	B C D	Е	F	G	Н	1	J	K	L	M	N
1 2 3	North Carolina Division of Medica Local Health Department Cost Re										
4	SECTION I - COST REPOR	OT ATTEC	TATION								
6 7 8	Complete Shaded Areas	NI ALLES	TATION								
9 10	Governmental Provider Name :	and Address	:	_							
11 12					Federal Employe	er Identi	ification Number:				
13				1		1	NPI Number	Me	dicaid Provide Number	r	
14 15	Type of Submission:				Primary				Number		
17	Original Cost Report Amended Cost Report - F	Reason:		_							
18 19				1							
20											
22											
23 24											
25 26	2a. Reporting Period (Medicaid State P	lan Rate Year		_			. Type of Provider heck One)				
27 28	From:	L	7/1/2016	J				Local Hea CDSA	alth Department		
29 30	To:		6/30/2017					Other			
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37	3 a. Type of Report:	b. Cost by Co	omponent:			<u> </u>					
33 34	Partial Period Report				Medicaid		Medicaid Family	NC	Health Choice		Medicaid Administration
35 36	[] Quarterly Cost Report			_	Medical Services	<u>!</u> 	Planning Services		Services	_	(Approved MAC Plan)
37 38	[] Full Year Cost Report	Total	Gross Computable Exper	nditure (Exhibit 1b)	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
39 40		Tot	al Net Computable Exper	nditure (Exhibit 1b)	#DIV/0!		#DIV/0!		#DIV/0!		\$0
41			·-	utable Settlement lied) (Exhibits 1b)	#DIV/0!	I	#DIV/0!		#DIV/0!		\$0
42 43			(,	, (=====,	#51470.		#51470.	<u> </u>	#51470.	L	
44 45											
47		P	ART I CERTIFICA	TION							
48											
49 50	CERT	TFICATIO	N BY OFFICER C	OF THE PRO	/IDER						
51 52	I HEREBY CERTIFY that 1 I have examined this stat		companying Support	ing Schodulos, th	o allocation of expens	oc and	ı				
53	 I have examined this state services, and the attache 				7/1/2016	to	6/30/2017				
54 55	and that to the best of my records of the provider in	_	•		tements prepared fron	n the bo	ooks and				
56	The expenditures include	d in this stat			st of recorded expendi	tures ir	ncluding				
57 58	the federal and non-feder 3 The required amount of s		ocal funds were availa	ble and used to p	pay for total computable	le allow	/able				
59 60	expenditures included in										
61	federal requirements for t in origin, or are Federal fu		·	,	•						
62 63	expenditures were not us 4 Federal matching funds a						provided by				
64	the NC Department of He	alth & Huma	n Services effective fo	or the above repo	rting period.		-				
65 66	5 I am the officer authorized to assure that all information			ency to submit th	nis form and I have ma	ade a g	ood faith effort				
67	6 I understand that this info	rmation will	be used as a basis for								
68 69	falsification and concealn	nent of a ma	terial fact may be pros	ecuted under fed	eral or state civil or cri	ıminal l	aw.				
70	CIONATURE (Officer of the C	mont Agara					DATE				
71 72	SIGNATURE (Officer of the Govern	ment Agency)					DATE				
73 74	Health Director TITLE					_	PHONE NUMBER				
75											

	ВС	D	E F	G	H I	JK	L	М		N	0	Р	Q	R S	Т	UV	/V
3 4 5 6 7 8 9 10							Division of Medical										
6		On the Object of Assessment	O. I.				h Department Cost REPORT SUMMAR										
8		Complete Shaded Areas	Only														
10																	
12	1.	Governmental Provider Name	e and Address:								Primary NPI Num	ber:	0				
13		0									Medicaid Provider Num		0				
14 15		0															
16 17																	
18 19	2.	Reporting Period and Approv	val:														
20			From: To:	7/1/2016 6/30/2017													
22			10.	0/30/2017													
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37	Appi	roved For Submittal to DMA By:							1/0/1900								
25 26	•			ized to Sign Cost Report		Position Title			Date								
27		Name of Contact Person			Telephone No.:												
29		Email Address:			Fax No.:												
30 31								_									
32	3a. T	ype of Report:	3b. Total Reported Co	sts		3c. (Cost Claimed by Co	omponent:									
34 35	[]	Partial Period Report		r Expenditures After Reclassifica stration / Support (From Exhibit 5)	stion -	1											
36	[]	Quarterly Cost Report				1					Medicaid		dicaid Family	NC Health Choice		d Administration	
37	[]	Full Year Cost Report	Clinical Adminis	stration / Support (From Exhibit 5)	\$ -	<u> </u>					Clinic Settlement	<u>Plan</u> ı	ning Settlement	<u>Settlement</u>	(Appro	ved MAC Plan)	
39			Direct Med	ical Care / Clinic (From Exhibit 5)	\$ -]	Physicians / PE	/ Case Managers / Bi	illing / Intake (Fr	om Exhibit 9a & 9b)	#DIV/0!		#DIV/0!	#DIV/0!		#DIV/0!	
40			No	on Reimbursable (From Exhibit 5)	\$ -	1		Soci	•	om Exhibit 9a & 9b) om Exhibit 9a & 9b)	#DIV/0! #DIV/0!		#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		#DIV/0! #DIV/0!	
42			140	in Neimbursable (From Exhibit 9)	Ψ	1		Health Educators &	•	•	#DIV/0!		#DIV/0!	#DIV/0!		#DIV/0!	
38 39 40 41 42 43 44						.			Lab Service	es (From Exhibit 9a)	#DIV/0!		#DIV/0!	#DIV/0!		NA	
44				Total Expenditures	<u>\$</u> -	•	Gross Com	putable Medicaid Ex	penditure (Fro	m Exhibit 9a & 9b)	#DIV/0!		#DIV/0!	#DIV/0!		#DIV/0!	
46												,					
47								Total Medicaid Interim	n Payments (Fro	m Exhibits 9a & 9b)	\$0		\$0	\$0		\$0	
49								Total Net Co	mputable Medi	caid Expenditures	#DIV/0!		#DIV/0!	#DIV/0!		\$0	
50										FMAP/FFP	66.72%	1	90.00%	99.71%		50.00%	
52										<u> </u>	- 7	. —					
45 46 47 48 49 50 51 52 53 54 55 56 57								NET COMPUTABL	LE SETTLEMEI	NT (FMAP Applied)	#DIV/0!		#DIV/0!	#DIV/0!		\$0	
55											TOTAL MEDICAL	ID ADMIN CL	AIMS FOR FISCAL	YEAR (From Exhibit 9b)		\$0	
56																	
58													NET MAC	SETTLEMENT AMOUNT		\$0	

	A B	С	D	Е
1	North Carolina Division of Medical Assistance	<u>. </u>		
2	Local Health Department Cost Report	Primary NPI Number	0	
3	l#	edicaid Provider Number	0	
4	STATISTICAL INFORMATION	•		
5				
6	Period for Statistics			
7	Fiscal Year Start Date	7/1/2016		
8	Fiscal Year End Date	6/30/2017		
9				
10				
11	Complete Shaded Areas Only			
12				
13	Total Medicaid Charges - Applicable Period	-		
14	Total Charges - Applicable Period			
15	Total Medicaid Charges to Total Charges	#DIV/0!		
16				
17	Medicaid Charges	Total Amount	Percent of Total	
18	Total Family Planning Medicaid Charges - Applicable Period		#DIV/0!	
19	Total Family Planning Waiver Medicaid Charges - Applicable Period		#DIV/0!	
20	Total Clinical Medicaid Charges - Applicable Period		#DIV/0!	
21	TOTAL	\$ -	#DIV/0!	
22				
23	Total NC Health Choice Charges - Applicable Period			
24	Total Charges - Applicable Period	-		
25	Total NC Health Choice Charges to Total Charges	#DIV/0!		
26				
27	Time Reporting Information			
	Time of Time Depart	Actual Time Describer		
28	Type of Time Report	Actual Time Reporting		
29 30	Period of Time Reporting			
30				

	H I y NPI Number 0 ovider Number 0 From: 7/1/2016 To: 6/30/2017
Local Health Department Cost Report Actual Time Study Results & Reallocation of General Administrative Time Complete Shaded Areas Only LOCAL HEALTH DEPARTMENT ACTUAL TIME RESULTS - APPLICABLE GROUPING Nurses Actual Time Grouping	ovider Number 0 From: 7/1/2016
Actual Time Study Results & Reallocation of General Administrative Time 0 Complete Shaded Areas Only LOCAL HEALTH DEPARTMENT ACTUAL TIME RESULTS - APPLICABLE GROUPING Nurses Actual Time Grouping	From: 7/1/2016
Complete Shaded Areas Only LOCAL HEALTH DEPARTMENT ACTUAL TIME RESULTS - APPLICABLE GROUPING	
Complete Shaded Areas Only LOCAL HEALTH DEPARTMENT ACTUAL TIME RESULTS - APPLICABLE GROUPING	
Complete Shaded Areas Only LOCAL HEALTH DEPARTMENT ACTUAL TIME RESULTS - APPLICABLE GROUPING	
LOCAL HEALTH DEPARTMENT ACTUAL TIME RESULTS - APPLICABLE GROUPING	10. 0,00,2017
LOCAL HEALTH DEPARTMENT ACTUAL TIME RESULTS - APPLICABLE GROUPING	
Nuises Actual Time Grouping	
Enter ** Activity % After Reallocation Ac	dministrative %
Time Study Data Type from of Direct Direct	Discounted Medicaid
Activity Actual Time Gen. Admin. Medical % Administrative %	Rate Administrative
	From Exhibit 2) (Col. G x Col. H)
	, , ,
Direct Clinical Service Activity 1 0.00%	0.00%
Behavioral Health Direct Clinical Servi ce Activity 1 0.00%	0.00%
Non Clinical Service Activity 4 0.00%	0.00%
Laboratory Direct Service Activity 4 0.00%	0.00%
Referral and Coordination of Care Coordination for Children (CC4C) Referral and Coordination of Pregnancy Care Management (PCM) 4 0.00% 0.00%	0.00%
Referral and Coordination of Pregnancy Care Management (PCM) Paid Time Off (Vacation, Paid Leave, etc.) 4 0.00% 0.00%	0.00%
General Administration - Clinical Related (Meetings, Training and Development) 3 0.00% 0.00% 0.00% 0.00%	0.00%
5.0070 0.0070	0.0070
Total Allocation Percentage 0.00% 0.00% 0.00%	0.00%
Enter code (1-4) for type of activity **	
Enter if activity is for Direct Medical 1	
Enter if Medicaid activity is for Direct Administrative 2	
Enter if activity is General Administration for reallocation 3	
Enter if activity is Non-Medicaid 4	
Pacial Markana Actual Time Creuming	
Social Workers Actual Time Grouping	
Enter ** Activity % After Reallocation Ac	dministrative %
Time Study Data Type from of Direct Direct	Discounted Medicaid
Activity Actual Time Gen. Admin. Medical % Administrative %	Rate Administrative
	From Exhibit 2) (Col. G x Col. H)
Direct Clinical Service Activity 1 0.00%	0.00%
Behavioral Health Direct Clinical Servi ce Activity 1 0.00%	0.00%
Non Clinical Service Activity 4 0.00%	0.00%
Laboratory Direct Service Activity 4 0.00%	0.00%
Referral and Coordination of Care Coordination for Children (CC4C) 4 0.00%	0.00%
Referral and Coordination of Pregnancy Care Management (PCM) 4 0.00% 0.00%	0.00%
Paid Time Off (Vacation, Paid Leave, etc.) 3 0.00%	0.00%
General Administration - Clinical Related (Meetings, Training and Development) 3 0.00%	0.00%
Ocheral Administration Official Related (Meetings, Training and Development)	0.00 /8
Total Allocation Percentage 0.00% 0.00% 0.00%	0.00%
Total Allocation Percentage 0.00% 0.00% 0.00%	0.00%
Enter code (1-4) for type of activity **	
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Enter if activity is for Direct Medical 1	
Enter if Medicaid activity is for Direct Administrative 2	
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Enter if Medicaid activity is for Direct Administrative 2	
Enter if Medicaid activity is for Direct Administrative 2 Enter if activity is General Administration for reallocation 3 Enter if activity is Non-Medicaid 4	
Enter if Medicaid activity is for Direct Administrative 2 Enter if activity is General Administration for reallocation 3 Enter if activity is Non-Medicaid 4	
Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administration for reallocation Enter if activity is Non-Medicaid Enter if activity is Non-Medicaid Health Educators & Nutritionists Actual Time Grouping	
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5 <mark>C</mark>	complete Shaded Area	s Only										TOTAL SALARY AND BENEFITS \$0.00 Do be Removed from Cost Center Int of Medicare Tax to add from Cost Center Enter Amount of Other Benefits to be Removed from Cost Center Total Reduction to Salary and Benefits \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00					
	II Expenditures Come f	from Fina	ancial Statements														
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10	Fiscal Year Start		7/1/2016														
11 12	Fiscal Year End	Date	6/30/2017		Medicald Provid	ier Number	U										
	SECTION I. Pe	rsonr	nel / Staff I	Expenditu	ıres												
	Personnel Cost																
15	Cost Cente	r Name							Salary	and Benefits							
16	110XX H	ealth D	Director's Of	fice and St	aff		Total Gross Salary 11000	Employee Benefits 11010	Employer- FICA (if not covered under employee benefits) 11015	Medicare Tax -Employer - (if not listed under employee benefits) 11020	Other Benefits / Vendor or Contractor Payments 11025	TOTAL SALARY AND BENEFITS					
17		•	From Financial St	atements)								\$0.00					
18 19	Reduction	s to Tri	al Balance	nal Informatio	·n		<u> </u>		Salary and Panafit De	aduations Colory and F	Panafita ta ha Bamayad	from Coot Contor					
19			Person	nei informatio	on 		In position funded by Enderal										
20	Position Numb Employee II		Last Name	First Name	Job Title	Vendor/ Employee	funds? Yes or No	Removed from Cost Center	Removed from Cost Center	to be Removed from Cost Center	be Removed from Cost Center		Total Reduction to Salary and Benefits				
21				Printony NPI Number													
22								Employee Benefits 11010 Employee Benefits 11010 Employee Benefits 11010 Employee Benefits 11010 Salary and Benefit Reductions - Salary and Benefits to be Removed from Cost Center Enter Amount of Salary to be Removed from Cost Center Enter Amount of Salary to be Removed from Cost Center Enter Amount of Salary to be Removed from Cost Center Enter Amount of Salary to be Removed from Cost Center Enter Amount of Salary to be Removed from Cost Center Enter Amount of Salary to be Removed from Cost Center Enter Amount of Salary to be Removed from Cost Center Salary and Benefits Employer-FICA (if not covered under employee benefits) 12202 Salary and Benefits to be Removed from Cost Center Enter Amount of Salary to be Removed from Cost Center Salary and Benefits Employer-FICA (if not covered under employee benefits) 12202 Salary and Benefits to be Removed from Cost Center Enter Amount of Salary to be Removed from Cost Center Enter Amount of Salary to Benefits 12010 Enter									
24																	
25 20 27						Salary and Benefits Total Gross Salary 11000 Employee Benefits 11010 Employee Benefits 11010 Employee Benefits 11010 Employee Pick (if not covered under employee benefits) 11020 Salary and Benefits Reductions - Salary and Benefits to be Removed from Cost Center Salary and Benefit Reductions - Salary and Benefits to be Removed from Cost Center Salary and Benefit Reductions - Salary and Benefits to be Removed from Cost Center Ferpoysee Is position funded by Federal Enter Amourt of Salary to be Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits to be Removed from Cost Center Ferpoysee Is position funded by Federal Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits to be Removed from Cost Center Ferpoysee Is position funded by Federal Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits to be Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits to be Removed from Cost Center Salary and Benefits Removed from Cost Center For Amourt of Denis Benefits (Vendor or Cost Center) Salary and Benefits Reductions - Salary and Benefits Removed from Cost Center Salary and Benefits Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits Removed from Cost Center Salary and Benefits Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits to be Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits to be Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits to be Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits to be Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits to be Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits to be Removed from Cost Center Salary and Benefits Reductions - Salary and Benefits to be Removed from Cost Center Salary and Benefits Re											
28							TOTAL REDUCTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 State be ter				
29	Cost Cente	r Name							Salary	and Benefits							
30	120XX Fi	nance	Office and	Staff			Total Gross Salary 12000	Employee Benefits 12010	covered under employee	not listed under employee		TOTAL SALARY AND BENEFITS					
31	Trial Balance	Amount (I	From Financial St				Total Gross Salary 12000	Employee Benefits 12010	covered under employee	not listed under employee							
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31 32 33 34	Trial Balance Reduction Position Numb	Amount (I	From Financial St ial Balance Person	atements) nel Informatio			Is position funded by Federal	Enter Amount of Salary to be	covered under employee benefits) 12015 Salary and Benefit Re	not listed under employee benefits) 12020 eductions - Salary and E	Contractor Payments 12025 Benefits to be Removed Enter Amount of Medicare Tax to	\$0.00 from Cost Center Enter Amount of Other Benefits to be	\$0.00 \$0.00				
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31 32 33 34 35 36 37 38 39 40 41	Trial Balance Reduction Position Numb	Amount (I	From Financial St ial Balance Person	atements) nel Informatio			Is position funded by Federal funds? Yes or No	Enter Amount of Salary to be Removed from Cost Center	Salary and Benefit Re Enter Amount of Benefits to be Removed from Cost Center	not listed under employee benefits) 12020 eductions - Salary and E Enter Amount of Employer - FICA to be Removed from Cost Center	Contractor Payments 12025 Benefits to be Removed Enter Amount of Medicare Tax to be Removed from Cost Center	from Cost Center Enter Amount of Other Benefits to be Removed from Cost Center	\$0.00 \$0.00 \$0.00 \$0.00				
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31 32 33 34 35 36 37 38 39 40 41 42 43	Trial Balance Reduction Position Numb Employee II	Amount (I	From Financial State Person Last Name	atements) nel Informatio			Is position funded by Federal funds? Yes or No	Enter Amount of Salary to be Removed from Cost Center	Salary and Benefit Re Enter Amount of Benefits to be Removed from Cost Center \$0.00 Salary Employer- FICA (if not	not listed under employee benefits) 12020 eductions - Salary and E Enter Amount of Employer - FICA to be Removed from Cost Center \$0.00 and Benefits Medicare Tax -Employer - (if	Benefits to be Removed Enter Amount of Medicare Tax to be Removed from Cost Center \$0.00	from Cost Center Enter Amount of Other Benefits to be Removed from Cost Center \$0.00	\$0.00 \$0.00 \$0.00 \$0.00				
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57	SECT	TON II. Opei	rating Expen	ditures									
58	Opera	ting Cost Cer	nter Informatio	n									
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64		Number		Account Des	scription		funds? Yes or No	Cost Center	required for Federal Funds	Other amounts to be removed	from Cost Center	Amount Will Be Moved	Appear for Exhibit 5
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64 65 66 67 68 69 70 71											\$0.00		
71								\$0.00	\$0.00	\$0.00	\$0.00		
72 73								1					
73		Cost Center Na											
74		15000 Capita	al Expenditure	s - LHD Ad	min / Support		TOTAL EXPENDITURES						
75		Trial Balance Amou	unt (From Financial St	tatements)									
74 75 76		Reductions to	Trial Balance										
77			Expend	iture Informati	ion		Opera	iting Expenditure Reduct	tions - Amount to be	Removed from Cost Co	enter		
		T					Is position funded by Federal	Enter Amount of Operating			TOTAL Assessment to be Bedeve d	LL	Lieuria Account Datail Miles Datail Amil
78		Trial Balance Account Number		Account Des	scription		funds? Yes or No	Expenditure to be Removed from Cost Center	Add: State/Local Match required for Federal Funds	Other amounts to be removed	from Cost Center	Identify COST CENTER Where Reduction Amount Will Be Moved	Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5
79		110111001		Account Dec	Sonption			COST CONTO	required for Foderal Fallac				Select from Dropdown Menu
80											\$0.00		
81											\$0.00		
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86												•	
87		Cost Center Na	me										
88		16000 Contr	acted Services	s - LHD Adr	min / Support		TOTAL EXPENDITURES						
89			unt (From Financial St		I- I								
90		Reductions to											
91				iture Informati	ion		Opera	ting Expenditure Reduct	tions - Amount to be	Removed from Cost Co	enter		
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105	<u> </u>		Expendi	ture Informati	ion		•	ating Expenditure Reduce Enter Amount of Operating	tions - Amount to be	Removed from Cost Ce	enter		Т
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106	_	Number		Account Des	scription		Turius? Tes or No	Cost Center	required for Federal Funds	Other amounts to be removed	from Cost Center	Amount Will Be Moved	Appear for Exhibit 5
107											\$0.00	Select from Dropdown Menu	Select from Dropdown Menu
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117			Expendi	ture Informati	ion		Adjustment / Transfer	Expenditure	Reductions - Amoun	t to be Removed from (Cost Center		
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118	Tria	al Balance Account Number		Account Des	scription		TOTAL Amount to be Transferred to Trial Balance	Removed from Cost Center	Add: State/Local Match required for Federal Funds	Other amounts to be removed	TOTAL Amount to be Reduced from Cost Center	Identify COST CENTER Where Reduction Amount Will Be Moved	Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5
110		rambor		Account Des	scription		Transferred to Trial Balance		required for 1 ederar 1 ands	Cirior amounto to be removed			Select from Dropdown Menu
120			18500 Depreciation	Expense - LHD	Admin / Support						\$0.00	·	·
121			18600 Indirect Cost	s from CAP							\$0.00		
123						Г	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00]	
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10	Fiscal	Year Start Date	7/1/2016		Primary N	IPI Number	0						
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19				nnel Informatio	on				Salary and Benefit Re	ductions - Salary and E	Benefits to be Removed	from Cost Center	
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22													\$0.00
23													\$0.00
24													\$0.00
21 22 23 24 25 20													\$0.00
27							TOTAL REDUCTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28													
29	C	Cost Center Na	ime						Salary	and Benefits			
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31			unt (From Financial S	Statements)								\$0.00	
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34		Employee ID	Last Name	First Name	Job Title	Employee	funds? Yes or No	Removed from Cost Center	Removed from Cost Center	to be Removed from Cost Center	be Removed from Cost Center	Removed from Cost Center	Total Neuroliuli to Salary affu befiells
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47	<u> </u>		Perso	nnel Informatio	on T				balary and Benefit Re	auctions - Salary and E	Benefits to be Removed	i from Cost Center	
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1 1	1 '	Employee ID	Last Name	First Name	Job Title	Employee	funds? Yes or No	Removed from Cost Center	Removed from Cost Center	to be Removed from Cost Center	be Removed from Cost Center	Removed from Cost Center	
48	<u> </u>			· —	1	I							
49													•
49													\$0.00
49 50 51													\$0.00
49 50 51 52 53													\$0.00 \$0.00
49 50 51							TOTAL REDUCTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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58									benefits) 24015	benefits) 24020	Contractor Payments 24025		
59	Trial Balance Amo	ount (From Financial S	tatements)									\$0.00	
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58 59 60 61		Persor	nnel Informatio	on				(Salary and Benefit Re	ductions - Salary and I	Benefits to be Removed	d from Cost Center	
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62	Position Number / Employee ID	Last Name	First Name	Job Title	Vendor/ Employee		s or No	Removed from Cost Center		to be Removed from Cost Center		Removed from Cost Center	Total Reduction to Salary and Benefits
63	Limpioyee ib	Last Name	riist Name	Job Title	Lilipioyee								
64													\$0.00
65													\$0.00
66													\$0.00
67													\$0.00
69						TOTAL RE	EDUCTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
62 63 64 65 66 67 00 69 70									•		•	•	
71													
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72	SECTION II. C			S									
72 3	Operating Cost	Center Inform		S									
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29	Cost (Center Nar	me						Salary	and Benefits			
									Employer- FICA (if not	Medicare Tax -Employer - (if	Other Benefits / Vendor or		
	320X	XX Nurse	es (PHN, RN,	Enhanced R	Role Nurse)		Total Gross Salary 32000	Employee Benefits 32010	covered under employee benefits) 32015	not listed under employee benefits) 32020	Contractor Payments 32025	TOTAL SALARY AND BENEFITS	
30	Trial Da	Palanaa Amau	ınt (From Financial S	totomonto)					Delicita) 52015	Deficitely 52020	32023	\$0.00	
32			Trial Balance	tatements)								\$0.00 [
33	<u>IXOGG</u>			nnel Informatio	on .				Salary and Benefit Re	ductions - Salary and I	Benefits to be Removed	I from Cost Center	
							Is position funded by Federal	Enter Amount of Salary to be	1	I	Enter Amount of Medicare Tax to	Enter Amount of Other Benefits to be	
34		ion Number / nployee ID	Last Name	First Name	Job Title	Vendor/ Employee	funds? Yes or No	Removed from Cost Center		to be Removed from Cost Center		Removed from Cost Center	Total Reduction to Salary and Benefits
35		. ,				,,							
35 36 37													\$0.00
38													\$0.00 \$0.00
39													\$0.00
40							TOTAL REDUCTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42									, +5.50	, , , , , , , , , , , , , , , , , , , ,	+ 5.50	+5.30	-
43	Cost (Center Nar	me						Salary	and Benefits			
									Employer- FICA (if not	Medicare Tax -Employer - (if	Other Benefite / Vander er		
	330X	XX Socia	l Workers				Total Gross Salary 33000	Employee Benefits 33010	covered under employee benefits) 33015	not listed under employee benefits) 33020	Other Benefits / Vendor or Contractor Payments 33025	TOTAL SALARY AND BENEFITS	
1 4 4	T) alan A	ont /Facous Files 1 1 5	totomt-X					Delicins) 33013	penentaj 33020		***	
44	Li riai Ba		int (From Financial S Trial Balance	tatements)								\$0.00	
45	Radii	AULIUIIU LU		<u>I</u> nnel Informatio	on				Salary and Benefit Re	ductions - Salary and I	Benefits to be Removed	I from Cost Center	
45 46	Redu		Persoi				 	·		I			
45			Persoi				Is position funded by Federal	Enter Amount of Salary to be	Enter Amount of Repetits to be	Enter Amount of Employer - EICA	I Enter Amount of Madicara Tay to I	Enter Amount of Citner Reporte to be	•
45 46 47	Positio	ion Number /			.loh Title	Vendor/ Employee	Is position funded by Federal funds? Yes or No	Enter Amount of Salary to be Removed from Cost Center		Enter Amount of Employer - FICA to be Removed from Cost Center		Enter Amount of Other Benefits to be Removed from Cost Center	Total Reduction to Salary and Benefits
45 46 47	Positio	ion Number / nployee ID	Last Name	First Name	Job Title	Vendor/ Employee							Total Reduction to Salary and Benefits
45 46 47 48 49 50	Positio				Job Title	1							\$0.00
45 46 47 48 49 50 51	Positio				Job Title	1							\$0.00 \$0.00
45 46 47 48 49 50 51 52 53	Positio				Job Title	1							\$0.00
45 46 47 48 49 50 51 52	Positio				Job Title	1		Removed from Cost Center	Removed from Cost Center	to be Removed from Cost Center	be Removed from Cost Center		\$0.00 \$0.00 \$0.00

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1 N	lorth Caroli		sion of Medical					-						
		_	ment Cost Rep											
3 D		cal / Clir	nic Costs by Dis	scipline										
4	0			1										
5 C	omplete Shac	ided Areas	s Only]										
	II Expenditure	res Come	from Audited Fina	ncial Statements	S									
8														
_	eriod for Expe Fiscal Year St	_	7/1/2016	1	Drimon, N	PI Number	0							
11	Fiscal Year E	<u> </u>	6/30/2017	1	Medicaid Provid			 						
12				.				 						
56 57	Coot Co	enter Nan					1			Colom	and Benefits			1
57	Cost Ce	enter ivan	ile							1		21 2 5 7 17		
58	340XX	K Health	n Educators &	& Nutritionis	sts		Total Gross Salary 34	000 Employee Benefits	34010	Employer- FICA (if not covered under employee benefits) 34015	Medicare Tax -Employer - (if not listed under employee benefits) 34020	Other Benefits / Vendor or Contractor Payments 34025	TOTAL SALARY AND BENEFITS	
59	Trial Balar	ance Amou	nt (From Financial S	tatements)									\$0.00	
60	Reducti	tions to	Trial Balance											
61			Persor	nnel Informatio	n	1		1		Salary and Benefit Re	ductions - Salary and	Benefits to be Remove	d from Cost Center	
62	Position N Employ		Last Name	First Name	Job Title	Vendor/ Employee	Is position funded by Feder funds? Yes or No				Enter Amount of Employer - FICA to be Removed from Cost Center		Enter Amount of Other Benefits to be Removed from Cost Center	Total Reduction to Salary and Benefits
63 64														\$0.00
65														\$0.00
66														\$0.00
67 00														\$0.00
69 70							TOTAL REDUCT	IONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
70	Cost Ce	enter Nan	ne				1			Salary	and Benefits]
H	0001 00	ontor Han								Employer- FICA (if not	Medicare Tax -Employer - (if	Other Benefits / Vendor or		
72	341XX	(Labor	atory Staff (T	echs, etc.)			Total Gross Salary 34	100 Employee Benefits	34110	covered under employee benefits) 34115	not listed under employee benefits) 34120	Contractor Payments 34125	TOTAL SALARY AND BENEFITS	
73			nt (From Financial S	tatements)									\$0.00	
74	Reducti	tions to	Trial Balance				T			2.1	1	Description of the Description	16	
75		Т	Persor	nnel Informatio	n	<u> </u>		<u> </u>		1	eductions - Salary and			
76	Position N Employ		Last Name	First Name	lab Titla	Vendor/	Is position funded by Feder funds? Yes or No	•			Enter Amount of Employer - FICA to be Removed from Cost Center		Enter Amount of Other Benefits to be Removed from Cost Center	Total Reduction to Salary and Benefits
77	Епрю	Jyee ID	Last Name	First Name	Job Title	Employee								
78														\$0.00
79 80														\$0.00 \$0.00
81														\$0.00
83							TOTAL REDUCT	ions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
84							T							
85	Cost Ce	enter Nan	ne					1		1	and Benefits	ı	1	
86	342XX	Cother	Medical / Cli	nic Personn	el		Total Gross Salary 34	200 Employee Benefits	34210	Employer- FICA (if not covered under employee benefits) 34215	Medicare Tax -Employer - (if not listed under employee benefits) 34220	Other Benefits / Vendor or Contractor Payments 34225	TOTAL SALARY AND BENEFITS	
87	Trial Balar	ance Amou	nt (From Financial S	tatements)									\$0.00	
88	Trial Balance Amount (From Financial Statements) Reductions to Trial Balance												-	
89	Personnel Information									Salary and Benefit Re	ductions - Salary and	Benefits to be Remove	d from Cost Center	
90	Position Number / V Employee ID Last Name First Name Job Title Er						Is position funded by Feder funds? Yes or No	Enter Amount of Sal Removed from Cost			Enter Amount of Employer - FICA to be Removed from Cost Center		Enter Amount of Other Benefits to be Removed from Cost Center	Total Reduction to Salary and Benefits
91														\$0.00
93														\$0.00
91 92 93 94 95														\$0.00
90														\$0.00
97							TOTAL REDUCT	IONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Α	В	С	D	l F	F	G	Н	I	.1	К	I	M
			ision of Medica			<u> </u>			'	ű	, ,		
-													
			tment Cost Re										
3	Direc	t Medical / Cli	nic Costs by D	iscipline									
4	0		•	-									
	<u> </u>	lata Oha la I Assa	. 0										
-	Comp	lete Shaded Area	is Only										
6													
7	All Exp	penditures Come	from Audited Fin	ancial Statement	S								
8	_												
	Period	d for Expenditures	c										
10				¬	D.:	IDI Ni wash a s		1					
10		al Year Start Date	7/1/2016			NPI Number		1					
10 11 12	Fisc	cal Year End Date	6/30/2017		Medicaid Provid	der Number	0]					
12								-					
98													
	SEC	TION II O	poroting Ex	manditura									
99	SEC	TION II. O	perating Ex	(penalture:	5								
100	Ope	rating Cost (Center Inforn	nation									
_		Cost Center Na				<u> </u>		1					
101	l l							4					
101 102 103 104 105	;	34800 Suppl	lies - Medica	/ Clinic			TOTAL EXPENDITURES						
103	Ī		unt (From Financial					1					
104	l li		Trial Balance	1				•					
107	┝	TOWARDING TO		ditura letares : "	ion		0	ting Evnanditure Dadu-	liono Amerikatata	Domoved from Cool O	ontor		
105	L		⊏xpen	diture Informati	IUII		Opera	ting Expenditure Reduc	uons - Amount to be	Removed from Cost C	enter		
		Trial Delegas As					Is expenditure funded by Federal	Enter Amount of Operating	Add. Otata/I acal Mark		TOTAL Amenint to be D	Identify COST OFFITED William D. L.	Identify ACCOUNT Details and D
106		Trial Balance Account Number		A 2221	corintion		funds? Yes or No	Expenditure to be Removed from Cost Center	Add: State/Local Match required for Federal Funds	Other amounts to be removed	TOTAL Amount to be Reduced from Cost Center	Identify COST CENTER Where Reduction Amount Will Be Moved	Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5
106 107 108 109 110 111 112 113 114		Number		Account Des	scription		+	Cost Ceriter	required for medical munds	Other amounts to be removed			Select from Dropdown Menu
107	-											Select from Dropdown Menu	Select from Dropdown Menu
108	-										\$0.00		
109	<u> </u>										\$0.00		
110											\$0.00		
111											\$0.00		
112											\$0.00		
113											\$0.00		
114											\$0.00		
115											\$0.00		
110									42.22		40.00		
117								\$0.00	\$0.00	\$0.00	\$0.00		
118								_					
119		Cost Center Nar	me										
120	4	35000 Canit:	al Expenditu	res - Medica	L/Clinic		TOTAL EXPENDITURES	1					
120	-	-	-		17 0111110			4					
121	l l		unt (From Financial	Statements)									
122	<u> </u>	Reductions to											
115 117 118 119 120 121 122 123			Expen	diture Informati	ion		Opera	ting Expenditure Reduc	tions - Amount to be	Removed from Cost C	enter		
			•					Enter Amount of Operating					
	-	Trial Balance Account					Is expenditure funded by Federal funds? Yes or No	Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced		Identify ACCOUNT Detail Where Reduction Will
124		Number		Account Des	scription		funds? Yes or No	Cost Center	required for Federal Funds	Other amounts to be removed	from Cost Center	Amount Will Be Moved	Appear for Exhibit 5
125												Select from Dropdown Menu	Select from Dropdown Menu
126											\$0.00		
127											\$0.00		
128											\$0.00		
129											\$0.00		
130	•												
131								\$0.00	\$0.00	\$0.00	\$0.00		
132													
133								=					
	10	Cost Center Nai	me					1					
1404	(es - Madical	/ Clinic		TOTAL EXPENDITURES]					
134	(36000 Contra	acted Servic		/ Clinic		TOTAL EXPENDITURES						
134 135	1	36000 Contra Trial Balance Amou	acted Servic		/ Clinic		TOTAL EXPENDITURES						
134 135 136	(1 1	36000 Contra	acted Servic		/ Clinic		TOTAL EXPENDITURES						
134 135 136 137	(;	36000 Contra Trial Balance Amou	acted Servic unt (From Financial Trial Balance					ting Expenditure Reduc	tions - Amount to be	Removed from Cost C	enter		
124 125 126 127 128 129 130 131 132 133 134 135 136	1 1 1	36000 Contra Trial Balance Amou	acted Servic unt (From Financial Trial Balance	Statements)			Opera	ting Expenditure Reduc	tions - Amount to be	Removed from Cost C	enter		
	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements) diture Informati	ion		Opera Is expenditure funded by Federal	Enter Amount of Operating Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced		Identify ACCOUNT Detail Where Reduction Will
	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements)	ion		Opera	Enter Amount of Operating		Removed from Cost C Other amounts to be removed	TOTAL Amount to be Reduced from Cost Center	Amount Will Be Moved	Appear for Exhibit 5
	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements) diture Informati	ion		Opera Is expenditure funded by Federal	Enter Amount of Operating Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced from Cost Center	Amount Will Be Moved	
	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements) diture Informati	ion		Opera Is expenditure funded by Federal	Enter Amount of Operating Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced from Cost Center \$0.00	Amount Will Be Moved	Appear for Exhibit 5
	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements) diture Informati	ion		Opera Is expenditure funded by Federal	Enter Amount of Operating Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced from Cost Center	Amount Will Be Moved	Appear for Exhibit 5
	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements) diture Informati	ion		Opera Is expenditure funded by Federal	Enter Amount of Operating Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced from Cost Center \$0.00	Amount Will Be Moved	Appear for Exhibit 5
	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements) diture Informati	ion		Opera Is expenditure funded by Federal	Enter Amount of Operating Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced from Cost Center \$0.00	Amount Will Be Moved	Appear for Exhibit 5
	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements) diture Informati	ion		Opera Is expenditure funded by Federal	Enter Amount of Operating Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced from Cost Center \$0.00 \$0.00 \$0.00 \$0.00	Amount Will Be Moved	Appear for Exhibit 5
	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements) diture Informati	ion		Opera Is expenditure funded by Federal	Enter Amount of Operating Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced from Cost Center \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Amount Will Be Moved	Appear for Exhibit 5
	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements) diture Informati	ion		Opera Is expenditure funded by Federal	Enter Amount of Operating Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced from Cost Center \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Amount Will Be Moved	Appear for Exhibit 5
	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements) diture Informati	ion		Opera Is expenditure funded by Federal	Enter Amount of Operating Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced from Cost Center \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Amount Will Be Moved	Appear for Exhibit 5
	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements) diture Informati	ion		Opera Is expenditure funded by Federal	Enter Amount of Operating Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced from Cost Center \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Amount Will Be Moved	Appear for Exhibit 5
134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150	-	36000 Contra Trial Balance Amou Reductions to	acted Servic unt (From Financial Trial Balance	Statements) diture Informati	ion		Opera Is expenditure funded by Federal	Enter Amount of Operating Expenditure to be Removed from	Add: State/Local Match		TOTAL Amount to be Reduced from Cost Center \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Amount Will Be Moved Select from Dropdown Menu	Appear for Exhibit 5

	Α	В	С	D	E	F	G	Н		J	K	L	M
1 I	North	Carolina Div	ision of Medica	l Assistance									
2 l	Local	Health Depa	rtment Cost Rep	oort									
			inic Costs by Di										
4	0		,										
 	Compl	ete Shaded Are	as Only										
	Joinpi	ete Shaded Are	as Offig										
6													
	All Exp	penditures Com	e from Audited Fina	ancial Statements	S								
8													
9 I	Period	for Expenditure	es	_				-					
10	Fisca	al Year Start Date	7/1/2016		Primary N								
11	Fisc	al Year End Date	6/30/2017		Medicaid Provid	er Numbei	r0						
12													
151	- 14	0 1					T	٦					
152	<u> </u>	Cost Center Na	ame					4					
153	Ŀ	36900 Labo	ratory Expend				TOTAL EXPENDITURES						
154	1	Trial Balance Amo	unt (From Financial S	Statements)									
155	<u> </u>	Reductions to	Trial Balance										
156		for Expenditure al Year Start Date al Year End Date Cost Center Na 36900 Labo Frial Balance Amo	Expen	diture Informati	ion		Opera	ating Expenditure Reduc	tions - Amount to be	Removed from Cost C	Genter		
			<u>.</u>				Is expenditure funded by Federal	Enter Amount of Operating					
	-	Trial Balance Account					funds? Yes or No	Expenditure to be Removed from	Add: State/Local Match				Identify ACCOUNT Detail Where Reduction Will
157	-	Number		Account Des	scription		<u> </u>	Cost Center	required for Federal Funds	Other amounts to be removed	from Cost Center	Amount Will Be Moved	Appear for Exhibit 5
150	F										\$0.00	Select from Dropdown Menu	Select from Dropdown Menu
160	-										\$0.00		
161	-										\$0.00		
162	-										\$0.00		
103													
157 158 159 160 161 162 163 164 165 166								\$0.00	\$0.00	\$0.00	\$0.00		
165	- 12	2					T	٦					
166	_	Cost Center Na		••.				4					
167	Ŀ	37000 Othe	r Operating E	xpenditures	- Medical / Cli	nic	TOTAL EXPENDITURES						
168	1	Trial Balance Amo	unt (From Financial S	Statements)									
169	<u> </u>	Reductions to	Trial Balance										
168 169 170			Expend	diture Informati	ion		Opera	ating Expenditure Reduc	tions - Amount to be	Removed from Cost C	enter		
							Is expenditure funded by Federal	Enter Amount of Operating					
171	-	Trial Balance Account		A 1 D	and the co		funds? Yes or No	Expenditure to be Removed from	Add: State/Local Match	Other emounts to be removed			Identify ACCOUNT Detail Where Reduction Will
171	F	Number		Account Des	scription			Cost Center	required for Federal Funds	Other amounts to be removed	from Cost Center	Amount Will Be Moved Select from Dropdown Menu	Appear for Exhibit 5 Select from Dropdown Menu
171 172 173 174 175 176 177 178 179 180 181 182 183 184	-										\$0.00	Dispussion biopuswii wenu	ocicet from propuown wenu
174	-										\$0.00		
175											\$0.00		
176											\$0.00		
177											\$0.00		
178											\$0.00		
179											\$0.00		
180	L										\$0.00		
181											\$0.00		
183								\$0.00	\$0.00	\$0.00	\$0.00		
184									•		· · · · · · · · · · · · · · · · · · ·	•	
-	SFC	TION III	Adjustments	/Tranefore	to Trial Bala	ance							
-				<i>,</i> 1141131613									
186	Cost	Center Info	ormation				1	1				1	
187			Expend	diture Informati	ion		Adjustment / Transfer	Expenditure	Reductions - Amoun	nt to be Removed from	Cost Center		
\Box													
	-	Trial Balance Account					TOTAL Amount to be	Enter Amount of Expenditure to be Removed from Cost Center	Add: State/Local Match			-	
188	L	Number		Account Des	scription		Transferred to Trial Balance	The state of the s	required for Federal Funds	Other amounts to be removed	from Cost Center	Amount Will Be Moved	Appear for Exhibit 5
189	F		20500 Danasaisti	- Fynans								Select from Dropdown Menu	Select from Dropdown Menu
188 189 190 191 192	L		39500 Depreciation	ıı ⊏xpense							\$0.00		
192							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
400												1	

	Α	В	С	D	Е		F	G	Н		J	K	L	M
-			ision of Medical Assist	tance										
		_	rtment Cost Report											
3	Non-R	eimbursable	Expenditures											
4	0			-										
	Comple	te Shaded Area	as Only	_										
6														
	All Expe	enditures Come	e from Audited Financial St	tatements										
8	.													
		or Expenditure		1		D.::	am a NIDI Nicosala a m		7					
10		Year Start Date		-	Mo		ary NPI Number rovider Number		-					
11 12	riscai	Year End Date	0/30/2017	1	IVIE	ilicalu Pi	iovidei Nuilibei	U	J					
	000	TION I De	was a second of the first											
-			ersonnel / Staff Ex		es		T							
14	Perso	nnel Cost	Center Information											_
15	C	ost Center Na	me							Salary	and Benefits			
	 -	10VV Non (Clinical/Madical Day	roomal Caa	4 (Environmo	mtal Li				Employer- FICA (if not	Medicare Tax -Employer - (if			
			Clinical/Medical Per		st (Environme	ntai n	eaith,	Total Gross Salary 51000	Employee Benefits 51010		not listed under employee	Other Benefits / Vendor or Contractor Payments 5102	TOTAL SALARY AND BENEFITS	
	ΙН	ome Healti	h, Bioterrorism, etc))						benefits) 51015	benefits) 51020	Contractor Payments 5102	3	
16	Tr	ial Ralance Amo	unt (From Financial Statemen	nte)									\$0.00	+
18			Trial Balance										Ψ0.00	
16 17 18 19	<u></u>	<u> </u>		onnel Informat	tion					Salary and Benefit Re	eductions - Salary and Bo	enefits to be Removed	from Cost Center	
10								le position funded by Foderal	Enter Amount of Colomato he Domo					
20	ı	Position Number /		F:			Vandar/ Frankria	Is position funded by Federal funds? Yes or No	from Cost Center	Removed from Cost Center	be Enter Amount of Employer - FICA to be Removed from Cost Center		Removed from Cost Center	Total Reduction to Salary and Benefits
21		Employee ID	Last Name	First Name	Job Title		Vendor/ Employee							
22														\$0.00
23														\$0.00
24														\$0.00
25 20														\$0.00
20 21 22 23 24 25 26 27 28								TOTAL REDUCTIONS	\$0.	00 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28														
29	SEC	TION II. N	on-Reimbursable	e Expendit	tures									
30														
_	Opera	ating Cost (Center Information											
32	1			nditure Informa	ation			Total Expenditure	Expenditu	re Reductions - Amoun	t to be Removed from C	ost Center	7	
			•					,	Enter Amount of Expenditure to b	0				
22	Tri	ial Balance Account Number		Account D	200 orintian			Total Trial Balance Amount	Removed from Cost Center	Add: State/Local Match required for Federal Funds	Other amounts to be removed	TOTAL Amount to be Reduced from Cost Center	Identify COST CENTER Where Reduction Amount Will Be Moved	Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5
34		Number		Account b	Description			Total Thai Balance Amount		required for rederail ands	Other amounts to be removed	Hom oost center	Select from Dropdown Menu	Select from Dropdown Menu
35			51100 Environmental Healt	th								\$0.00	·	·
36			51200 Home Health	2 4 21 11 12								\$0.00		
37			51300 CC4C (Community C 51400 PCM (Pregnancy Ca		١							\$0.00 \$0.00		
39			51500 WIC (Women Infant)							\$0.00		
33 34 35 36 37 38 39 40 41			55000 Capital Expenditures									\$0.00		
41			51600 Reference Lab									\$0.00		
42 43			51700 Other Non-Reimburs	sable Expenditure	es							\$0.00		
42 43 44 45								\$0.00	\$0.	00 \$0.00	\$0.00	\$0.00		
46	SEC.	TION III. A	\djustments/Tran	sfers to T	rial Balance	•								
		Center Info												
				nditure Informa	ation			Adjustment / Transfer	Evnanditus	ro Poductions Amous	t to be Removed from C	net Contor	7	
48			⊏xpen	iditure imorma	auon			Aujustilielit / Hallstel	-					1
	Tri	ial Balance Account						TOTAL Amount to be	Enter Amount of Expenditure to b Removed from Cost Center	Add: State/Local Match				Identify ACCOUNT Detail Where Reduction Will
49 50	L	Number		Account D	Description			Transferred to Trial Balance	. to.novou nom oost oontol	required for Federal Funds	Other amounts to be removed	from Cost Center	Amount Will Be Moved	Appear for Exhibit 5 Select from Dropdown Menu
51			59500 Depreciation Expens	se - Non-Peimbur	reable							\$0.00	Select from Dropdown Menu	Select Itotii Dropuowii Meriu

\$0.00

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	С	D E	F G	Н	I	J	K L	М	N	0	P Q	R S
3							North Carolina Division of Local Health Departr					
3 4 6						Total	0 Expenditure by Classifica	ntion (Expenditur	e Sum	ımary)		
8	DO NOT ENTE	ER ANY INFORM	MATION ON	FOR								
10	Period for Exp	oenditures										
11		ear Start Date	7/1/201				Primary NPI Number		0			
12	Fiscal Y	ear End Date	6/30/20	17		Medi	caid Provider Number	<u> </u>	0			
	TOTAL EXPENDI	TURES			Reference		(1)	(2) Employee		(3)	(4)	(5) Subtotal
14							Salary & Wages	Benefits		Payroll Taxes	Other Comp.	Expenditures
15 16		stration / Su		sts b	y Discipline							
17		ealth Director's Office					0.00	0.00] [0.00	0.00	0.00
18		nance Office and S	taff				0.00	0.00	→ ⊢	0.00	0.00	0.00
19	130XX Ot	her Personnel		TOTA	L (From Exhibit 4a, Se	etion I\	0.00 0.00	0.00	- ×	0.00 0.00	0.00 0.00	0.00
20 21		l		TOTA	L (FIOIII EXHIBIT 4a, Ser	Juon i)	0.00	0.00		0.00	0.00	0.00
22 23 24 25 26		erating Expenditu										
23		pplies - LHD Admir pital Expenditures -		Supp	ort							0.00
25		ntracted Services -							1			0.00
26	17000 Oth	ner Operating Expe	enditures - LHI	D Admi	in / Support] [0.00
27 28		l		TOTAI	_ (From Exhibit 4a, Sec	tion II)			_ L			0.00
29	SECTION III. Ad	justments/Transf	ers to Trial B	alance	1							
30	18500 D	epreciation Expens	se - LHD Admi] [0.00
31	18600 In	direct Costs from C		TOT 4 1	(From Enhibit 4 - 0	ior "	 		┦ ┞		 	0.00
33		l	7	IUIAL	. (From Exhibit 4a, Sec	uon III)			ן ר			0.00
34	Clinical Adm	ninistration /	Support	Cos	ts by Discipline	<u> </u>						
35		sonnel / Staff Exp		-1.0			0.00	0.00	7 .	0.00	0.00	
36 37		ursing Director's Of		aı Supe	ervisor Staff		0.00	0.00		0.00	0.00	0.00
38	230XX Int	erpreters					0.00	0.00] [0.00	0.00	0.00
39	240XX Ot	her Personnel					0.00	0.00	→ >	0.00	0.00	0.00
40		l		TOTA	L (From Exhibit 4b, Se	ction I)	0.00	0.00	J L	0.00	0.00	0.00
42	SECTION II. Ope	erating Expenditu	ires									
43		pplies - Clinic Admi] [0.00
44 45		pital Expenditures -							┪ ┡			0.00
46		ner Operating Expe		ic Adm	nin				1 t			0.00
47				TOTAL	(From Exhibit 4b, Sec	tion II)] [0.00
48 49	SECTION III Ad	justments/Transf	ore to Trial P	alanco								
50		epreciation Expens		aiaiice	•				7 [0.00
51			7	TOTAL	(From Exhibit 4b, Sec	tion III)] [0.00
52 53	Direct Medic	cal / Clinic Co	osts by D	icoir	alina							
54		sonnel / Staff Exp		iscip	Jime							
55		Physicians (MD, PA		tioner)			0.00	0.00	→ ⊦	0.00	0.00	0.00
56 57		urses (PHN, RN, E	nhanced Role	Nurse)		0.00	0.00		0.00	0.00	0.00
58		ealth Educators & N	Nutritionists				0.00	0.00		0.00	0.00	0.00
59	341XX La	boratory Staff (Tec	chs, etc.)				0.00	0.00		0.00	0.00	0.00
60 61	342XX Ot	her Medical / Clinic					0.00	0.00	→ >	0.00	0.00	0.00
62		Į		TOTA	L (From Exhibit 4c, Se	ction i)	0.00	0.00		0.00	0.00	0.00
63	SECTION II. Ope	erating Expenditu	ires									
64 65		pplies - Medical / C		nic			 		4 [0.00
66		pital Expenditures - ntracted Services -							┪╏			0.00
67		boratory Expenditu] [0.00
68 69	37000 Oth	ner Operating Expe			Clinic L (From Exhibit 4c, Sec	tion !!	 		4		 	0.00
70		l		IOIAI	<u>, 1 10111 ⊏XHIDII 4C, Sec</u>	aun II)			ן ר			0.00
71		justments/Transf		alance					, .			
72	39500 De	epreciation Expens			/= . = · · · ·				4 F			0.00
73 74		l	1 7	OTAL	. (From Exhibit 4c, Sec	ion III)			J L			0.00
75	Non-Reimbu	ırsable Expe	<u>nditures</u>									
76	SECTION I. Pers	sonnel / Staff Exp	enditures				2.22		7 -	2.55	2.22	
77 78	510XX No	on Clinical/Medical			ironmental Health, Hon L (From Exhibit 4d, Se			0.00	→ ⊦	0.00 0.00	0.00 0.00	0.00
79		l	<u> </u>	. 514	_ (. 0.00	3.00		0.00	0.00	3.00
80		n-Reimbursable E					 		7 -			
81 82		nvironmental Health ome Health	1				 		┨┞		\vdash	0.00
83		C4C (Community C	Care 4 Child)] [0.00
84		CM (Pregnancy Ca		ent)					┦ [0.00
85 86		IC (Women Infant apital Expenditures					 		┨╏			0.00
87		eference Lab] [0.00
88	51700 Ot	ther Non-Reimburs							↓ [0.00
89 90		Į		TOTAL	_ (From Exhibit 4d, Sec	tion II)			l L			0.00
91	SECTION III. Ad	justments/Transf	ers to Trial B	<u>ala</u> nce	<u> </u>				_			
92		epreciation Expens] [0.00
93 94		Ţ		TOTAL	(From Exhibit 4d, Sec	tion II)			1 L			0.00
95	TOTAL CO	ST					0.00	0.00		0.00	0.00	0.00
	1.2.7.2.00	<u> </u>					0.00	3.00		0.00	0.00	3.00

	ВС	D E	FGH	1	 J 1	rl u l\	/I w I:	X Y Z
2	ηС	<u> </u>	гјбјпј	ı	J	0 [/ VV .	<u>^ </u>
3								
6	_				Total E			
8		IOT ENTER ANY INFOR	MATION ON FORI	VI]			
10	Perio	od for Expenditures	7/4/0040					
11 12		Fiscal Year Start Date	7/1/2016 6/30/2017	ı	Madia			
12		Fiscal Year End Date	6/30/2017		Medic	(6)	(7)	
	TOTAL	EXPENDITURES		Reference		Total Reductions to	Total Additions to	(8) (5) - (6) + (7) Total Adj.
14						Trial Balance Accounts	Trial Balance Accounts	Expenditures
15 16		Administration / Surion I. Personnel / Staff Exp		<u>y Discipline</u>				
17	SECI	110XX Health Director's Off				0.00	0.00	0.00
18		120XX Finance Office and S	Staff			0.00	0.00	0.00
19		130XX Other Personnel	I			0.00	0.00	0.00
20			ТОТА	L (From Exhibit 4a, Sec	ction I)	0.00	0.00	0.00
22	SECT	ION II. Operating Expendit	ures					
23		14800 Supplies - LHD Adm				0.00	0.00	0.00
24 25		15000 Capital Expenditures 16000 Contracted Services				0.00	0.00	0.00
26		17000 Other Operating Exp				0.00	0.00	0.00
27			TOTAL	. (From Exhibit 4a, Sec	tion II)	0.00	0.00	0.00
28 29	0507	CON III. Addition to a contra (Toronto)	fore to Trial Balance					
30	SECT	18500 Depreciation Expen		port		0.00		0.00
31		18600 Indirect Costs from	·			0.00		0.00
32			TOTAL	(From Exhibit 4a, Sect	tion III)	0.00		0.00
33 34	Clini	cal Administration	/ Sunnort Cost	s by Disciplina				
35		TION I. Personnel / Staff Exp		wy Diacipiiile	•			
36		210XX Nursing Director's O	ffice and Clinical Supe	ervisor Staff		0.00	0.00	0.00
37 38		220XX Billing Office and Sta	aff			0.00	0.00	0.00
39		230XX Interpreters 240XX Other Personnel				0.00	0.00	0.00
40			TOTAL	_ (From Exhibit 4b, Sed	ction I)	0.00	0.00	0.00
41								
42	SECT	10N II. Operating Expenditor 24800 Supplies - Clinic Adm				0.00	0.00	0.00
44		25000 Capital Expenditures				0.00	0.00	0.00
45		26000 Contracted Services				0.00	0.00	0.00
46 47		27000 Other Operating Exp		ın . (From Exhibit 4b, Sec	tion II)	0.00 0.00	0.00 0.00	0.00
48			TOTAL	. (I TOTT EXTIBIL 4b, Sec	don ii)	0.00	0.00	0.00
49	SECT	ION III. Adjustments/Trans						
50 51		29500 Depreciation Expen		(F F. I. II II II II I	2	0.00 0.00		0.00
52			TOTAL	(From Exhibit 4b, Sect	iion iii)	0.00		0.00
53	Direc	t Medical / Clinic C	osts by Discip	<u>line</u>				
54 55	SECT	310XX - Physicians (MD, PA				0.00	0.00	0.00
56		320XX Nurses (PHN, RN, E	· · · · · · · · · · · · · · · · · · ·			0.00	0.00	0.00
57		330XX Social Workers				0.00	0.00	0.00
58 59		340XX Health Educators &				0.00	0.00	0.00
60		341XX Laboratory Staff (Te- 342XX Other Medical / Clini				0.00	0.00	0.00
61			TOTA	L (From Exhibit 4c, Sec	ction I)	0.00	0.00	0.00
62								
63 64	SECT	34800 Supplies - Medical / 0				0.00	0.00	0.00
65		35000 Capital Expenditures				0.00	0.00	0.00
66		36000 Contracted Services				0.00	0.00	0.00
67 68		36900 Laboratory Expenditu 37000 Other Operating Exp		Clinic		0.00	0.00	0.00
69		Exp		. (From Exhibit 4c, Sec	tion II)	0.00	0.00	0.00
70								
71 72	SECT	ION III. Adjustments/Trans				0.00		0.00
73		59500 Depreciation Expens		(From Exhibit 4c, Sec	tion III)	0.00	 	0.00
74				,	- ···/			0.00
75		Reimbursable Expe						
76 77	SECT	TION I. Personnel / Staff Exp 510XX Non Clinical/Medical		ronmental Health Hon	ne Hea	0.00	0.00	0.00
78		O TOTAL MONTO MINICAL/Medical		(From Exhibit 4d, Se		0.00	0.00	0.00
79				<u> </u>				
80 81	SECT	ION II. Non-Reimbursable I	•			0.00	0.00	0.00
82		51200 Environmental Health	a 1			0.00	0.00	0.00
83		51300 CC4C (Community	,			0.00	0.00	0.00
84 85		51400 PCM (Pregnancy Ca 51500 WIC (Women Infant				0.00	0.00	0.00
86		55000 Capital Expenditures	•			0.00	0.00	0.00
87		51600 Reference Lab				0.00	0.00	0.00
88		51700 Other Non-Reimbur	· · · · · · · · · · · · · · · · · · ·	(Faces E. 1.9.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	41 10	0.00	0.00	0.00
89 90			TOTAL	. (From Exhibit 4d, Sec	tion II)	0.00	0.00	0.00
91	SECT	ION III. Adjustments/Trans	fers to Trial Balance					
92		59500 Depreciation Expens				0.00		0.00
93 94			TOTAL	. (From Exhibit 4d, Sec	tion II)	0.00		0.00
95	TO	TAL COST				0.00	0.00	0.00
-								

	BC D EFGH I J	K L	. M N	O F	ς .	S	T U	v v	X Y Z	AA	A AC A
2				ion of Medical As							
3		LOC	cai neaith Dep	partment Cost Re	port						
5			Allo	ocations							
6	DO NOT ENTER ANY INFORMATION ON FORM										
8	Period for Expenditures										
9	Fiscal Year Start Date 7/1/2016	Primary NPI Number	r	0							
10	Fiscal Year End Date 6/30/2017 M	edicaid Provider Number	r	0							
12		А	llocations:	-							
13 14		1	1 To Nursing Cos								
14			2 To Social Work	ker Cost Pool cator / Nutritionist Co	et Dool						
15 16 17				dministration/Suppor							
17		Ę	To Allocated C	linical Admin Cost Po							
18 19			To Direct Medic		Non-Reimbursable Cost Pool)						
20				ursable Cost Pool	Non-Keimbursable Cost Fooi)						
			(2)	(2)		(5)	(6)	(7)	(0)	(9)	(10)
		(1)	(2) Allocation	(3) Nursing Cost	(4)	Health Educator	Allocated Admin	(7) Allocated Clinical	(8) Direct Medical	Laboratory	(10) Non-Reimbursable
	TOTAL EVENINITURES	Total Expenditure		Pool	Social Worker Cost Pool	& Nutritionist	Support Cost	Admin Cost Pool	Cost Pool	Services Cost	Cost Pool
22	TOTAL EXPENDITURES Reference LHD Administration / Support Costs by Discipline					Cost Pool	Pool			Pool	
23	SECTION I. Personnel / Staff Expenditures										
24	110XX Health Director's Office and Staff	\$0.00	4	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	120XX Finance Office and Staff	\$0.00	4	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26	130XX Other Personnel	\$0.00	4	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	TOTAL (From Exhibit 5)	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28											
29 30	SECTION II. Operating Expenditures	40.00									
30	14800 Supplies - LHD Admin / Support	\$0.00	4	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31	15000 Capital Expenditures - LHD Admin / Support	\$0.00	8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32 33	16000 Contracted Services - LHD Admin / Support 17000 Other Operating Expenditures - LHD Admin / Support	\$0.00 \$0.00	4	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
34	TOTAL (From Exhibit 5)	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35	TOTAL (TOTAL CALIBIT S)	φ0.00		\$0.00	φ0.00	φυ.υυ	φυ.υυ	φυ.υυ	φ0.00	φ0.00	φ0.00
36	SECTION III. Adjustments/Transfers to Trial Balance										
37	18500 Depreciation Expense - LHD Admin / Support	\$0.00	4	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38	18600 Indirect Costs from CAP	\$0.00	4	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39	TOTAL (From Exhibit 5)	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40											
	Clinical Administration / Support Costs by Discipline										
42	SECTION I. Personnel / Staff Expenditures 210XX Nursing Director's Office and Clinical Supervisor Staff	\$0.00	5	00.00	\$0.00	\$0.00	\$0.00	\$0.00	00.00	\$0.00	00.00
44	220XX Billing Office and Staff	\$0.00	5	\$0.00 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00
45	230XX Interpreters	\$0.00	5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
46	240XX Other Personnel	\$0.00	5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47	TOTAL (From Exhibit 5)	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48	· · · · · //	•									
49	SECTION II. Operating Expenditures										
50	24800 Supplies - Clinic Admin	\$0.00	5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51	25000 Capital Expenditures - Clinic Admin	\$0.00	8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
52 53	26000 Contracted Services - Clinic Admin	\$0.00	5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00
53	27000 Other Operating Expenditures - Clinic Admin TOTAL (From Exhibit 5)	\$0.00 \$0.00	5	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
55	IOTAL (From Exhibit 5)	Φυ.υυ		Φυ.υυ	\$0.00	Φυ.υυ	Φυ.υυ	Φυ.υυ	\$0.00	Φ0.00	Φυ.υυ
56	SECTION III. Adjustments/Transfers to Trial Balance										
57	29500 Depreciation Expense	\$0.00	5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
58	TOTAL (From Exhibit 5)	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
59	, , , , ,	·									
	Direct Medical / Clinic Costs by Discipline										
61	SECTION I. Personnel / Staff Expenditures										
62	310XX - Physicians (MD, PA, Nurse Practitioner)	\$0.00	6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
63	320XX Nurses (PHN, RN, Enhanced Role Nurse)	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
64 65	330XX Social Workers 340XX Health Educators & Nutritionists	\$0.00 \$0.00	3	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
66	341XX Laboratory Staff (Techs, etc.)	\$0.00	7	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
67	342XX Other Medical / Clinic Personnel	\$0.00	6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
68	TOTAL (From Exhibit 5)	\$0.00	 	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
69		70.00		+2.22	75.50	, ,,,,,,	\$5.55	\$5.55	70.00		, , , , , , , , , , , , , , , , , , ,
										Exhibit 6 - Alle	acations

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2				ion of Medical A							
3		LOC	cai Health De	partment Cost Re	eport						
5			All	ocations							
6	DO NOT ENTER ANY INFORMATION ON FORM										
8	Period for Expenditures										
9	Fiscal Year Start Date 7/1/2016	Primary NPI Number		0							
10	Fiscal Year End Date 6/30/2017 Me	dicaid Provider Number	r[0							
70	SECTION II. Operating Expenditures										
71	34800 Supplies - Medical / Clinic	\$0.00	6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
72 73	35000 Capital Expenditures - Medical / Clinic	\$0.00	8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
73	36000 Contracted Services - Medical / Clinic	\$0.00	6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
74	36900 Laboratory Expenditures	\$0.00	7	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75 76 77	37000 Other Operating Expenditures - Medical / Clinic	\$0.00	6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
70	TOTAL (From Exhibit 5)	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
78	SECTION III. Adjustments/Transfers to Trial Balance										
79	39500 Depreciation Expense	\$0.00	6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
80	TOTAL (From Exhibit 5)	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
81	71	·			,		· · · · · ·	· · · · · ·	· · · · · ·	·	
	Non-Reimbursable Expenditures										
83	SECTION I. Personnel / Staff Expenditures										
84	510XX Non Clinical/Medical Personnel Cost (Environmental I	\$0.00	8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
85	TOTAL (From Exhibit 5)	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86 88	SECTION II. Non-Reimbursable Expenditures										
89	51100 Environmental Health	\$0.00	8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90	51200 Home Health	\$0.00	8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
91	51300 CC4C (Community Care 4 Child)	\$0.00	8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
92	51400 PCM (Pregnancy Case Management)	\$0.00	8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
93	51500 WIC (Women Infant Children)	\$0.00	8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
94	55000 Capital Expenditures	\$0.00	8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
95	51600 Reference Lab	\$0.00	8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96	51700 Other Non-Reimbursable Expenditures	\$0.00	8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
97	TOTAL (From Exhibit 5)	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
98	OFOTION III. Adiabate and a Transferra to Taiol Balance										
99 100	SECTION III. Adjustments/Transfers to Trial Balance 59500 Depreciation Expense - Non-Reimbursable	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
100	TOTAL (From Exhibit 5)	\$0.00	0	\$0.00 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00
102	TOTAL (FIGHT EXHIBIT 3)	\$0.00		φ0.00	\$0.00	φυ.υυ	\$0.00	\$0.00	φυ.υυ	φυ.υυ	\$0.00
103	TOTAL COST	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
104	=	, , , , , , , , , , , , , , , , , , ,									
105											
106	LOCAL HEALTH DEPARTMENT CALCULATED COST POOLS										
107											
108	Subtotal Nursing Cost Pool			\$ -							
109											
110	Subtotal Social Worker Cost Pool			\$ -							
111											
112 113	Subtotal Health Educator & Nutritionist Cost Pool			\$ -							
114	Subtotal Allocated Admin Support Cost Pool			\$ -	Admin Support Cost Pool A	llocated in Section	1 Relow				
115	Pasiotal Allocated Admili Support Cost Fool			Ψ -	Admin Support Cost Fool P	mocated in Section	1 1. DCIUW				
116	Subtotal Allocated Clinical Admin Cost Pool			\$ -	Clinical Admin Support Cos	t Pool Allocated in	Section 2. Below				
117				· ·							
118	Subtotal Direct Medical Cost Pool			\$ -							
119											
120	Subtotal Laboratory Cost Pool (Non-Reimbursable Cost Pool)			\$ -							
121				_							
122	Subtotal Non-Reimbursable Cost Pool			\$ -							
123		TOTAL EVO	ENDITUDEO	<u>e</u>							
124 125		IUIAL EXP	ENDITURES	\$ -							
120											

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2 3 4 5	North Carolina Divis Local Health Dep				
4		0	F		
6	DO NOT ENTER ANY INFORMATION ON FORM	ocations			
8	Period for Expenditures				
9	Fiscal Year Start Date 7/1/2016 Primary NPI Number	0			
10	Fiscal Year End Date 6/30/2017 Medicaid Provider Number	0			
126	Allocation #1 - Allocating the Allocated Admin Support Cost Pool				
127	Costs will be allocated to all cost pools using Accumulated Cost				
		A	Amt. From Allocated Admin		
		Amt. From Calculated	Support Cost Pool (Calculated Using	Total Adjusted	
128	LOCAL HEALTH DEPARTMENT ADJUSTED COST POOLS	Expenditures	Accumulated Cost)	Amount	Admin Support Allocation Formula used in Column Q, Rows 130, 132, 134, 136, 138, 140, 142
129					(Admin Support Exhibit 6 Cell O114) X (Adjusted Nursing Cost Pool Exhibit 6 Cell O130 / (Total
130	Adjusted Nursing Cost Pool	\$ -	#DIV/0!	#DIV/0!	
131					
122	Adjusted Social Worker Cost Pool	¢.	#DIV/0!	#DIV/0!	(Admin Support Exhibit 6 Cell O114) X (Adjusted Social Worker Cost Pool Exhibit 6 Cell O132 /
132 133	Adjusted Social Worker Cost Pool	Φ -	#DIV/0!	#DIV/0:	(Total Expenditures Exhibit 6 Cell O144))
					(Admin Support Exhibit 6 Cell O114) X (Adjusted Health Educator & Nutritionist Cost Pool Exhibit 6
134 135	Total Adjusted Health Educator & Nutritionist Cost Pool	\$ -	#DIV/0!	#DIV/0!	Cell O134 / (Total Expenditures Exhibit 6 Cell O144))
100					(Admin Support Exhibit 6 Cell O114) X (Adjusted Clinical Admin Cost Pool Exhibit 6 Cell O136 /
136	Total Adjusted Allocated Clinical Admin Cost Pool	\$ -	#DIV/0!	#DIV/0!	(Total Expenditures Exhibit 6 Cell O144))
137	Γ				(Adam's Owners Edith's Own Odd A) V (Adicated Bissel Madical Ocas Bask Edith's Own Odd Odd (
138	Total Adjusted Direct Medical Cost Pool	\$ -	#DIV/0!	#DIV/0!	(Admin Support Exhibit 6 Cell O114) X (Adjusted Direct Medical Cost Pool Exhibit 6 Cell O138 / (Total Expenditures Exhibit 6 Cell O144))
139					
140	Total Adjusted Laboratory Cost Pool (Non-Reimbursable Cost Pool)	\$ -	#DIV/0!	#DIV/0!	(Admin Support Exhibit 6 Cell O114) X (Adjusted Laboratory Cost Pool Exhibit 6 Cell O140 / (Total Expenditures Exhibit 6 Cell O144))
1-1					(Admin Support Exhibit 6 Cell O114) X (Adjusted Non-Reimbursable Cost Pool Exhibit 6 Cell O142 /
142	Total Adjusted Non-Reimbursable Cost Pool	\$ -	#DIV/0!	#DIV/0!	
143 144	Total Expenditures	\$ -	#DIV/0!	#DIV/0!	
145	Total Experiatures	Ψ -	#51470:	#51470:	
146	Allocation #2 - Allocating the Allocated Clinical Admin Cost Pool				
147	Costs will be allocated to all cost pools using Total Salaries and Benefits Costs				
			Amt. From Allocated Clinical Admin Cost Pool		
1.40		Amt. From	(Calculated Using	Total Adjusted	
148 149	LOCAL HEALTH DEPARTMENT ADJUSTED COST POOLS	Allocation #1	Accumulated Cost)	Amount	Clinical Admin Support Allocation Formula Used in Column Q Rows 150, 152, 154, 156, 158
1.13					(Total Adjusted Clinical Admin Support Cost Pool Cell S136) X (Total Adjusted Nursing Cost Pool
					Cell O150 / (Total Expenditures Cell O162 - Total Adjusted Non-Reimburseable Cost Pool Cell
150 151	Total Adjusted Nursing Cost Pool	#DIV/0!	#DIV/0!	#DIV/0!	O160))
101					(Total Adjusted Clinical Admin Support Cost Pool Cell S136) X (Total Adjusted Social Worker Cost
152	Total Adjusted Social Worker Cost Pool	#DIV/0!	#DIV/0!	#DIV/0!	Pool Cell O152 / (Total Expenditures Cell O162 - Total Adjusted Non-Reimburseable Cost Pool Cell O160))
153	Total Adjusted Godial Worker Gost 1 Gol	#517/0:	#B1V/0:	#51470:	(3100))
					(Total Adjusted Clinical Admin Support Cost Pool Cell S136) X (Total Adjusted Health Educator &
154	Total Adjusted Health Educator & Nutritionist Cost Pool	#DIV/0!	#DIV/0!	#DIV/01	Nutritionist Cost Pool Cell O154 / (Total Expenditures Cell O162 - Total Adjusted Non-Reimburseable Cost Pool Cell O160))
155	Total Adjusted Health Educator & Natificialist Cook Fool	#B1770.	1101470.	#B1470.	Normalisation of the control of the
					(Total Adjusted Clinical Admin Support Cost Pool Cell S136) X (Total Adjusted Direct Medical Cost
156	Total Adjusted Direct Medical Cost Pool	#DIV/0!	#DIV/0!	#DIV/0!	Pool Cell O156 / (Total Expenditures Cell O162 - Total Adjusted Non-Reimburseable Cost Pool Cell O160))
157	Total Adjusted Direct Medical Cost (COI	#517/0!	#517/0!	#514/0!	() () () () () () () () () ()
					(Total Adjusted Clinical Admin Support Cost Pool Cell S136) X (Total Adjusted Laboratory Cost Pool
158	Total Adjusted Laboratory Cost Pool (Non-Reimbursable Cost Pool)	#DIV/0!	#DIV/0!	#DIV/0!	Cell O158 / (Total Expenditures Cell O162 - Total Adjusted Non-Reimburseable Cost Pool Cell O160))
159	Total Adjusted Education y Cost i Col (Noir-Neillibul Sable Cost F Col)	#517/0!	#DIV/0:	#DIV/0:	
160	Total Adjusted Non-Reimbursable Cost Pool	#DIV/0!		#DIV/0!	
161 162	Total Expenditures	#DIV/0!	#DIV/0!	#DIV/0!	
102	1 oral Exponential of	#DIV/0:	#DI 470:	#DIV/0:	

	Α	В	С	D	E	F	G H
3	Local Expe	n Carolina Division of Medical As I Health Department Cost Report nditures for Settlement					
6	i	OT ENTER ANY INFORMATION ON FOR	RM				
7 8 9 10 11 12		d for Expenditures Fiscal Year Start Date Fiscal Year End Date		Primary NPI Number Medicaid Provider Number	0 0		
13							
14 15	Nursi	ing Cost Pool for Settlement					
16 17 18 19			From Exhibit 6 - Allocations	Col. C * Col. D %	Col. C * Col. E %	Col. C * Col. F %	Col. D + E + F
		Cost Pool	Total Adjusted Expenditures from Allocation	Apply Direct Medical Time Study Alloc. % from Actual Time Results	Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)	Non-Reimbursable Costs	Total Expenditures
21		COST FOOT	Hom Allocation	0.00%	0.00%	100.00%	Experialitares
20 21 22 23 24 25		Nurses	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
24 25							
26		Total - All Disciplines	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
26 27 28 29							
30	Socia	al Worker Cost Pool for Settleme	nt				
31 32 33 34			From Exhibit 6 - Allocations	Col. C * Col. D %	Col. C * Col. E %	Col. C * Col. F %	Col. D + E + F
			Total Adjusted Expenditures	Apply Direct Medical Time Study Alloc. % from Actual Time Results	Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already	Non-Reimbursable Costs	Total
35 36		Cost Pool	from Allocation	0.00%	Applied) 0.00%	100.00%	Expenditures
35 36 37 38 39		O a c'al Ward and	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#01///01
39		Social Workers	#510/0!	#DIV/0!	#10/0!	#DIV/0!	#DIV/0!
40 41 42 43		Total - All Disciplines	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
42							
44 45	Healt	h Educator & Nutritionist Cost P					
45 46 47 48			From Exhibit 6 - Allocations	Col. C * Col. D %	Col. C * Col. E %	Col. C * Col. F %	Col. D + E + F
		Cost Pool	Total Adjusted Expenditures from Allocation	Apply Direct Medical Time Study Alloc. % from Actual Time Results	Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)	Non-Reimbursable Costs	Total Expenditures
50 51				0.00%	0.00%	100.00%	
52		<u></u>	"DIV (/OL	#D11/101	#DIV/0!	#DIV/0!	#DIV/0!
		Health Educators & Nutritionists	#DIV/0!	#DIV/0!	#DIV/0:	#B1770.	
53 54		Health Educators & Nutritionists					
53 54 55 56		Total - All Disciplines	#DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
50 51 52 53 54 55 56 57		Total - All Disciplines	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
58	Direc		#DIV/0! ent (Physicians / Physici	#DIV/0! ans Assistance/Nurse Pi	#DIV/0! ractitioner/Nurse Midwife)	#DIV/0!	
58	Direc	Total - All Disciplines	#DIV/0!	#DIV/0!	#DIV/0! ractitioner/Nurse Midwife) Col. C * Col. E %	#DIV/0!	#DIV/0! Col. D + E + F
58 59 60 61 62	Direc	Total - All Disciplines	#DIV/0! ent (Physicians / Physici	#DIV/0! ans Assistance/Nurse Pi	#DIV/0! ractitioner/Nurse Midwife)	#DIV/0!	
58 59 60 61 62 63 64	Direc	Total - All Disciplines t Medical Costs Pool for Settlem	#DIV/0! lent (Physicians / Physicians / Phy	#DIV/0! ans Assistance/Nurse Pr Col. C * Col. D % N / A (Apply Direct Medical Percentage from Actual Time	#DIV/0! ractitioner/Nurse Midwife) Col. C * Col. E % N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already	#DIV/0! Col. C * Col. F % N / A Non-Reimbursable	Col. D + E + F Total
58 59 60 61 62 63 64	Direc	Total - All Disciplines t Medical Costs Pool for Settlem	#DIV/0! lent (Physicians / Physicians / Phy	#DIV/0! ans Assistance/Nurse Pr Col. C * Col. D % N / A (Apply Direct Medical Percentage from Actual Time Results) - 100%	#DIV/0! ractitioner/Nurse Midwife) Col. C * Col. E % N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied))	#DIV/0! Col. C * Col. F % N / A Non-Reimbursable Costs	Col. D + E + F Total
58 59 60 61 62 63 64	Direc	Total - All Disciplines t Medical Costs Pool for Settlem Cost Pool	#DIV/0! ent (Physicians / Physicians / Phys	#DIV/0! ans Assistance/Nurse Pr Col. C * Col. D % N / A (Apply Direct Medical Percentage from Actual Time Results) - 100% 100.00%	#DIV/0! ractitioner/Nurse Midwife) Col. C * Col. E % N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)) 0.00%	#DIV/0! Col. C * Col. F % N / A Non-Reimbursable Costs 0.00%	Col. D + E + F Total Expenditures
58 59 60 61 62	Direc	Total - All Disciplines t Medical Costs Pool for Settlem Cost Pool	#DIV/0! ent (Physicians / Physicians / Phys	#DIV/0! ans Assistance/Nurse Pr Col. C * Col. D % N / A (Apply Direct Medical Percentage from Actual Time Results) - 100% 100.00%	#DIV/0! ractitioner/Nurse Midwife) Col. C * Col. E % N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)) 0.00%	#DIV/0! Col. C * Col. F % N / A Non-Reimbursable Costs 0.00%	Col. D + E + F Total Expenditures

	I A I B	ГС	D	E	F	G
1			J	L		<u> </u>
2	North Carolina Division of Medical Assistance					
	Local Health Department Cost Report					
	Payments					
	0					
		Primary NPI Number	0			
7		Medicaid Provider Number	0			
8		medicala i revider riamber				
9	Period for Transactions					
10	Fiscal Year Start Dat	e 7/1/2016				
11		e 6/30/2017				
12						
13						
14 15						
		Total Amount	MEDICAID CLINIC SERVICES RELATED	MEDICAID FAMILY PLANNING SERVICES RELATED	MEDICAID ADMINISTRATIVE CLAIMING RELATED	NC HEALTH CHOICE SERVICES
16 17	Medicaid Interim Payments - Clinic Services	\$0				
18	Medicaid Interim Payments - Family Planning	\$0				
19		\$0				
20	MAC Payment - Q2	\$0				
21	MAC Payment - Q3	\$0				
22	MAC Payment - Q4	\$0				
23	NC Health Choice Services - Interim Claim Payments	\$0				
24	Total - All Disciplines	\$0	\$0	\$0	\$0	\$0
22 23 24 25 26	5					

	A B	С	D	Е	F	G	Н	IJ
1 N	North Carolina Division of Medical Assistance							
2 L	Local Health Department Cost Report							
3 [Direct Medical Costs for Settlement							
4 0	0							
5	Complete Shaded Areas Only						Primary NPI Number	0
6	- · · · · · · · · · · · · · · · · · · ·						Medicaid Provider Number	0
7							medicald Ferraci Hamber	<u> </u>
-	Period for Expenditures and Payments							
0	•	7/1/2016	1					
9	Fiscal Year Start Date							
9 10 11	Fiscal Year End Date	6/30/2017						
	Direct Medical Settlement							
13	Direct Medical Settlement							
14		From Exhibit 7	Col. C * Col. D %	Col. D * Col. E %	Col. D * Col. F %	Col. D * Col. G %	Col. C * Col. H %	Sum Cols. E- H
15								
13 14 15 16					MEDICAID FAMILY	MEDICAID FAMILY PLANNING		
			MEDICAID COSTS	MEDICAID CLINIC	PLANNING COSTS		NC HEALTH CHOICE COSTS	
			Apply Medicaid Utilization %	SERVICES COSTS Apply Medicaid Clinical	Apply Medicaid Family	Reimbursable	Apply NC Health Choice	
			from Exhibit 2-Statistical	Charges % From Exhibit 2-	Planning Paid Claims %	Apply Medicaid FP Waiver	Utilization % from Exhibit 2-	Medicaid and
			Information	Statistical Information	From Exhibit 2-Statistical	Charges % From Exhibit 2-	Statistical Information	Health Choice
17	I. Direct Medical Costs	Total Expenditures			Information	Statistical Information		Total Expenditures
18		•	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
19	Costs							
20	Nurses	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
21	Social Workers	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
22	Health Educators & Nutritionists	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
22	Direct Medical	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
23	Direct Medical	#DIV/0:	#61070:	#DIV/U:	#DIV/0:	#510/0:	#DIV/0:	#DIV/0:
25		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
20	Total - All Disciplines	#DIV/U:	#DIV/0:	#61470:	#514/0:	#51470:	#21470:	#21470:
	Total - All Disciplines	#DIV/0:	#514/0:	#51470:	#51470:	#DIV/0.	#51476.	#51470.
	Total - All Disciplines							#BIV/0.
	Total - All Disciplines	From Exhibit 6	Col. C * Col. D %	Col. D * Col. E %	Col. D * Col. F %	Col. D * Col. G %	Col. C * Col. D %	#DIV/0:
27 28	Total - All Disciplines	From Exhibit 6	Col. C * Col. D %	Col. D * Col. E % Medicaid Clinic Services	Col. D * Col. F % Medcaid Family Planning	Col. D * Col. G % Medicaid Famil Planning	Col. C * Col. D %	#DIV/O.
27 28		From Exhibit 6 Total Expenditures	Col. C * Col. D % Medicaid Costs	Col. D * Col. E %	Col. D * Col. F %	Col. D * Col. G %	Col. C * Col. D % NC Health Choice Costs	#DIV/O.
27 28	Laboratory Service Costs	From Exhibit 6	Col. C * Col. D %	Col. D * Col. E % Medicaid Clinic Services	Col. D * Col. F % Medcaid Family Planning	Col. D * Col. G % Medicaid Famil Planning	Col. C * Col. D %	
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate	From Exhibit 6 Total Expenditures	Col. C * Col. D % Medicaid Costs #DIV/0!	Col. D * Col. E % Medicaid Clinic Services Cost	Col. D * Col. F % Medcaid Family Planning Services Cost	Col. D * Col. G % Medicaid Famil Planning Waiver Costs	Col. C * Col. D % NC Health Choice Costs #DIV/0!	
27 28	Laboratory Service Costs	From Exhibit 6 Total Expenditures	Col. C * Col. D % Medicaid Costs	Col. D * Col. E % Medicaid Clinic Services	Col. D * Col. F % Medcaid Family Planning	Col. D * Col. G % Medicaid Famil Planning	Col. C * Col. D % NC Health Choice Costs	#DIV/0!
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule	From Exhibit 6 Total Expenditures	Col. C * Col. D % Medicaid Costs #DIV/0!	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0!	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0!	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0!	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0!	#DIV/0!
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs	From Exhibit 6 Total Expenditures #DIV/0!	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0!	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0!	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0!	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0!	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0!	
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH (From Exhibit 6 Total Expenditures #DIV/0!	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0!	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0!	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0!	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0!	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0!	#DIV/0!
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH (From Exhibit 6 Total Expenditures #DIV/0!	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0! /MENTS (From Exhibit 8) COMPUTABLE COSTS	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0! \$0 #DIV/0!	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0! \$0 #DIV/0!	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0! NA NA	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0!	#DIV/0!
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH (From Exhibit 6 Total Expenditures #DIV/0! CHOICE INTERIM PAY	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0! /MENTS (From Exhibit 8) E COMPUTABLE COSTS FMAP (Blended)	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0! \$0 #DIV/0!	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 90.00%	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0!	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0!	#DIV/0!
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH (From Exhibit 6 Total Expenditures #DIV/0! CHOICE INTERIM PAY	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0! /MENTS (From Exhibit 8) COMPUTABLE COSTS	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0! \$0 #DIV/0!	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0! \$0 #DIV/0!	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0! NA NA	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0!	#DIV/0!
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH (NET MEDICA	From Exhibit 6 Total Expenditures #DIV/0! CHOICE INTERIM PAY	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0! /MENTS (From Exhibit 8) E COMPUTABLE COSTS FMAP (Blended) EETTLEMENT AMOUNT	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 66.72% #DIV/0!	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 90.00% #DIV/0!	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0! NA NA NA NA	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0!	#DIV/0!
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH (From Exhibit 6 Total Expenditures #DIV/0! CHOICE INTERIM PAY	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0! /MENTS (From Exhibit 8) E COMPUTABLE COSTS FMAP (Blended) EETTLEMENT AMOUNT	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 66.72% #DIV/0!	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 90.00% #DIV/0!	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0! NA NA NA NA	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0!	#DIV/0!
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH (NET MEDICA	From Exhibit 6 Total Expenditures #DIV/0! CHOICE INTERIM PAY	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0! /MENTS (From Exhibit 8) E COMPUTABLE COSTS FMAP (Blended) EETTLEMENT AMOUNT	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 66.72% #DIV/0!	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 90.00% #DIV/0!	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0! NA NA NA NA	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0!	#DIV/0!
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH (NET MEDICA	From Exhibit 6 Total Expenditures #DIV/0! CHOICE INTERIM PAY AID / HEALTH CHOICE NET S verpayment has occur	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0! #DIV/0! (MENTS (From Exhibit 8) E COMPUTABLE COSTS FMAP (Blended) EETTLEMENT AMOUNT urred, full refund is to be	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 66.72% #DIV/0!	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 90.00% #DIV/0!	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0! NA NA NA NA NA 15-1, Section 2409.1(A)(2)	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0! 99.71% #DIV/0!	#DIV/0!
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH ONET MEDICAID "When the provider files a cost report indicating that an o	From Exhibit 6 Total Expenditures #DIV/0! CHOICE INTERIM PAYAID / HEALTH CHOICE NET S verpayment has occur derived from separ	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0! #DIV/0! /MENTS (From Exhibit 8) E COMPUTABLE COSTS FMAP (Blended) ETTLEMENT AMOUNT urred, full refund is to be rate funding sources; the	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 66.72% #DIV/0! remitted with the cost remitted with the cost remited wi	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 90.00% #DIV/0! port." CMS Publication	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0! NA NA NA NA NA 15-1, Section 2409.1(A)(2)	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0! 99.71% #DIV/0!	#DIV/0!
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH ONET MEDICAID "When the provider files a cost report indicating that an one in the composition of the composition of the settlement of the composition of the compositio	From Exhibit 6 Total Expenditures #DIV/0! CHOICE INTERIM PAYAID / HEALTH CHOICE NET S verpayment has occur derived from separatements for Medica	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0! #DIV/0! /MENTS (From Exhibit 8) E COMPUTABLE COSTS FMAP (Blended) EETTLEMENT AMOUNT urred, full refund is to be rate funding sources; the id and NC Health Choice	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 66.72% #DIV/0! remitted with the cost remitted with the cost remitted as the executed as	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 90.00% #DIV/0! port." CMS Publication and NC Health Choices separate and distinct	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0! NA NA NA NA 15-1, Section 2409.1(A)(2) settlements which are ident transactions. If the provide	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0! 99.71% #DIV/0!	#DIV/0!
27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH ONET MEDICAID "When the provider files a cost report indicating that an oone with the provider files and the provider files	From Exhibit 6 Total Expenditures #DIV/0! CHOICE INTERIM PAYAID / HEALTH CHOICE NET S verpayment has occur derived from separellements for Medicale, the provider shall	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0! #DIV/0! /MENTS (From Exhibit 8) E COMPUTABLE COSTS FMAP (Blended) ETTLEMENT AMOUNT urred, full refund is to be rate funding sources; the id and NC Health Choice I submit separate remited.	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 66.72% #DIV/0! remitted with the cost remitted with the cost remitted see a secuted as tances. Providers shall	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 90.00% #DIV/0! and NC Health Choices separate and distinct of the separate and distinct of the separate acopy of the separate aco	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0! NA NA NA NA 15-1, Section 2409.1(A)(2) settlements which are ident transactions. If the provide Exhibit 9a showing the Medicaid Family 100 miles and 100 miles are idented to the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide the provide the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide the	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0! 99.71% #DIV/0!	#DIV/0!
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27 28	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH (NET MEDICAID) "When the provider files a cost report indicating that an o *** IMPORTANT NOTE*** Medicaid and NCHC are receivables shall not be combined or netted. The settent Program(s) for both Medicaid and NC Health Choic Choice settlement with the a Any return of overpament shall be remitted under a separate.	From Exhibit 6 Total Expenditures #DIV/0! CHOICE INTERIM PAYAID / HEALTH CHOICE NET S verpayment has occur derived from separellements for Medicale, the provider shall appropriate correspondents.	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0! #DIV/0! /MENTS (From Exhibit 8) E COMPUTABLE COSTS FMAP (Blended) ETTLEMENT AMOUNT urred, full refund is to be rate funding sources; the id and NC Health Choice I submit separate remite onding remittance so the	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 66.72% #DIV/0! remitted with the cost remitted with the cost remitted see a counted as tances. Providers shall	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 90.00% #DIV/0! and NC Health Choices separate and distinct of the separate and distinct of the separate acopy of the separate aco	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0! NA NA NA NA 15-1, Section 2409.1(A)(2) settlements which are ident transactions. If the provide Exhibit 9a showing the Medicaid Family 100 miles and 100 miles are idented to the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide the prov	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0! 99.71% #DIV/0!	#DIV/0!
17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51	Laboratory Service Costs Laboratory Medicare Fee Schedule Rate Lesser of Lab Service Costs or Medicare Fee Schedule Total Direct Medical Costs Plus Lab Costs TOTAL MEDICAID / HEALTH (NET MEDICAID) "When the provider files a cost report indicating that an o *** IMPORTANT NOTE*** Medicaid and NCHC are receivables shall not be combined or netted. The sett Program(s) for both Medicaid and NC Health Choic Choice settlement with the a Any return of overpament shall be remitted under a separation.	From Exhibit 6 Total Expenditures #DIV/0! CHOICE INTERIM PAYAID / HEALTH CHOICE NET S verpayment has occur derived from separellements for Medicale, the provider shall appropriate correspondents.	Col. C * Col. D % Medicaid Costs #DIV/0! #DIV/0! #DIV/0! /MENTS (From Exhibit 8) E COMPUTABLE COSTS FMAP (Blended) ETTLEMENT AMOUNT urred, full refund is to be rate funding sources; the id and NC Health Choice I submit separate remite onding remittance so the	Col. D * Col. E % Medicaid Clinic Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 66.72% #DIV/0! remitted with the cost remitted with the cost remitted see a counted as tances. Providers shall	Col. D * Col. F % Medcaid Family Planning Services Cost #DIV/0! #DIV/0! \$0 #DIV/0! 90.00% #DIV/0! and NC Health Choices separate and distinct of the separate and distinct of the separate acopy of the separate aco	Col. D * Col. G % Medicaid Famil Planning Waiver Costs #DIV/0! #DIV/0! NA NA NA NA 15-1, Section 2409.1(A)(2) settlements which are ident transactions. If the provide Exhibit 9a showing the Medicaid Family 100 miles and 100 miles are idented to the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide the provide Exhibit 9a showing the Medicaid Family 100 miles are idented to the provide the prov	Col. C * Col. D % NC Health Choice Costs #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0! 99.71% #DIV/0!	#DIV/0!
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	A B	С	D
1 N	Iorth Carolina Division of Medical Assistance		
2 L	ocal Health Department Cost Report		
3 N	ledicaid Administrative Claiming Costs for Settlement		
4 0			
5 [OO NOT ENTER ANY INFORMATION ON FORM	Primary NPI Number	0
6		Medicaid Provider Number	0
7			
8 F	Period for Expenditures and Payments		
9	Fiscal Year Start Date	7/1/2016	
10	Fiscal Year End Date	6/30/2017	
11			
	Medicaid Administrative Claiming Settlement		
13			
14 15			
13		MEDICAID ADMINISTRATIVE	
		CLAIMING COSTS From Exhibit 7	
16	I. Medicaid Administrative Costs	FIOH EXHIBIT /	
17		((D)) ((O)	
18	Nurses	#DIV/0!	
19	Social Workers	#DIV/0!	
20	Health Educators & Nutrtionists	#DIV/0!	
21	Direct Medical (Physicians/Billing/Intake)	#DIV/0!	
22	COMPLITABLE MEDICALD ADMINISTRATIVE COSTS	#DIV/0!	
23 24	COMPUTABLE MEDICAID ADMINISTRATIVE COSTS FFP	#DIV/0! 50.00%	
	MEDICAID ADMINISTRATIVE CLAIMING AMOUNT	#DIV/0!	
25 26	TOTAL MEDICAID MAC PAYMENTS FOR FISCAL YEAR (From Exhibit 8)	#DIV/0! \$0.00	
	NET MEDICAID MAC PATMENTS TOK FISCAL TEAK (FIGHT EXHIBIT O)	#DIV/0!	
27 28	NET WEDICAID SETTLEMENT AWOUNT	#DIV/U!	

	Α	В	С	D	Е	F	G			
1	North Card	orth Carolina Division of Medical Assistance								
2	Local Heal	ocal Health Department Cost Report								
		Report Summary								
4	0									
5	Complete	Shaded Areas Only				Primary NPI Number	0			
6		•			Medio	caid Provider Number	0			
7										
	Period for Expenditures									
9		Fiscal Year Start Date	7/1/2016							
10		Fiscal Year End Date	6/30/2017							
11										
12										
13										
14										
15	ı	O	1.				1			
16		Gross Expenditures from LHD Financia	IS							
17		A divistments								
10		Adjustments Depreciation								
20		Indirect Costs								
21		Other								
22	 	0.1101	Net Exp	enditures from Finan	ncials	\$0.00				
23						Ψ0.00				
18 19 20 21 22 23 24 25 26 27	ľ	Total	Expenditures per Cos	st Report (From Exhi	bit 5)	\$0.00				
25			•	,		•				
26				Vari	iance	\$0.00				
27	•						•			

<u> </u>	A North Constinue Division of Martinet Assistance	В	С	D E					
_	North Carolina Division of Medical Assistance								
2	Local Health Department Cost Report								
3	0								
4	Variance Report - QC								
5	DO NOT ENTER ANY INFORMATION ON FORM Primary NPI Number								
6			Medicaid Provider Numbe	r 0					
7									
8	Period for Expenditures and Payments								
9	Fiscal Year Start Date 7/1/2016								
10			-						
11	Fiscal Year End Date 6/30/2017								
	Differences Between Exhibits - ALL DIFFERENCES SHOULD EQUAL \$0								
13	Differences between Exhibits - ALE DIFF ENCINOLS SHOULD EXOAL W								
14									
	Total Expenditure Comparison - Exhibit 5 vs. LHD Financials	Exhibit 5 Total Expenditures	LHD Financials (Exhibit 10)	Diff					
	Total Expenditures	\$0.00	\$0.00	\$0.00					
17		•							
18	Administration and Support Comparison - Exhibits 5 vs. 4a	Total Expenditures Exhibit 5	Total Expenditures Exhibit 4a	Diff					
19	Total Expenditures	\$0.00	\$0.00	\$0.00					
20									
21	Clinical Administration Comparison - Exhibits 5 vs. 4b	Total Expenditures Exhibit 5	Total Expenditures Exhibit 4b	Diff					
22	Total Expenditures	\$0.00	\$0.00	\$0.00					
23									
24	Direct Medical Comparison - Exhibits 5 vs. 4c	Total Expenditures Exhibit 5	Total Expenditures Exhibit 4c	Diff					
25	Total Expenditures	\$0.00	\$0.00	\$0.00					
26									
27	Non-Reimbursable Comparison - Exhibits 5 vs. 4d	Total Expenditures Exhibit 5	Total Expenditures Exhibit 4d	Diff					
28	Total Expenditures	\$0.00	\$0.00	\$0.00					
29									
	Adjustments / Transfers to Trial Balance Comparison - Exhibits 5 vs. LHD Financials	Adjustments/Transfers Exhibit 5	LHD Financials Exhibit 10	Diff					
31	Total Reclassifications	\$0.00	\$0.00	\$0.00					
32				I					
	Allocations and Total Expenditures Comparison - Exhibits 5 vs. 6	Total Expenditures Exhibit 5	Total Expenditures Exhibit 6	Diff					
34	Total Expenditures	\$0.00	\$0.00	\$0.00					
35		1	T. 15 15 (0.0) (5.1355	lp://					
	Total Allocated Expenditures and Settlement Cost Comparison - Exhibits 6 vs. 7	Total Allocated Adj. Expenditures - Exhibit 6	<u> </u>	Diff #DIV//OI					
	Nurses Cost Pool	#DIV/0!	#DIV/0!	#DIV/0!					
	Social Worker Cost Pool	#DIV/0!	#DIV/0!	#DIV/0!					
	Health Educator & Nutritionist Cost Pool	#DIV/0!	#DIV/0!	#DIV/0!					
	Direct Medical Cost Pool	#DIV/0!	#DIV/0!	#DIV/0!					
41	Summary Sottlement Comparison - Evhibite 1e ve 0e 0b 0e	Summary of Settlement Amounts - Exhibit 1a	Total Calculated Summary - Exhibits 9a-c	Diff					
	Summary Settlement Comparison - Exhibits 1a vs. 9a, 9b, 9c Medical Settlement	#DIV/0!	#DIV/0!	#DIV/0!					
		#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!					
	Family Planning Settlement	ļ							
_	NC Health Choice Settlement	#DIV/0!	#DIV/0!	#DIV/0!					
	Medicaid Administrative Claiming Settlement	\$0.00	#DIV/0!	#DIV/0!					
47	Summary Expenditure Comparison - Exhibits 1c and 5	Total on Cover - Exhibit 1c	Total Expenditures - Exhibit 5	Diff					
		\$0.00	\$0.00	\$0.00					
	Admin Support	\$0.00							
	Medical Support	·	\$0.00 \$0.00	\$0.00					
—	Direct Medical	\$0.00	\$0.00 \$0.00	\$0.00					
—	Non Reimbursable	\$0.00	\$0.00	\$0.00					
53	Total Expenditure	\$0.00	\$0.00	\$0.00					
54 55 56									
56									
90									