoms of COVID-19 during the State

of Emergency in New Hampshire declared pursuant to Executive Order 2020-04, as extended by Executive Order 2020-05.

Telemedicine visits provided by MSHC for individuals for issues unrelated to COVID-19 shall not be included within the services to be rendered under the Agreement.

B. At the conclusion of a telemedicine visit with a MSHC healthcare provider in which the provider has ordered a SARS-CoV-2 (virus that causes COVID-19) test, MSHC shall coordinate the specimen collection, processing, coordination with a reference laboratory for testing, and communication with the uninsured individual concerning the test result and recommendations for further treatment based on the test result.

C. MSHC shall commence the services upon signature of both parties.

2. Payment for Services:

A. For each telemedicine visit provided under this Agreement, DPH shall pay MSHC $99.00.

B. DPH reserves the right to offset from any amounts otherwise payable to MSHC under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

C. MSHC shall submit an invoice to DHHS by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. MSHC shall ensure the invoice is completed, dated and returned to DHHS in order to initiate payment. The invoices shall include: name of patient seen and the date of service.

D. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to Mary.Calise@dhhs.nh.gov, or invoices may be mailed to:

Mary Calise
Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

F. The State shall make payment to MSHC within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.

3. Price Limitation:

A. The total to be paid or reimbursed under this Agreement from DPH to MSHC shall not exceed $100,000.00. If the volume of uninsured individuals receiving care and/or testing under this Agreement is high, DPH and MSHC may increase this limit upon mutual agreement by the parties with appropriate approvals as required pursuant to the laws of the State of New Hampshire for government contracting.

B. Notwithstanding any provision of this Agreement to the contrary, all obligations of DPH hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the scope of service.

4. Effective Date and Duration: The Term of this Agreement shall commence upon signature from both parties and shall terminate on June 30, 2020, unless sooner terminated or extended in accordance with the terms of this Agreement.

5. Indemnification: Unless otherwise exempted by law, MSHC shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of MSHC, or subcontractors, including but not limited to negligent, reckless or intentional conduct. The State shall not be liable for any costs incurred by MSHC arising under this paragraph. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this Agreement.

6. Confidentiality: Any and all confidential information obtained or received by MSHC shall be kept confidential and shall not be disclosed to anyone for any reason. "Confidential Information" means all information owned, managed, created, or received from the Individuals, DPH, any other agency of the State, or any medical provider, that is protected by Federal or State information security, privacy or confidentiality laws or rules. Confidential Information includes, but is not limited to, Derivative Data, protected health information (PHI), personally identifiable information (PII), federal tax information (FTI), Social Security Administration information (SSA) and criminal justice information services (CJIS) and any other sensitive confidential information provided under the Agreement. This covenant shall survive the termination of the Agreement.

7. Assignment: MSHC shall not assign any interest in this Agreement without prior written notice, which shall be provided to DPH at least fifteen (15) days prior to the assignment, and a written consent of DPH. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

8. Modification: No modification of this Agreement shall be binding upon the other Party unless made in writing and agreed upon by both Parties to this Agreement. Either Party may terminate this Agreement for any reason or for no reason upon thirty (30) days written notice to the other Party.

9. Severability: In the event that any provision of this Agreement shall be held by a court of competent jurisdiction to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions of this Agreement shall not be affected and shall remain in full force and affect.

10. Jurisdiction: This Agreement shall be governed by, interpreted and enforced under the laws of the State of New Hampshire without making reference to its conflicts of laws or choice of laws provisions. The Parties consent to a state court located in the state of New Hampshire as having the sole jurisdiction of any and all controversies that may arise under this Agreement.

11. Entire Agreement: This Agreement constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

DULY signed and authorized by:

Lori Shibinette
State of New Hampshire, Department of Health and Human Services, Division of Public Health

4/20/2020
Date

Robert J. MacLeod, CEO
MSHC

4/20/2020
Date

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: 0004521839

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 30th day of May A.D. 2019.

William M. Gardner
Secretary of State

MID-STATE HEALTH CENTER

CERTIFICATE OF VOTE

I, Timothy Naro, President of the Board of Directors, do hereby certify that:

1. I am a duly elected Officer of Mid-State Health Center.
2. The following is a true copy of the resolution duly adopted by a quorum of Mid-State Health Center Board of Directors members via e-vote duly conducted on the fourth day of March, 2020:

   RESOLVED: That the Chief Executive Officer (CEO) is hereby authorized on behalf of Mid-State Health Center to enter into said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as they 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 the fourth day of March, 2020.
4. Robert MacLeod is the Chief Executive Officer (CEO) of Mid-State Health Center.

(Signature of Board President Timothy Naro)

STATE OF NEW HAMPSHIRE

County of Grafton

The forgoing instrument was acknowledged before me this fourth day of March, 2020, by Board President Timothy Naro.

(Signature of Notary Public Lyn England)

LYN ENGLAND NOTARY PUBLIC STATE OF NEW HAMPSHIRE MY COMMISSION EXPIRES AUGUST 5, 2020 (NOTARY SEAL)

Commission Expires: 8/5/2020

CERTIFICATE OF LIABILITY INSURANCE

Date: 09/26/19

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	10/1/2019	10/1/2020	Each Occurrence	$	1,000,000
					Fire Damage (Any one fire)	$	50,000
					Med Exp (Any one person)	$	5,000
					Personal & Adv Injury	$	1,000,000
					General Aggregate	$	3,000,000
					Products - Comp/Op Agg	$	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	10/1/2019	10/1/2020	☑ Statutory Limits ☐ Other		
					E.L. Each Accident		500,000
					E.L. Disease-Ea. Employee	$	500,000
					E.L. Disease - Policy Limit	$	500,000
A	Entity Healthcare Professional and Employed Physicians Professional Professional Liability	HN 030313	10/1/2019	10/1/2020	Per Incident		$1,000,000
					Aggregate		$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

Emmanuel Pilakis

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

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

MID-STATE HEALTH CENTER AND SUBSIDAIRY

Table of Contents

As of and for the Years Ended June 30, 2019 and 2018

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. 603-643-0883 • Fax 603-643-0909
www.tss-cpa.com

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.

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

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.

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.

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

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

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.

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.

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).

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.

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.

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.

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.

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

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.

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.

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

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.

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

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

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.

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.

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.

TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
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. Laurent, CPAs, P.C.

Lebanon, New Hampshire
November 19, 2019

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

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.

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

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

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

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

MID-STATE HEALTH CENTER

Where your care comes together.

— BOARD OF DIRECTORS CONTACT LIST —

BOARD OFFICERS (4)

Timothy Naro, President
Term Exp: 6/30/20

Peter Laufenberg, Vice President
Term Exp: 6/30/20

Audrey Goudie, Secretary
Term Exp: 6/30/22

Todd Bickford, Treasurer
Term Exp: 6/30/20

BOARD MEMBERS, ACTIVE (9)

Carol Bears, Director
Term Exp: 6/30/21

Sunshine Fisk, Director
Term Exp: 6/30/21

Joseph Monti, Director
Term Exp: 6/30/22

Nicholas Coates, Director
Term Exp: 6/30/21

Lee Freeman, Director
Term Exp: 6/30/22

Carina Park, Director
Term Exp: 6/30/22

Isaac Davis, Director
Term Exp: 6/30/22

Mike Long, Director
Term Exp: 6/30/22

Cynthia Standing, Director
Term Exp: 6/30/21

BOARD MEMBERS, HONORARY (2)

Ann Blair, Director
Term Exp: 6/30/21

James Dalley, Director
Term Exp: 6/30/19

Updated 02/28/2020

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

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

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

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

- 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.

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

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

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

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

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

References Available upon request

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

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

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

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

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.

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

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

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 — **07/1994 – 07/1996**
Albany, NY

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

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

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.

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.

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

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

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

CERTIFICATIONS/LICENSES

LICSW
January 2019

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: April 1, 2020 - June 30, 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*
Pharmacy	Karntakosol, Busaba	$16.00	40.00	$1,248.00	$7,072.00	$8,320.00	Plymouth
LCSW	McKellar, Joseph W	$38.33	40.00	$2,989.74	$16,941.86	$19,931.60	Both
LCSW	Spencer, Kim	$42.96	40.00	$3,350.88	$18,988.32	$22,339.20	Both
Clerical	Shea, Margot	$15.84	40.00	$1,235.52	$7,001.28	$8,236.80	Plymouth
Business	Lembo, Stacey L	$23.28	40.00	$1,815.84	$10,289.76	$12,105.60	Plymouth
RN	Perry, Beth P.	$33.45	40.00	$2,609.10	$14,784.90	$17,394.00	Plymouth
Quality Steward	Donnolly, Shannon	$25.00	40.00	$780.00	$12,220.00	$13,000.00	Plymouth
Clinical	Lehmen, Maureen	$22.61	40.00	$705.43	$11,051.77	$11,757.20	Plymouth
Patient Account Rep	Begalle, Amy	$18.67	40.00	$960.03	$8,748.37	$9,708.40	Bristol
Family Medicine	Berry DO, Andrea	$97.80	40.00	$3,051.36	$47,804.64	$50,856.00	Both
Family Medicine	Diederich MD, Gary	$100.29	30.00	$2,346.79	$36,766.31	$39,113.10	Bristol
Family Medicine	Arsenault MD, Diane	$81.55	30.00	$1,908.27	$29,896.23	$31,804.50	Plymouth
Family Medicine	Rosen MD, Alan	$103.09	40.00	$3,216.41	$50,390.39	$53,606.80	Plymouth
APRN	Shaffer APRN, Casey	$44.81	40.00	$1,398.07	$21,903.13	$23,301.20	Both
APRN	Lurie APRN, Carol	$44.81	30.00	$1,048.55	$16,427.35	$17,475.90	Plymouth
Total Salaries by Source				$28,664.00	$310,286.30	$338,950.30	

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