1. An UCHC OBGYN patient cradles her “bump,” and later gives birth to a healthy baby girl.
2. UCHC receives a commendation from the State and Federal authorities during National Health Center Week.
3. Upham’s Elder Service Plan/PACE staff speak at a national PACE conference about best practices.
4. UCHC represents at the Dorchester Day Parade on June 1, 2014.
5. Nurse Sarah Ketter smiles during a discussion about breast health with a patient.

The Upham’s Corner Health Center is committed to provide high quality, low cost, culturally sensitive, community-based health and social services to the residents of Dorchester.

The Upham’s Corner Health Center is organized to provide comprehensive, personalized and continuous health services. The goal of the health center is to provide each patient with primary care in comfort and convenience. Each registered patient is assigned a personal primary care physician. The personal physician provides the ongoing care, coordinates specialty services and inpatient care as required by the patient.
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February 10, 2015

Dear Member:

We have just completed our 43rd year of service to the North Dorchester community, and it was both a challenging and productive year. We successfully recruited five new primary care providers, during the last six months of 2014, to fill the staff vacancies which occurred in 2013, thus allowing us to re-open the Primary Care program to new patients, in October. Also, we receive recognition from the National Committee on Quality Assurance as a certified Patient Centered Medical Home – Level I, in March 2014. Additionally, we successfully open 12 units of supportive housing, at 125 Amory St, Jamaica Plain, for eligible PACE/UESP participants, in collaboration with the Boston Housing Authority.

Over the past 12 months we experienced 1% decrease in patient visits, based on prior year’s volume, and the number of registered patients served through our various programs decreased by 5% to 11,880. Financially, we completed the year without incurring an operating loss. However, we have been challenged financially in operating new and existing managed-care contracts, including: Primary Care Payment Reform (PCPRI) and Senior Care Options (SCO), due to reduced capitation rates and/or the implementation of new/revised performance requirements.

Frustrations: The ongoing technological requirements to comply with the many regulations of the Affordable Care Act, and government agencies; together with the possible need to participate in the ACO plan formed by our affiliated hospital, have made things more stressful for our providers, administrators and support staff, than anticipated. Additionally, we had to upgrade our accounting, purchasing and payroll system this year. Now we need evaluate the conversion of our three year old electronic medical record system (EHR), to a new EHR preferred by the hospital.

Finally, we have concerns about a potential merger of the Boston Medical Center and Tufts Medical Center, and the impact that this union may have on our patients, and the neighborhoods we serve.

From a health center wide perspective we hope to achieve the following goals in 2015:

- Full implementation of our new Quality Assurance, Process Improvement & Risk Management Plan, throughout UCHC;

- Receive certification as a Level II Certification Patient Centered Medical Home provider;

- Establish a community-based Addiction Service Program, within the health center, if funded through a pending HRSA-330 Grant Application;

Our continued success over the past year can only be attributed to the hard work and dedication of our staff, and the support we receive from the members of the Board of Directors for which we are extremely grateful. Also, we would like to thank the private foundations, federal state and city agencies and our hospital partners, that provided the financial resources and support, which allows us to provide high quality, cost-effective health and social services to the residents of North Dorchester.

Sincerely,

Edward Grimes, CEO
Board of Directors

Margaret Leahy Wirth
President

Althea Garrison
Vice President

Winifred Pickett
Treasurer

Zita C. Jackson
Secretary

Tanya Cabral

Dr. Clara Lennox

Dai J. Morehouse

SubCommittees

Margaret Leahy Wirth
Chairperson
QAPI Personnel Committee

Zita Jackson
Chairperson
Planning Committee

Dai Morehouse
Chairperson
UESP/PACE Committee

Hospital Affiliations

Boston Medical Center

Brigham and Women's Hospital

Boston Children's Hospital

Corporation Counsel: Carl Axelrod, Esquire, of Brown Rudnick Berlack Israels, LLP
Bank: Bank of America

Auditor: David A. Katzman, CPA, of CBZ Goldstein Lewin & Co.
Management & Corporate Staff Listing

Administration
Edward F. Grimes, Chief Executive Officer
Katie Schmidt, MPH, Quality Assessment/Performance Improvement Manager
Zhenghong Huo, MBA, Senior Financial Analyst
Vanda Gomes, MPA, Revenue Analyst
Kerry Mitza, Regulatory Compliance Coordinator
Jenna Tonet, MPH, Grants & Contracts Manager
Wascar Castillo, Human Resources Manager
Roksana Pirog, Marketing & Promotions Manager

Adolescent Health Services
Elisabeth Blair, ANP, Adolescent Clinic Coordinator

Behavioral Health Department
Lisa Perrone, MSW, LICSW, Director
Orlando Lightfoot, Medical Director

Clinical Services Department
Janette Bataringaya, MPH, Director of Clinical Services

HIV/AIDS Services
Zackiya Grant, MPH, Program Coordinator

Nutritional Services
Molly Warner, RD, MPH, CDE, Coordinator

Dental Department
Zuzana Mendez, DMD, Director

Eye Care Department
Eliot Cohen, OD, Director

Finance/Accounting Department
Daniel Dennis, MBA, CPA, Controller
Regina Izmaylova, MBA, Financial Manager

EDP/Billing
Sarah Brown, Supervisor

Home Health Care
Eileen Segale, RNC, MS, MPH, Director
Alison Galvin, MS, Intake & Quality Improvement Manager
Anne Maillet, RNC, MSN, Nurse Manager

Home Health Aide, Homemaker Services, and Personal Care Workers
Tito Fontenla, Manager
Operations Department-Division 1
Samantha Taylor, MBA, Operations Manager

Call Center
Yvette McTaggart, Supervisor

Medical Reception
Shonna Alexander, Supervisor

Benefits Office
Ivette Depina, Supervisor

Medical Records
Sonja Luna, Supervisor

SCO Program
Kristina Kurakina, NP, Clinical Coordinator

Operations Department, Division 2
Samir Hraybi, MS, Operations Manager
Abdul Shibli, PhD, Trainer

Operations Department - Division 4
Michael Rezkalla, MPA, MA Operations Manager
Tuan Le, Facilities Manager
Luis Gonzalez, Purchasing Agent

Support Services-Satellite Clinic
Rosemarie Dias, Supervisor

Home Care Support Services
Elizabeth Ruiz, Unit Administrative Assistant

Women, Infants and Children Feeding Program (WIC)
Ana Chez, Director
Michael Pederson, BS, COC, Senior Nutritionist

Primary Care Department
Elise Henricks, Medical Director
Edward Levy, Assistant Medical Director Pediatrics
Sarah Taylor, NP, Clinical Coordinator

Social Services Department
Kathia Monteiro, LICSW, Manager

Community Health Advocates
Adelina Alves, Supervisor

Upham’s Elder Service Plan
Adam Burrows, MD, Medical Director
Susan Cavanaugh, MPH, MSW, LCSW, Clinical Director
Jagdeep (Jay) Trivedi, MBA, EMT, Director of Operations (Division 3)
Dale Labonte-Eurbina, MPH, LICSW, Adult Day Health Center Manager @Amory Street
Diane Staib, MSW, LCSW, Adult Day Health Center Manager @ Dorchester Avenue
Sarah Fresco, Adult Day Health Center Manager @ Dearborn Street

Upham’s Corner Health Center Pharmacy
Marina Rabinovich, RPH, Manager
Accounting Department
Daniel Dennis, CPA, Controller
Regina Izmaylova, Finance Manager
Sarah Brown, Billing Supervisor

The Accounting, Finance and EDP Departments are responsible for patient billing (EDP), cash reconciliation, grant and contract billing, pharmacy accounting, accounts payable, payroll, and the preparation of cost reports and any other necessary financial reports.

In 2014, the Finance Department faced some challenges and major updates. First, our payroll system ADP PC was upgraded to ADP Workforce. Some of the major upgrades were: paper timesheets were replaced with electronic timesheets, employees are now able to track their time and have access to their pay statements online, and Time Off requests are now processed electronically. Although this new process affected the organization as a whole, the implementation process took outstanding effort and dedication from Finance staff members. We are now able to completely process payroll on the ADP Workforce and managers/supervisors are becoming comfortable with the new system and are starting to appreciate its benefits. Secondly, we are in the process of implementing new Accounting software, Microsoft Dynamics GP, one of the leading accounting software packages on the market. This implementation was extremely challenging since the General Ledger required complete reconfiguration and an updated mapping needed to be created. In 2015 we will be going live with the new system.

There were many changes affecting healthcare billing and the EDP Department in 2014. The Affordable Care Act expanded the Masshealth program which launched CarePlus, a program for those not eligible for Masshealth Standard between the ages of 21 and 64 and having income at or below 133 percent of the federal poverty level. The frustrations patients had in enrolling in these programs made determining patient eligibility and billing the correct insurance a very difficult task. The implementation of Primary Care Payment Reform Initiative (PCPRI) is a change in the form of payment for some Masshealth patients. The purpose of PCPRI is to improve patient access to primary care, improve patient care through care management, and to integrate behavioral health with primary care. The payment structure for PCPRI is on a monthly capitation basis with quality incentives and shared savings/risk. Internally, the EDP department began implementing the posting of payments to patient accounts electronically for the major insurance carriers. This will alleviate the time-consuming task of manually applying payments to patient accounts.

EDP will start off 2015 with changes in the Medicare payment structure to Prospective Payment System. This is a payment system in which Medicare will be paying based on a predetermined cost rather than through cost reimbursement settled through a cost report. ICD-10 is expected to be implemented in 2015 unless there are further delays. There will probably be many other changes throughout the year.

Adolescent Health Services
Elisabeth “Liz” Blair, ANP, Clinic Coordinator

The Adolescent Clinic functions to provide a safe space for our community’s youth where they can seek out resources for their health, both physical and emotional. We aim to provide a place where teens can find adults to whom they can come with any of their issues or problems. Specifically, we provide comprehensive primary care services, behavioral health counseling and case management, confidential sexual health counseling, family planning services, STD testing including rapid HIV testing, and health promotion and education for patients ages 12-23.

This past year has highlighted the struggles and injustices facing inner city youth in our country. Young people of color in the U.S. face countless challenges. Working with young people during these highly emotionally charged times can leave one feeling inadequate and discouraged, wondering how possibly to provide them with the resources they need to succeed. However, our patients consistently inspire our providers by their strong spirits, intelligence, and boundless passions on a daily basis.

As the trend in health care bends towards a patient-centered medical home model, the teen clinic has been strengthening and stream-lining its function as a place where the entire team, from receptionist to provider, works with the awareness of each patient’s unique needs and situation. By incorporating quality improvement projects, the team aims to continue to use the medical home based model to its highest potential, utilizing software to alert all staff to the care needs of each individual patient.
Goals for 2015 include using this team model to specifically focus on the Mental health needs of our teens through building and continuing community connections as well as through our internal systems of mental health screenings, behavioral health referrals, and close patient follow up. The Teen Clinic team will also use this approach to strengthen our family planning education and resources for all of our unique and ambitious young patients.

Behavioral Health

Lisa Perrone, LICSW, Director
Orlando Lightfoot, MD, Medical Director

The UCHC Behavioral Health (BH) department provides assessment and psychotherapy services for UCHC patients. The department offers treatment for individuals, families, and couples. The Behavioral Health Medical Director Psychiatrist provides psychopharm management to patients who are being seen by the BH clinical staff, as well as providing consultations for UCHC Providers.

During 2014, our efforts came to fruition in filling the psychiatry vacancy as we brought on board, Dr. Orlando B. Lightfoot, who provides psychiatry services, clinical consultations and overall behavioral health support to UCHC. Additionally, the department focused on two overarching areas: provision of trauma-focused treatments, where we are one of eight CHCs to receive funding to develop BH Trauma Recovery services. And, the second area is the BH integrated care initiatives at UCHC. New BH/PC integration initiatives continue to be a theme in many programs. It includes integrating care with the patient, with UCHC internal departments and with external referrals. We continue to develop new systems for meeting contractual requirements on BH integration.

We have three focal areas for 2015: plans to implement the Trauma Recovery services with two new positions, implementation of enhanced integration of BH / PC service delivery and preparation for the DSM-V implementation on Oct 1, 2015. The DSM-V is the new set of behavioral health diagnostic standards, previously maintained in the DSM-IV manual. The DSM V diagnostic codes will be harmonized with the new ICD 10 codes. Both in the current year and in the year ahead, we are reminded by the changing BH mandates, on both a National and Managed Care entity level, that we are pressed to adapt, as chameleons, in the ever changing times of our health care system.

Clinical Services Department

Janette Bataringaya, MPH, Director

Our department provides primary care, urgent care and OB/GYN nursing services, medical assistant clinical support, triage, interpreting, asthma and diabetes nurse education and medical case management services, family planning, nutrition, mammogram services, stop smoking health education, HIV social and nurse case management and other support functions.

Changes in 2014: Implemented the care organization for Medicare-Medicaid dual eligibles successfully enrolling over 300 members. Implemented the Primary Care Payment Reform Initiative aimed at improving care coordination and follow up for high risk patients on MassHealth and participated in the on-going quality improvement initiatives and Patient Centered Medical Home (PCMH) transformation.

Goals for 2015: 1) Continue transitioning staff to PCMH team based care 2) Continue implementing quality improvement initiatives 3) Integrate an on-going continuing education and competency testing for support staff 4) Collaborate with others to reinvigorate our Centering Pregnancy-Group Prenatal Care program.

Dental Department

Zuzana Mendez, DMD, Dental Director

The dental department offers quality comprehensive dental care. Our services include Oral Diagnosis, Dental Prophylaxis, Digital X-rays, Restorations, Extractions, Oral Cancer Screening, Root Canals, Crowns, Full and Partial Dentures.
We provide dental care to the multicultural population of Dorchester. In order to increase access, our clinic has extended hours and is open two Saturdays per month. We also have walk-in hours for patients with emergencies and have special noon time appointments to increase the delivery of removable prosthesis.

We work hard to keep our department running smoothly by having daily huddles with our dental team. This allows us to review patient scheduled procedures and discuss the plans for the day. Offering lunch and learn. We have improved this year by reducing personal calls, cell phone use, working close with the billing department and confirming our schedule every day.

We incorporated externship program for dental students from Tufts and BU University. We also trained DA students from Madison High, BCI, EI, ESP staff. Oral health fair screening and participated in the Dorchester Parade. YDC educational training for dentists and dental assistants to keep their license.

In the next year we hope to improve the department by setting the following goals: continue to host children’s Dental Day, hire two new dentists, and incorporate one hour appointments for full dental service. Additionally, we will improve communication and collaboration between medical, billing and dental service. Facility wise we will get a Big Sign outside of the clinic, new furniture and paint the facility for a fresh look. Re-Integrate full Dental Service to the new ESP Facility. Opened a new auxiliary dental clinic at ESP.

Eye Clinic
Eliot Cohen, OD, Director

The eye clinic continues to provide comprehensive eyecare to the community. We examine and treat patients with a large variety of eye problems including amblyopia, conjunctivitis, glaucoma, cataracts, macula degeneration, and diabetic retinopathy. We also provide eyeglasses at very reasonable prices.

Our staffing has been stable and we continue to offer Saturday services as well as monthly ophthalmology services.

We received a grant which allowed us to upgrade our capital equipment in exam room 2.

As always, we look forward to providing high quality eye care to the community in the coming year.

Home Health Care
Eileen Segale, MPH, RNC, Director

Upham’s plays a unique role in the Boston health care scene with the only health center-based certified home health agency in the city. We have over 35 years of experience providing home care to a very frail, vulnerable, diverse, often non-English speaking and exclusively urban population. We are one of few agencies in the nation with this expertise.

The Home Care Program provides comprehensive care to homebound adults. Specialty programs focus on services for Frail Elders and HIV-infected individuals. Registered Nurses, Nurse Practitioners, Social Workers, Physicians, Therapists and Home Health Aides work to assess, plan and deliver care in collaboration with other community providers. Unnecessary hospitalizations are prevented, hospital stays are shortened, nursing home placements are avoided and family functioning is maximized.

Slow, steady program growth continued through 2014 with increases in referrals and nursing productivity. We completed a successful DPH survey, survived adjustment to new payroll and BMC record systems and “upgrade” of the Home Care EMR per CMS mandate.

In 2015 we will place greater emphasis on outreach and networking, increase Physical Therapy staff, streamline medical supply ordering, explore ways to improve communication with our many clinical collaborators and learn ICD 10.

Operations Department - Division 1
Samantha A. Taylor, MHA, Manager

The Operations Department-Division 1 is comprised of the Call Center/Registration, Medical Records, Reception, Laboratory, Benefits Office and Senior Care Options (SCO). This division also provides the administrative support and scheduling for all of the providers. Division 1 ensures that the health center is operating smoothly and efficiently. Patients are a high priority in this division as we strive to make sure that the patient has
access to the care that they need and are treated with the respect that they deserve.

Operations Department - Division 2
Samir Hraybi, MS, Manager

The Operations Department- Division 2 includes computer system development and support, purchasing of computers and related electronic equipment.

In 2014 we faced a lot of challenges with the network performance and stability which affected our applications and phone system, and successfully we were able to identify all the problems and resolved them including an upgrade to the connection in the Marlborough datacenter where our servers are hosted from copper to Fiber optic connection. The changes to our hardware and software helped improve the speed and dependability of the network and the phone system.

Also, in 2014 we launched the Upham’s Intranet site and helpdesk system to improve communications between IT department and all staff at Upham’s. The new helpdesk system provides directions and reports on the daily challenges and the best way to coordinate support and training to staff.

In 2015, we will continue supporting all departments at Upham’s with technical help, upgrading and migrating applications and workstations as needed. Also in 2015 we are planning to renovate all the network rooms in all Upham’s sites and update all the wirings, also help in adding new programs and technologies to improve the quality of service to our patients.

We also worked with Partners and hired Celera Networks, Inc. to work with us on upgrading our network using state of the art Cisco equipment and build our own infrastructure and datacenter site to host our servers and run all Upham’s applications except the EMR system, which is hosted at BMC.

We upgraded our T1 lines for the entire organization to MPLS network from Level 3 with a 40Mb capacity from the datacenter located at Marlborough to the main location at 415 Columbia Road.

In addition to the datacenter, we built a failover site which is a replica of the datacenter at 415 Columbia Road in the main building where we secured a physical space to host the duplicate servers and equipment to work as a failover site in case the datacenter fails.

In addition to the network upgrade and applications transfer to our network, we converted over 350 workstations from Partners network to Upham’s network with no interruptions to the daily work of Upham’s staff and keeping all documents and files intact in a very smooth and friendly process.

Also in parallel to all the work done in the network conversion, we upgraded our phone system to a new Avaya VOIP phone system. The new system allows all remote sites to use internal extensions for communications and be part of one phone system which make it easier for staff and patients at the same time.

As we build a backup site for Uphams data infrastructure, also built a failover site for the phone system at 415 Columbia Rd.

In 2014, we will continue working on the remaining items of our network and phone system, as well as improving our website, and build a new Intranet site for staff to improve their daily experience, including training material and what is new in all domains may interest them.

Also, adding a new helpdesk system will make it easier for staff to report a problem and help IT to remotely help coworkers resolve their technical issues; improve the wireless experience for staff and patients; and finally, we will continue to support other departments in adding new programs and technologies to improve the quality of our service to both patients and staff.

Operations Department - Division 4
Michael Rezkalla, MA, MPA

The 2014 year has been marked by a number of improvements for Division IV. Including but not limited to an improvement plan for the Dental Care Department. The plan has led to improving the overall practice management of the department, increasing equipment efficiency, and integration of best practices. The Eye care Department has started implementing a similar plan with similar goals.
The Home Care Department has seen an increase in patient referrals and hiring of new staff. The program is currently in a slow growth phase and has been pursuing some marketing initiatives. The Teen Clinic has successfully continued to carry the overall agency mission by securing a safe and welcoming environment for teens seeking medical care and case management.

The North Dorchester WIC Program has exceeded the State average in most of its Top Ten outcomes including but not limited to, active caseload which reached 2049 participants, group education, percentage of women enrolled in the first trimester and more.

The Purchasing and Facilities Departments have responded to many organizational needs including but not limited to the preventative maintenance, fall cleaning, purging of records, building inspections, purchasing of new exam room tables for Primary Care and Teen Clinic, new waiting room furniture for Primary Care, purchase of two Starcraft buses for the Elder Service Plan, new office supply ordering system, and a lot more.

**Upham’s Elder Service Plan (UESP)**

Adam Burrows, MD, Medical Director
Susan Cavanaugh, MPH, MSW, LCSW, Clinical Director
Jay Trivedi, MBA, Director of Operations

Based on the PACE (Program of All-Inclusive Care for the Elderly) model, UESP provides a full spectrum of coordinated medical and clinical services to greater than 250 enrolled nursing home eligible seniors (participants). UESP measures its success and growth by the levels of compassion, dedication and skill of its Interdisciplinary Team members.

**Successes**
- Operating three PACE centers.
- Opened PACE Supportive Housing Unit on BHA property.
- Became more active on the local and federal political stages to voice the concerns for the growth and expansion of PACE.
- Formed the MassPACE, the Massachusetts State Association of PACE Programs with other PACE Organizations of Massachusetts.
- While adhering to our mission of aging in place, we have a very low census of participants in long term care.
- Improved and implemented a successful quality improvement program.

**Goals**
- Complete innovative project with Boston Housing Authority to develop PACE supported housing
- Increase marketing, enrollment and visibility of the program
- Continue to develop and enhance working relationships with community organizations in an effort to improve and expand PACE services.
- Aggressive marketing and outreach across catchment area with a focus on BHA properties.
- Assist in the development of trained clinicians in geriatric care.
- Begin work on transition to an Electronic Health Record.
Upham’s Corner Health Center’s clinical care department has continued to grow and change over the past year. Shifts in reimbursement models and health care directives have guided our services in some of these transitions. Through it all, we continue to strive to make our services patient-centered and staff-friendly.

One of the bright spots of 2014 has been the addition to our staff of 4 family medicine nurse practitioners and 1 family medicine physician. This allowed us to fully staff our urgent care department and expand access to primary care services. In the fall, we re-opened to new adult patients, and we have been reassigning patients whose providers have left to new providers as part of our empanelment process. Dr Edward Levy was also brought into the role of Assistant Medical Director for Pediatrics, which has strengthened the clinical leadership team.

With the new staff of providers, as well as additional nurses and case managers, we are moving forward in our implementation of the patient-centered medical home. We were very pleased to be recognized as a level 1 Patient-Centered Medical Home this year, and continue to work toward the next levels of certification. Achieving this will require even more dedication to providing timely access and quality, coordinated care for our patients. Our next focus will be on the development of patient care teams, which began with 2 pilot teams this fall.

One of the cornerstones of providing quality care has been the enhanced use of data to evaluate and shape our efforts. Our staff has devoted significant time over the past year to learning new methods of assessing and evaluating the work that we do, and using the information to make informed decisions about how to move forward. We strive to keep the goals of “good for the patient, good for the staff” foremost in our minds. The graphs below demonstrate 3 specific areas where we have focussed, including depression screening and follow-up for adults and adolescents, and diabetes management. Access to real-time data for all our clinical staff will be used continually in the upcoming year to help us to address areas of need quickly and effectively.

We have made great strides in the use of our electronic health record, with additional clinical staff time devoted to adapting it to our specific needs. Special attention has been paid to our prescribing practices around controlled substances, with a goal of providing the best care for our patients while keeping all the members of our health center family safe.

Overall, it has been a good year for UCHC, and we approach the next one with a sense of renewed purpose and dedication to the important work we do in our community.

Regards,

Elise Henricks, MD
**Depression screening and follow-up for adolescents and adults**

% of adolescents and adults with a depression screening in the past year, plus a follow-up plan if their depression screen is positive

<table>
<thead>
<tr>
<th>Month</th>
<th>Adults ages 18+</th>
<th>Ages 12-17</th>
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<tr>
<td>March</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>April</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>May</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>June</td>
<td>30%</td>
<td>9%</td>
</tr>
<tr>
<td>July</td>
<td>34%</td>
<td>6%</td>
</tr>
<tr>
<td>August</td>
<td>38%</td>
<td>18%</td>
</tr>
<tr>
<td>September</td>
<td>47%</td>
<td>15%</td>
</tr>
<tr>
<td>October</td>
<td>48%</td>
<td>21%</td>
</tr>
<tr>
<td>November</td>
<td>59%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Overall average for 2014: 41% 15%
Rank among CHC’s in 2014: 3rd of 24 10th out of 24

**Hemoglobin A1C > 9% for adults***

% of diabetics ages 18-64 with most recent HbA1C >9%

<table>
<thead>
<tr>
<th>Month</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 average</td>
<td>33%</td>
<td>29%</td>
<td>33%</td>
<td>31%</td>
<td>30%</td>
<td>31%</td>
<td>26%</td>
<td>25%</td>
<td>27%</td>
</tr>
</tbody>
</table>

2014 average Rank for 2014: 30% 12th out of 24

*NOTE: Poorly controlled diabetics have an A1C >9%, so a lower percentage on this measure is better.*
Active Registered Patient Profile
2014 Compared to 2013

<table>
<thead>
<tr>
<th>AGE**</th>
<th>2014</th>
<th>2013</th>
<th>VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDER 1 YEAR</td>
<td>251</td>
<td>306</td>
<td>-22%</td>
</tr>
<tr>
<td>1 - 3 YEAR</td>
<td>561</td>
<td>589</td>
<td>-5%</td>
</tr>
<tr>
<td>4 - 6 YEAR</td>
<td>587</td>
<td>633</td>
<td>-8%</td>
</tr>
<tr>
<td>7 - 12 YEAR</td>
<td>1,083</td>
<td>1,176</td>
<td>-9%</td>
</tr>
<tr>
<td>13 - 19 YEAR</td>
<td>1,582</td>
<td>1,681</td>
<td>-6%</td>
</tr>
<tr>
<td>20 - 24 YEAR</td>
<td>994</td>
<td>1,043</td>
<td>-5%</td>
</tr>
<tr>
<td>25 - 64 YEAR</td>
<td>5,648</td>
<td>5,877</td>
<td>-4%</td>
</tr>
<tr>
<td>66 - 79 YEAR</td>
<td>906</td>
<td>906</td>
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<tr>
<td>80 and 80+ YEAR</td>
<td>268</td>
<td>268</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEX</th>
<th>2014</th>
<th>2013</th>
<th>VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>4,633</td>
<td>4,868</td>
<td>-5%</td>
</tr>
<tr>
<td>FEMALE</td>
<td>7,247</td>
<td>7,611</td>
<td>-5%</td>
</tr>
<tr>
<td>TOTAL PATIENTS</td>
<td>11,880</td>
<td>12,479</td>
<td>-5%</td>
</tr>
</tbody>
</table>

*Patients who have an encounter within 12 months of the year

**Patient age as of June 30.

**Income Distribution**

<table>
<thead>
<tr>
<th>Category</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PATIENT FEES</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2. MISC &amp; OTHER</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>3. HMO &amp; PRIVATE INSURANCE</td>
<td>17%</td>
<td>15%</td>
</tr>
<tr>
<td>4. GRANTS</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td>5. MEDICARE &amp; MEDICAID</td>
<td>68%</td>
<td>66%</td>
</tr>
<tr>
<td>6. PHARMACY INCOME</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Active Registered Patients

<table>
<thead>
<tr>
<th>Category</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEMALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL PATIENTS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
UCHC Patient Visit Statistics
2014 Compared to 2013

* Due to computer system change, there is no ESP visit recorded for 2014. However ESP visits for 2010 - 2013 were included in this chart.

Number of Employee Visits Per Year

Number of Employees

No. of active employees
<table>
<thead>
<tr>
<th>HEALTH SERVICES</th>
<th>FOR YEAR 2014</th>
<th>FOR YEAR 2013</th>
<th>PERCENT VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULT MEDICINE</td>
<td>20,508</td>
<td>21,122</td>
<td>-3%</td>
</tr>
<tr>
<td>ADOLESCENT HEALTH</td>
<td>2,451</td>
<td>2,357</td>
<td>4%</td>
</tr>
<tr>
<td>PEDIATRICS</td>
<td>6,942</td>
<td>7,678</td>
<td>-11%</td>
</tr>
<tr>
<td>OB/GYN-FAMILY PLAN</td>
<td>4,615</td>
<td>4,976</td>
<td>-8%</td>
</tr>
<tr>
<td>DENTISTRY</td>
<td>8,684</td>
<td>9,640</td>
<td>-11%</td>
</tr>
<tr>
<td>NUTRITION-WIC</td>
<td>10,861</td>
<td>10,842</td>
<td>0%</td>
</tr>
<tr>
<td>HOME HEALTH AIDE</td>
<td>66,370</td>
<td>65,969</td>
<td>1%</td>
</tr>
<tr>
<td>HOMECARE</td>
<td>14,038</td>
<td>13,110</td>
<td>7%</td>
</tr>
<tr>
<td>SOCIAL SERVICE</td>
<td>55,437</td>
<td>56,081</td>
<td>-1%</td>
</tr>
<tr>
<td>BEHAVIORAL HEALTH</td>
<td>1,345</td>
<td>1,467</td>
<td>-9%</td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td>673</td>
<td>644</td>
<td>4%</td>
</tr>
<tr>
<td>OPTOMETRY</td>
<td>3,001</td>
<td>2,790</td>
<td>7%</td>
</tr>
<tr>
<td>PODIATRY</td>
<td>583</td>
<td>564</td>
<td>3%</td>
</tr>
<tr>
<td>Total patient visits</td>
<td>195,508</td>
<td>197,240</td>
<td>-1%</td>
</tr>
<tr>
<td>Total number walk-ins</td>
<td>10,549</td>
<td>11,180</td>
<td>-6%</td>
</tr>
<tr>
<td>D.N.K.**</td>
<td>16,680</td>
<td>16,717</td>
<td>0%</td>
</tr>
</tbody>
</table>

Total # Active Registered Patients
Patients in Primary & Specialty Care
(Persons having an encounter within 24 months)*
FOR YEAR 2014 | FOR YEAR 2013 | PERCENT VARIANCE
13,539         | 13,766        | -2%

Total # Active patients in Dental Care
(Persons having an encounter within 24 months)
FOR YEAR 2014 | FOR YEAR 2013 | PERCENT VARIANCE
2,790          | 2,797         | 0%

Total # of Elder Service Plan Enrollment
FOR YEAR 2014 | FOR YEAR 2013 | PERCENT VARIANCE
257            | 247           | 4%

Total # of Unduplicated Registered Enrollment
HomeCare Patients
FOR YEAR 2014 | FOR YEAR 2013 | PERCENT VARIANCE
479            | 479           | 0%

Total # of Senior Care Options Program Enrollment
FOR YEAR 2014 | FOR YEAR 2013 | PERCENT VARIANCE
304            | 268           | 12%

Total # of Women, Infant, & Children Feeding Program Registrants
FOR YEAR 2014 | FOR YEAR 2013 | PERCENT VARIANCE
1,988          | 1,879         | 5%

Total # of Prescriptions Filled
FOR YEAR 2014 | FOR YEAR 2013 | PERCENT VARIANCE
48,803         | 49,113        | -1%

Total # Health Center Deliveries
(Obstetrical)
FOR YEAR 2014 | FOR YEAR 2013 | PERCENT VARIANCE
157            | 163           | -4%

** D.N.K. — Number of appointment not keep for all reasons except rescheduled, cancelled by providers, or clinic close.

*ESP visits for 2013 were excluded from total visits in this chart
UCHC Balance Sheet 1
December 31, 2014
Unaudited

Assets

Total Assets             $20,092,122.35

Liabilities

Total Liabilities        3,417,148.07

Net Assets

Total Net Assets         16,674,974.28

Total Liabilities and Net Assets $20,092,122.35

UCHC Income Statement
December 31, 2014
Unaudited

Income

Total Income             $30,564,578.63

Expenses

Total Expenses           29,775,635.94

Operating Income         788,942.69

Other Income

Total Other Income       147,574.23

Other Expense

Total Other Expenses     377,150.35

Net Income               $559,366.57