

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

RECEIVED
 FEB 4 2020
 DEPT. OF SOCIAL SERVICES
 OFFICE OF CON AND RATE SETTINGS

Date Submitted: 2/3/2020 Date Received: _____

| | |
|------------------|-------------------------|
| 1. FQHC Name | SOUTHWEST CHC INC. |
| Street Address | 46 ALBION ST |
| City, State, ZIP | BRIDGEPORT , CT 06605 |
| Telephone Number | 203 332 3505 |
| Contact Person | DIMITRI HRISOVULOS |
| Title | CHIEF FINANCIAL OFFICER |

| | |
|-----------------------------------|--|
| 2. FQHC Medicaid Provider Number: | 3. Reporting Period: |
| Medical <u>4236130</u> | From <u>8/1/2018</u> To <u>7/31/2019</u> |
| Dental <u>4236122</u> | |
| Mental Health <u>4236148</u> | |
| Other (Specify) _____ | |
| _____ | |
| _____ | |

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER

COUNTY CITY

5. FQHC Owned By:


CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By

SOUTHWEST CHC INC. 4236130

(FQHC Name)

For the Reporting Period Beginning 8/1/2018 and Ending 7/31/2019 and That to the Best of My Knowledge and Belief It is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:

| | |
|---|--------------------|
| 6. Signature (Officer or Administrator of FQHC) | Printed Name |
|  | DIMITRI HRISOVULOS |
| Title | Date |
| CFO | 2/3/2020 |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

| | | |
|-------------------|----------------------|---------------------|
| Reporting Period: | From <u>8/1/2018</u> | To <u>7/31/2019</u> |
| FQHC Name: | SOUTHWEST CHC INC. | |

7. Service Sites: List all service sites of the FQHC, including all FQHC-certified sites and any other non-FQHC service sites. Indicate whether the service site is FQHC certified. If a site or sites are not FQHC-certified, the associated costs should be reported on Form A-4 as non-allowable costs.

| Provider Name | Location | FQHC Certified Yes/ No | Clinic/Provider No. |
|-------------------|---------------------------------|---------------------------|---------------------|
| SOUTHWEST CHC INC | 46 ALBION ST,Bridgeport | Yes | 4236130 |
| SOUTHWEST CHC INC | 968 FAIRFIELD AVE , Bridgeport | Yes | 4236130 |
| SOUTHWEST CHC INC | 510 CLINTON Ave , Bridgeport | Yes | 4236130 |
| SOUTHWEST CHC INC | 1046 FAIRFIELD AVE , Bridgeport | Yes | 4236130 |
| SOUTHWEST CHC INC | 743 SOUTH AVE , Bridgeport | Yes | 4236130 |
| SOUTHWEST CHC INC | 762 LINDLEY ST. , Bridgeport | Yes | 4236130 |
| SOUTHWEST CHC INC | 495 JANE ST,BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 130 EZRA AVE.,BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 690 ARCTRIC ST.,BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 392 PROSPECT ST.,BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 1 LINCOLN BLVD.,BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 606 HOWARD AVE.,BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 425 THORME ST.,BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 680 PARK AVE.,BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 651 STATE ST.,BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 50 NICHOLS AVE., FAIRFIELD | Yes | 4236130 |
| SOUTHWEST CHC INC | 1181 FAIRFIELD AVE.,BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 1124 IRANISTAN AVE.,BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 300 LAUREL AVE,BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 1020 FAIRFIELD AVE ,BRIDGEPORT | No | 4236130 |

8. Related Parties: Related party information is reported on the following, which accompanies this cost report submission:

| | |
|---|--|
| Select One: | |
| C. Not applicable. The FQHC does not have any related party individuals or organizations. | |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 8/1/2018 To 7/31/2019
 FQHC Name: SOUTHWEST CHC INC.

| Form A-1 (Direct Health Care Cost) | | | | | | |
|---|--------------------|------------------|------------------|-------------------|--|--------------------------|
| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | | | | | | |
| COST CENTER | | | | | | |
| | Salaried Personnel | Other Costs | Total | Reclassifications | Reclassified Trial Balance (Col 3 & 4) | Net Expenses (Col 5 & 6) |
| A. | I | II | III | IV | V | VII |
| DIRECT HEALTH CARE COST (Excluding Dental, Mental Health & Other) | | | | | | |
| 1. Staff Cost | | | | | | |
| a. Physician | 2,031,364 | 461,272 | 2,492,636 | 437,104 | 2,929,740 | 2,929,740 |
| b. Physician Assistant | 355,887 | | 355,887 | 76,579 | 432,466 | 432,466 |
| c. Nurse (APRN, Midwife, RN) | 3,827,158 | 25,942 | 3,853,100 | 823,518 | 4,676,618 | 4,676,618 |
| d. Other - Specify | | | | | | |
| Medical Assistants | 480,501 | | 480,501 | 103,393 | 583,894 | 583,894 |
| Case Managers | 232,837 | | 232,837 | 50,101 | 282,938 | 282,938 |
| Nutrition | 33,472 | | 33,472 | 7,202 | 40,674 | 40,674 |
| Interpreting Services | 160,879 | | 160,879 | | 160,879 | 160,879 |
| Tele Health | 1,080 | | 1,080 | | 1,080 | 1,080 |
| CCM Services | 69,536 | | 69,536 | | 69,536 | 69,536 |
| | 0 | | 0 | | 0 | 0 |
| | 0 | | 0 | | 0 | 0 |
| | 0 | | 0 | | 0 | 0 |
| | 0 | | 0 | | 0 | 0 |
| | 0 | | 0 | | 0 | 0 |
| | 0 | | 0 | | 0 | 0 |
| e. Subtotal Direct Health Care Cost | 6,961,219 | 718,709 | 7,679,928 | 1,497,897 | 9,177,825 | 9,177,825 |
| 2. Other Direct Health Care Cost | | | | | | |
| a. Medical Supplies | | 168,149 | 168,149 | | 168,149 | 168,149 |
| b. Transportation | | 22,188 | 22,188 | | 22,188 | 22,188 |
| c. Depreciation - Medical Equipment | | 61,566 | 61,566 | | 61,566 | 61,566 |
| d. Professional Liability Insurance | | 0 | 0 | | 0 | 0 |
| e. Laboratory | | 113,159 | 113,159 | | 113,159 | 113,159 |
| f. Radiology | | 0 | 0 | | 0 | 0 |
| g. Physician-Administered Drugs | | 140,435 | 140,435 | | 140,435 | 140,435 |
| h. Other - Specify | | | | | | |
| Licenses | | 18,664 | 18,664 | | 18,664 | 18,664 |
| Recruitment | | 8,627 | 8,627 | | 8,627 | 8,627 |
| Dues Medical | | 0 | 0 | | 0 | 0 |
| Uniform | | 33,804 | 33,804 | | 33,804 | 33,804 |
| Med. Equip. Repairs | | 13,115 | 13,115 | | 13,115 | 13,115 |
| CME / travel | | 6,977 | 6,977 | | 6,977 | 6,977 |
| l. Subtotal Other Direct Health Care Cost | 0 | 586,684 | 586,684 | 0 | 586,684 | 586,684 |
| 3. TOTAL DIRECT HEALTH CARE COST (1e & 2l) | 6,961,219 | 1,305,393 | 8,266,612 | 1,497,897 | 9,764,509 | 9,764,509 |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 8/1/2018 To 7/31/2019

FQHC Name: SOUTHWEST CHC INC.

Form A-2 (Direct Dental Care Cost)

| COST CENTER | Salaried Personnel | Other Costs | Total | Reclassifications | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | Net Expenses (Col 5 & 6) |
|--|--------------------|----------------|------------------|-------------------|--|---------------------------------|--------------------------|
| | | | | | | | |
| B. DIRECT DENTAL CARE COST | | | | | | | |
| 1. Staff Cost | | | | | | | |
| a. Dentist | 660,309 | 342,271 | 1,002,580 | 142,084 | 1,144,664 | | 1,144,664 |
| b. Dental Hygienist | 269,305 | | 269,305 | 57,948 | 327,253 | | 327,253 |
| c. Other - Specify | | | | | | | |
| Dental Assistants | 320,776 | | 320,776 | 69,024 | 389,800 | | 389,800 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| d. Subtotal Direct Dental Care Cost | 1,250,390 | 342,271 | 1,592,661 | 269,056 | 1,861,717 | 0 | 1,861,717 |
| 2 Other Direct Dental Care Cost | | | | | | | |
| a. Dental Supplies | | 253,286 | 253,286 | | 253,286 | | 253,286 |
| b. Transportation | | | 0 | | 0 | | 0 |
| c. Depreciation - Dental Equipment | | 74,941 | 74,941 | | 74,941 | | 74,941 |
| d. Professional Liability Insurance | | | 0 | | 0 | | 0 |
| e. Other - Specify | | | | | | | |
| Equip.R&M | | 46,059 | 46,059 | | 46,059 | | 46,059 |
| | | | 0 | | 0 | | 0 |
| License & Fees | | 3,341 | 3,341 | | 3,341 | | 3,341 |
| Staff Training | | 0 | 0 | | 0 | | 0 |
| Uniform Service | | 8,451 | 8,451 | | 8,451 | | 8,451 |
| | | | 0 | | 0 | | 0 |
| f. Subtotal Other Direct Dental Care Cost | 0 | 386,078 | 386,078 | 0 | 386,078 | 0 | 386,078 |
| 3 TOTAL DIRECT DENTAL CARE COST (1d & 2f) | 1,250,390 | 728,349 | 1,978,739 | 269,056 | 2,247,795 | 0 | 2,247,795 |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 8/1/2018 To 7/31/2019

FQHC Name: SOUTHWEST CHC INC.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

| COST CENTER | I Salaried Personnel | II Other Costs | III Total | IV Reclassifications | V Reclassified Trial Balance (Col 3 & 4) | VI Adjustments Increase (Decrease) | VII Net Expenses (Col 5 & 6) |
|--|-------------------------|-------------------|-------------------|-------------------------|---|---------------------------------------|---------------------------------|
| | | | | | | | |
| 1. Staff Cost | | | | | | | |
| a. Psychologist /Psychiatrist | 380,188 | | 380,188 | 81,808 | 461,996 | | 461,996 |
| b. Social Worker | 1,630,562 | 23,467 | 1,654,029 | 350,860 | 2,004,889 | | 2,004,889 |
| c. Other - Specify | | | | | | | |
| Psych APRN | 397,933 | 33,767 | 431,700 | 85,626 | 517,326 | | 517,326 |
| Co-Occuring Clinicians | 376,086 | | 376,086 | 80,925 | 457,011 | | 457,011 |
| Case Managers | 292,038 | | 292,038 | 62,840 | 354,878 | | 354,878 |
| Interpreting Services | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| d. Subtotal Direct Mental Health Care Cost | 3,076,807 | 57,234 | 3,134,041 | 662,059 | 3,796,100 | 0 | 3,796,100 |
| 2. Other Direct Mental Health Care Cost | | | | | | | |
| a. Medical Supplies | | 9,128 | 9,128 | | 9,128 | | 9,128 |
| b. Transportation | | | 0 | | 0 | | 0 |
| c. Depreciation - Mental Health Equipment | | | 0 | | 0 | | 0 |
| d. Professional Liability Insurance | | | 0 | | 0 | | 0 |
| e. Other - Specify | | | | | | | |
| Travel /Training | | 23,403 | 23,403 | | 23,403 | | 23,403 |
| | | | 0 | | 0 | | 0 |
| | | 0 | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| f. Subtotal Other Direct Mental Health Care Cost | 0 | 32,531 | 32,531 | 0 | 32,531 | 0 | 32,531 |
| 3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f) | | | | | | | |
| | 3,076,807 | 89,765 | 3,166,572 | 662,059 | 3,828,631 | 0 | 3,828,631 |
| D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES | | | | | | | |
| | 11,288,416 | 2,123,507 | 13,411,923 | 2,429,012 | 15,840,935 | - | 15,840,935 |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 8/1/2018 To 7/31/2019

FQHC Name: SOUTHWEST CHC INC.

Form A-4 (Non-Allowable Direct Other Service Cost)

| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | | | | | | | |
|--|--------------------|------------------|-------------------|-------------------|--|---------------------------------|--------------------------|
| COST CENTER | Salaried Personnel | Other Costs | Total | Reclassifications | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | Net Expenses (Col 5 & 6) |
| | I | II | III | IV | V | VI | VII |
| E. NON-ALLOWABLE DIRECT OTHER SERVICE COST | | | | | | | |
| 1. Service | | | | | | | |
| a. Clinical Diagnostic Lab | | | 0 | | 0 | | 0 |
| b. Radiology | | 2,040,374 | 2,040,374 | | 2,040,374 | (2,040,374) | 0 |
| c. Prescription Drugs/Pharmacy | | | | | | | 0 |
| d. Battered Women | | 33,507 | 33,507 | | 33,507 | (33,507) | 0 |
| e. Homeless | | 104,455 | 590,977 | 104,688 | 695,665 | (695,665) | 0 |
| f. WIC | 486,522 | | 0 | | 0 | | 0 |
| g. Non-FQHC Sites | | | | | | | |
| h. Other - Specify | | | | | | | |
| ACA Outreach | 46,616 | | 46,616 | 10,031 | 56,647 | (56,647) | 0 |
| CSSD Judicial Branch | 93,235 | | 93,235 | 20,062 | 113,297 | (113,297) | 0 |
| Medicaid Outreach DSS | 21,220 | | 21,220 | 4,566 | 25,786 | (25,786) | 0 |
| DPH Aids | 129,012 | | 129,012 | 27,761 | 156,773 | (156,773) | 0 |
| PART D | 30,098 | 13,883 | 43,981 | 6,476 | 50,457 | (50,457) | 0 |
| PCMH+ CM | 268,874 | | 268,874 | 57,856 | 326,730 | (326,730) | 0 |
| i. Total Non-Allowable Direct Other Service Cost | 1,075,577 | 2,192,219 | 3,267,796 | 231,440 | 3,499,236 | (3,499,236) | 0 |
| F. TOTAL DIRECT COST (D+E1i) | 12,363,993 | 4,315,726 | 16,679,719 | 2,660,452 | 19,340,171 | (3,499,236) | 15,840,935 |

-STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 8/1/2018 To 7/31/2019
 FQHC Name: SOUTHWEST CHC INC.

Form A-5 (Overhead Cost)

| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | | | | | | | |
|--|--------------------|-------------|------------|-------------------|----------------------------|---------------------------------|--------------|
| COST CENTER | Salaried Personnel | Other Costs | Total | Reclassifications | Reclassified Trial Balance | Adjustments Increase (Decrease) | Net Expenses |
| | I | II | III | IV | V | VI | VII |
| G. OVERHEAD - FACILITY COST | | | | | | | |
| a. Rent | | 294,769 | 294,769 | | 294,769 | | 294,769 |
| b. Insurance | | 109,522 | 109,522 | | 109,522 | | 109,522 |
| c. Interest on Mortgage or Loans | | 276,665 | 276,665 | | 276,665 | | 276,665 |
| d. Utilities | | 295,205 | 295,205 | | 295,205 | | 295,205 |
| e. Depreciation - Building | | 687,187 | 687,187 | | 687,187 | | 687,187 |
| f. Depreciation - Equipment | | | | | | | |
| g. Housekeeping & Maintenance | | | | | | | |
| h. Other (Specify) | 121,841 | 449,007 | 570,848 | 26,217 | 597,065 | | 597,065 |
| Trash & Hazardous Material removal | | 35,310 | 35,310 | | 35,310 | | 35,310 |
| Security | | 309,829 | 309,829 | | 309,829 | | 309,829 |
| | | 0 | 0 | | 0 | | 0 |
| | | 0 | 0 | | 0 | | 0 |
| | | 0 | 0 | | 0 | | 0 |
| I. Subtotal Overhead - Facility Cost | 121,841 | 2,457,494 | 2,579,335 | 26,217 | 2,605,552 | 0 | 2,605,552 |
| H. OVERHEAD - ADMINISTRATIVE COST | | | | | | | |
| a. Office Salaries | 4,423,331 | 80,598 | 4,503,929 | 951,801 | 5,455,730 | | 5,455,730 |
| b. Depreciation - Office Equipment | | 472,230 | 472,230 | | 472,230 | | 472,230 |
| c. Office Supplies | | 153,796 | 153,796 | | 153,796 | | 153,796 |
| d. Legal | | 63,996 | 63,996 | | 63,996 | | 63,996 |
| e. Accounting | | 49,680 | 49,680 | | 49,680 | | 49,680 |
| f. Insurance | | 7,855 | 7,855 | | 7,855 | | 7,855 |
| g. Telephone | | 188,097 | 188,097 | | 188,097 | | 188,097 |
| h. Fringe Benefits & Taxes | | 3,638,470 | 3,638,470 | (3,638,470) | 0 | | 0 |
| i. Interest - Capital Loans | | 2,063 | 2,063 | | 2,063 | | 2,063 |
| j. Other (Specify) | | | | | | | |
| Equip Maint | | 71,096 | 71,096 | | 71,096 | | 71,096 |
| Equip Lease | | 89,589 | 89,589 | | 89,589 | | 89,589 |
| Postage | | 30,437 | 30,437 | | 30,437 | | 30,437 |
| Recruitment | | 0 | 0 | | 0 | | 0 |
| Dues | | 27,685 | 27,685 | | 27,685 | | 27,685 |
| Subscriptions | | 14,171 | 14,171 | | 14,171 | | 14,171 |
| Public Information | | 21,462 | 21,462 | | 21,462 | | 21,462 |
| Licenses and Fees | | 67,075 | 67,075 | | 67,075 | | 67,075 |
| Printing | | 26,122 | 26,122 | | 26,122 | | 26,122 |
| Travel, Conf. & Meetings | | 37,598 | 37,598 | | 37,598 | | 37,598 |
| Staff Training | | 9,636 | 9,636 | | 9,636 | | 9,636 |
| IT Costs | | 324,177 | 324,177 | | 324,177 | | 324,177 |
| Payroll Serv. | | 67,770 | 67,770 | | 67,770 | | 67,770 |
| Electronic Clearing House Fees | | 69,249 | 69,249 | | 69,249 | | 69,249 |
| Bank Charges | | 13,884 | 13,884 | | 13,884 | | 13,884 |
| Staff Devlp., Apprec. & Other | | 84,898 | 84,898 | | 84,898 | | 84,898 |
| k. Subtotal Overhead - Administrative Cost | 4,423,331 | 5,611,834 | 10,035,165 | (2,696,669) | 7,338,496 | 0 | 7,338,496 |
| l. TOTAL OVERHEAD COST (G+H+K) | 4,545,172 | 8,069,328 | 12,614,500 | (2,696,452) | 9,918,048 | 0 | 9,918,048 |
| J. GRAND TOTAL COSTS² (F+I) | | | | | | | |
| | 16,809,165 | 12,384,854 | 29,194,019 | - | 29,194,019 | (3,469,236) | 25,724,783 |

² Reconciliation schedule is required if Line J, Column III does not agree to the Audited Financial Statements

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 8/1/2018 To 7/31/2019
 FQHC Name: SOUTHWEST CHC INC.

Form B-1 (Compensation, Encounters, Hours, FTEs - Health Care)

| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | | |
|--|-----------------------------|--------------------|-------------------|-------------------------------|------------------------------|
| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other) | Specialty I | Compensation II | Encounters III | Total Employee Hours and FTEs | |
| | | | | Employee Total Hours IV | FTEs (1820 hrs = 1 FTE) V |
| Provide itemized de-identified list (e.g., Physician 1) | General Practitioner | 125,000 | 1,500 | 1,040 | 0.50 |
| A. | PHYSICIAN | | | | |
| 1. Physician 1 | Internist | | 2,803 | 1,124 | 0.62 |
| 2. Physician 2 | Internist | | 0 | 32 | 0.02 |
| 3. Physician 3 | Internist | | 3,443 | 1,480 | 0.81 |
| 4. Physician 4 | Internist | | 4,066 | 1,868 | 1.03 |
| 5. Physician 5 | Internist | | 1,489 | 1,054 | 0.58 |
| 6. Physician 6 | Internist | | 687 | 158 | 0.09 |
| 7. Physician 7 | Internist | | 157 | 278 | 0.15 |
| 8. Physician 8 | Internist | | 3,590 | 1,274 | 0.70 |
| 9. Physician 9 | Family | | 2,568 | 1,600 | 0.88 |
| 10. Physician 10 | Pediatrician | | 3,994 | 1,820 | 1.00 |
| 11. Physician 11 | Pediatrician | | 580 | 273 | 0.15 |
| 12. Physician 12 | Pediatrician | | 1,743 | 1,103 | 0.61 |
| 13. Physician 13 | Ob/Gyn | | 3,195 | 1,634 | 0.90 |
| 14. Physician 14 | Ob/Gyn | | 3,376 | 1,836 | 1.01 |
| 15. Physician 15 | Ob/Gyn | | 2,547 | 1,268 | 0.70 |
| 16. Physician 16 | Podiatrist | | 84 | 134 | 0.07 |
| 17. Physician 17 | Podiatrist | | 1,179 | 749 | 0.41 |
| Total Physician Encounters, Staff Hours and FTEs | | 0 | 35,501 | 17,685 | 9.73 |
| B. | PHYSICIAN ASSISTANT | | | | |
| 1. PHYSICIAN ASSISTANT 1 | Ob/Gyn | | 1,005 | 754 | 0.41 |
| 2. PHYSICIAN ASSISTANT 2 | Pediatrics | | 3,011 | 1,487 | 0.82 |
| 3. PHYSICIAN ASSISTANT 3 | Family | | 971 | 1,083 | 0.60 |
| 4. PHYSICIAN ASSISTANT 4 | IM | | 2,019 | 1,155 | 0.63 |
| Total Physician Assistant Encounters, Hours and FTEs | | 0 | 7,006 | 4,479 | 2.46 |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

| | | |
|-------------------|----------------------|---------------------|
| Reporting Period: | From <u>8/1/2018</u> | To <u>7/31/2019</u> |
| FQHC Name: | SOUTHWEST CHC INC. | |

Form B-1 Continued (Compensation, Encounters, Hours, FTEs - Health Care)

| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | | | |
|--|-----------------------------|--------------------|-------------------|-------------------------------|---------------------------------|--|
| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other) | Specialty I | Compensation II | Encounters III | Total Employee Hours and FTEs | | |
| | | | | Employee Total Hours IV | FTEs (1820 hrs = 1 FTE) V | |
| <i>Provide itemized de-identified list (e.g., Physician 1)</i> | General Practitioner | 125,000 | 1,500 | 1,040 | 0.50 | |
| C. NURSE (APRN, MIDWIFE, RN) | | | | | | |
| 1. APRN 1 | Ped.NP | | 1,363 | 1,885 | 1.04 | |
| 2. APRN 2 | Ped.NP | | 148 | 210 | 0.12 | |
| 3. APRN 3 | Ped.NP | | 399 | 687 | 0.38 | |
| 4. APRN 4 | Ped.NP | | 886 | 696 | 0.38 | |
| 5. APRN 5 | Ped.NP | | 1,027 | 1,590 | 0.87 | |
| 6. APRN 6 | Ped.NP | | 2,492 | 2,014 | 1.11 | |
| 7. APRN 7 | Ped.NP | | 1,934 | 1,873 | 1.03 | |
| 8. APRN 8 | Ped.NP | | 1,416 | 1,814 | 1.00 | |
| 9. APRN 9 | Adlt.NP | | 286 | 196 | 0.11 | |
| 10. APRN 10 | Adlt.NP | | 344 | 461 | 0.25 | |
| 11. APRN 11 | Adlt.NP | | 2,304 | 1,942 | 1.07 | |
| 12. APRN 12 | Adlt.NP | | 2,689 | 1,863 | 1.02 | |
| 13. APRN 13 | Adlt.NP | | 2,726 | 1,852 | 1.02 | |
| 14. APRN 14 | Adlt.NP | | 2,617 | 1,864 | 1.02 | |
| 15. APRN 15 | Adlt.NP | | 450 | 316 | 0.17 | |
| 16. APRN 16 | Adlt.NP | | 981 | 496 | 0.27 | |
| 17. APRN 17 | Fam.NP | | 2,220 | 1,597 | 0.88 | |
| 18. APRN 18 | Fam.NP | | 2,042 | 1,671 | 0.92 | |
| 19. MID WIFE | Ob/Gyn | | 1,751 | 1,092 | 0.60 | |
| Total Nurse Practitioner | | 0 | 28,075 | 24,119 | 13.26 | |
| D. PHYSICIAN SERVICES UNDER CONTRACT | | | | | | |
| 1. INTERNIST | Md | | 3,077 | 2,224 | 1.22 | |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

| | | |
|-------------------|----------------------|---------------------|
| Reporting Period: | From <u>8/1/2018</u> | To <u>7/31/2019</u> |
| FQHC Name: | SOUTHWEST CHC INC. | |

Form B-1 Continued (Compensation, Encounters, Hours, FTEs - Health Care)

| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | | | |
|---|--|-----------|--------------|------------|-------------------------------|-------------------------|
| | HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other) | Specialty | Compensation | Encounters | Total Employee Hours and FTEs | |
| | | | | | Employee Total Hours | FTEs (1820 hrs = 1 FTE) |
| 2 | PEDIATRICIAN | Md | | 1,607 | 732 | 0.40 |
| 3 | OB/GYN | Md | | 2,420 | 984 | 0.54 |
| 4 | MID-WIFE | CMW | | 638 | 329 | 0.18 |
| | Total Physician Services Under Contract | | 0 | 7,742 | 4,269 | 2.34 |
| | | | | | | |
| E. | OTHER HEALTH CARE PRACTITIONER | | | | | |
| 1. | NUTRITION/DIETICIAN | | | 392 | 482 | 0.26 |
| 2. | NUTRITION/DIETICIAN | | | 732 | 1,092 | 0.60 |
| | Total Other Health Care Practitioner | | 0 | 1,124 | 1,574 | 0.86 |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 8/1/2018 To 7/31/2019
 FQHC Name: SOUTHWEST CHC INC.

Form B-2 (Compensation, Encounters, Hours, FTEs - Dental Care)

| DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | | |
|---|----------------------|--------------------|-------------------|---|------|
| DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs | | Compensation II | Encounters III | Total Employee Hours and FTEs Employee Total Hours FTEs (1820 hrs = 1 FTE) IV V | |
| <i>Provide itemized de-identified list (e.g., Dentist 1)</i> | | 125,000 | 1,500 | 1,040 | 0.50 |
| A. DENTIST | | | | | |
| 1. | DENTIST 1 | | 354 | 595 | 0.33 |
| 2. | DENTIST 2 | | 2,205 | 1,719 | 0.94 |
| 3. | DENTIST 3 | | 1,972 | 1,512 | 0.83 |
| 4. | DENTIST 4 | | 1,045 | 942 | 0.52 |
| 5. | DENTIST 5 | | 3,484 | 2,160 | 1.19 |
| 6. | DENTIST 6 | | 2,608 | 1,939 | 1.07 |
| Total Dentist Encounters, Staff Hours and FTEs | | 0 | 11,668 | 8,867 | 4.88 |
| B. DENTAL HYGIENIST | | | | | |
| 1. | HYGIENIST 1 | | 511 | 851 | 0.47 |
| 2. | HYGIENIST 2 | | 1,328 | 1,820 | 1.00 |
| 3. | HYGIENIST 3 | | 1,538 | 1,996 | 1.10 |
| 4. | HYGIENIST 4 | | 88 | 84 | 0.05 |
| 5. | HYGIENIST 5 | | 956 | 1,379 | 0.76 |
| 6. | HYGIENIST 6 | | 1,246 | 1,675 | 0.92 |
| Total Dental Hygienist Encounters, Hours and FTEs | | 0 | 5,667 | 7,805 | 4.30 |
| C. OTHER DENTAL PRACTITIONER | | | | | |
| 1. | DENTIST CONTRACTED 1 | | 2,416 | 1,612 | 0.89 |
| 2. | DENTIST CONTRACTED 2 | | 378 | 259 | 0.14 |
| 3. | DENTIST CONTRACTED 3 | | 1,262 | 742 | 0.41 |
| 4. | DENTIST CONTRACTED 4 | | 392 | 350 | 0.19 |
| Total Other Dental Practitioner Encounters, Hours and FTEs | | 0 | 4,448 | 2,963 | 1.63 |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

| | | |
|-------------------|----------------------|---------------------|
| Reporting Period: | From <u>8/1/2014</u> | To <u>7/31/2015</u> |
| FQHC Name: | SOUTHWEST CHC INC. | |

Form B-3 (Compensation, Encounters, Hours, FTEs - Mental Health Care)

| MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | |
|--|--------------------|-------------------|-------------------------------|---------------------------------|
| MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs | Compensation II | Encounters III | Total Employee Hours and FTEs | |
| | | | Employee Total Hours IV | FTEs (1820 hrs = 1 FTE) V |
| <i>Provide itemized de-identified list (e.g., Psychologist 1)</i> | 125,000 | 1,500 | 1,040 | 0.50 |
| A. PSYCHOLOGIST | | | | |
| 1. Psychiatrist 1 | | 1,170 | 657 | 0.36 |
| 2. Psychiatrist 2 | | 2,285 | 1,463 | 0.80 |
| | | | | 0.00 |
| Total Psychologist Encounters, Staff Hours and FTEs | 0 | 3,455 | 2,120 | 1.16 |
| B. SOCIAL WORKER | | | | |
| 1. PSYC APRN 1 | | 1,084 | 1,820 | 1.00 |
| 2. PSYC APRN 2 | | 2,396 | 1,480 | 0.81 |
| 3. PSYC APRN 3 | | 1,868 | 1,820 | 1.00 |
| 4. PSYC APRN 4 | | 881 | 596 | 0.33 |
| 5. PSYC APRN 5 (Contracted) | | 184 | 262 | 0.14 |
| 6. SOCIAL WORKER LCSW 1 | | 578 | 1,314 | 0.72 |
| 7. SOCIAL WORKER LCSW 2 | | 1,222 | 1,876 | 1.03 |
| 8. SOCIAL WORKER LCSW 3 | | 1,418 | 1,351 | 0.74 |
| 9. SOCIAL WORKER LCSW 4 | | 326 | 884 | 0.49 |
| 10. SOCIAL WORKER LCSW 5 | | 335 | 795 | 0.44 |
| 11. SOCIAL WORKER LCSW 6 | | 822 | 1,820 | 1.00 |
| 12. SOCIAL WORKER LCSW 7 | | 347 | 1,820 | 1.00 |
| 13. SOCIAL WORKER LCSW 8 | | 366 | 1,820 | 1.00 |
| 14. SOCIAL WORKER LCSW 9 | | 1,020 | 1,860 | 1.02 |
| 15. SOCIAL WORKER LCSW 10 | | 755 | 1,505 | 0.83 |
| 16. SOCIAL WORKER LCSW 11 (Contracted) | | 193 | 611 | 0.34 |
| 17. SOCIAL WORKER LMFT 11 | | 25 | 210 | 0.12 |
| 18. SOCIAL WORKER LPC 12 | | 953 | 1,610 | 0.88 |
| 19. SOCIAL WORKER LPC 13 | | 859 | 1,820 | 1.00 |
| 20. SOCIAL WORKER LPC 14 | | 1,040 | 1,606 | 0.88 |
| 21. SOCIAL WORKER LPC 15 | | 1,013 | 1,820 | 1.00 |
| 22. SOCIAL WORKER LPC 16 | | 986 | 1,820 | 1.00 |
| 23. SOCIAL WORKER LPC 17 | | 928 | 1,820 | 1.00 |
| 24. SOCIAL WORKER LPC 18 | | 490 | 1,820 | 1.00 |
| 25. SOCIAL WORKER LPC 19 | | 1,065 | 1,253 | 0.69 |
| 26. SOCIAL WORKER LPC 20 | | 207 | 1,918 | 1.05 |
| 27. SOCIAL WORKER LPC 21 | | 765 | 582 | 0.32 |
| 28. SOCIAL WORKER LPC 22 | | 543 | 1,813 | 1.00 |
| 29. SOCIAL WORKER LPC 23 | | 415 | 765 | 0.42 |
| 30. SOCIAL WORKER LPC 24 | | 1,550 | 1,610 | 0.88 |
| 31. SOCIAL WORKER LPC 25 | | 661 | 1,820 | 1.00 |
| Total Social Worker Encounters, Hours and FTEs | 0 | 25,295 | 43,921 | 24.13 |
| C. OTHER MENTAL HEALTH PRACTITIONER | | | | |
| 1. LMSW 1 | | 862 | 1,610 | 0.88 |
| 2. LMSW 2 | | 978 | 1,785 | 0.98 |
| 3. LMSW 3 | | 849 | 1,606 | 0.88 |
| 4. LMSW 4 | | 1,489 | 1,820 | 1.00 |
| 5. LMSW 5 | | 1,391 | 1,820 | 1.00 |
| 6. LMSW 6 | | 321 | 945 | 0.52 |
| 7. LMSW 7 | | 814 | 1,822 | 1.00 |
| 8. LMSW 8 | | 471 | 1,148 | 0.63 |
| 9. LADC 1 | | 764 | 1,820 | 1.00 |
| 10. LADC 2 | | 772 | 1,820 | 1.00 |
| Total Other Mental Health Practitioner Encounters, Hours and FTEs | 0 | 8,711 | 16,196 | 8.89 |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 8/1/2018 To 7/31/2019
 FQHC Name: **SOUTHWEST CHC INC.**

Form B-4 (Summary Compensation, Encounters, Hours, FTEs)

| SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE | | | | | | | | | | |
|--|-------------------------|--------------------|--------------------|----------------|-----------|------------|---------------|-------------------------|--------------------------|--|
| SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE | Number of Practitioners | Total Compensation | Compensation Range | | Turnover | | Encounters | Employee Hours and FTEs | | |
| | | | High | Low | Hires | Departures | | Employee Total Hours | FTEs (1,820 hrs = 1 FTE) | |
| A. HEALTH CARE PRACTITIONERS | 4 | 500,000 | 150,000 | 100,000 | 2 | 1 | 10,000 | 8,320 | 4.00 | |
| 1. PHYSICIAN | 17 | 2,031,364 | 286,400 | 156,000 | 2 | 2 | 35,501 | 17,685 | 9.72 | |
| 2. PHYSICIAN ASSISTANT | 4 | 355,887 | 169,000 | 124,250 | 1 | 1 | 7,006 | 4,479 | 2.46 | |
| 3. NURSE (APRN, MIDWIFE,) | 24 | 1,359,599 | 136,700 | 92,000 | 6 | 3 | 28,713 | 24,447 | 13.43 | |
| 4. PHYSICIAN SERVICES UNDER CONTRACT | 10 | 461,272 | 218,400 | 214,000 | | 4 | 7,104 | 3,940 | 2.16 | |
| 5. OTHER HEALTH PROFESSIONALS | | | | | | | | | 0.00 | |
| 6. OTHER ALLIED HEALTH PROFESSIONALS | 3 | 33,472 | 70,314 | 70,314 | 1 | | 1,124 | 1,574 | 0.86 | |
| 7. OTHER HEALTH CARE PRACTITIONERS | | | | | | | | | 0.00 | |
| Total Health Care | 58 | 4,241,594 | | | 10 | 10 | 79,448 | 52,125 | 28.63 | |
| B. DENTAL PRACTITIONERS | | | | | | | | | | |
| 1. DENTIST | 6 | 660,309 | 150,000 | 130,000 | | 1 | 11,668 | 8,867 | 4.87 | |
| 2. DENTAL HYGIENIST | 6 | 269,305 | 70,000 | 64,000 | 1 | 1 | 5,667 | 7,805 | 4.29 | |
| 3. OTHER DENTAL PRACTITIONERS | 4 | 342,271 | 162,000 | 158,000 | 2 | 1 | 4,448 | 2,963 | 1.63 | |
| Total Dental | 16 | 1,271,885 | | | 3 | 3 | 21,783 | 19,635 | 10.79 | |
| C. MENTAL HEALTH PRACTITIONERS | | | | | | | | | | |
| 1. PSYCHIATRIST | 2 | 380,188 | 260,000 | 230,000 | | | 3,455 | 2,120 | 1.16 | |
| 2. PSYCHOLOGIST | 0 | | | | | | | | 0.00 | |
| 3. LICENSED CLINICAL SOCIAL WORKER | 27 | 1,495,138 | 78,000 | 68,000 | 6 | 4 | 18,882 | 37,943 | 20.85 | |
| 4. PSYCHIATRIC APRN | 5 | 436,078 | 163,800 | 145,000 | | 1 | 6,413 | 5,981 | 3.29 | |
| 5. OTHER MENTAL HEALTH PRACTITIONERS | 10 | 476,173 | 55,700 | 50,800 | | 1 | 8,711 | 16,196 | 8.90 | |
| Total Mental Health | 44 | 2,787,577 | | | 6 | 6 | 37,461 | 62,240 | 34.20 | |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

| | | | | |
|-------------------|--------------------|----------|----|-----------|
| Reporting Period: | From | 8/1/2018 | To | 7/31/2019 |
| FQHC Name: | SOUTHWEST CHC INC. | | | |

Form C (Cost Adjustment & Allocation)

| COST ADJUSTMENT AND ALLOCATION | | |
|--------------------------------|--|-------------|
| A. | Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII) | 15,840,935 |
| B. | Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII) | - |
| C. | Total Direct Costs (A+B) | 15,840,935 |
| D. | Portion of Title XIX Services (A/C) | 100.00% |
| E. | Total Overhead Cost (P7 - Form A-5, Line I, Col. VII) | 9,953,848 |
| F. | Overhead Cost Applicable to Title XIX Services (DxE) | 9,953,848 |
| G. | Total Title XIX Services Cost (A+F) | 25,794,783 |
| H. | Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30) | 7,738,435 |
| I. | Cost Adjustment (Lower of H-F or Zero) | (2,215,413) |
| J. | Allowable Title XIX Overhead Cost (F+I) | 7,738,435 |
| K. | Direct Costs | |
| | 1. Health Care Services (P3 - Form A-1, Line A3, Col. VII) | 9,764,509 |
| | 2. Dental Services (P4 - Form A-2, Line B3, Col. VII) | 2,247,795 |
| | 3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII) | 3,828,631 |
| | 4. Total Direct Costs (K1 thru K3) | 15,840,935 |
| L. | Direct Costs as a % of Total | |
| | 1. Health Care Services (K1/K4) | 61.64% |
| | 2. Dental Services (K2/K4) | 14.19% |
| | 3. Mental Health Services (K3/K4) | 24.17% |
| M. | Allocated Allowable Overhead Cost | |
| | 1. Health Care Services (JxL1) | 4,769,971 |
| | 2. Dental Services (JxL2) | 1,098,084 |
| | 3. Mental Health Services (JxL3) | 1,870,380 |
| | 4. Total Allowable Title XIX Overhead Cost (M1 thru M3) | 7,738,435 |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

| | | |
|-------------------|----------------------|---------------------|
| Reporting Period: | From <u>8/1/2018</u> | To <u>7/31/2019</u> |
| FQHC Name: | SOUTHWEST CHC INC. | |

Form D (Allowable Cost per Encounter)

| ALLOWABLE COST PER ENCOUNTER | |
|--|------------|
| I. Health Care Cost (Excluding Dental and Mental Health) | |
| A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII) | 9,764,509 |
| B. Allowable Overhead Cost (P13 - Form C, Line M1) | 4,769,971 |
| C. Total Allowable Health Care Cost (A+B) | 14,534,480 |
| D. Encounters (P12 - Form B-4, Health Care Total) | 79,448 |
| E. Allowable Health Care Cost Per Encounter (C/D) | 182.94 |
| II. Dental | |
| A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII) | 2,247,795 |
| B. Allowable Overhead Cost (P13 - Form C, Line M2) | 1,098,084 |
| C. Total Allowable Dental Cost (A+B) | 3,345,879 |
| D. Encounters (P12 - Form B-4, Dental Total) | 21,783 |
| E. Allowable Dental Cost Per Encounter (C/D) | 153.60 |
| III. Mental Health | |
| A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII) | 3,828,631 |
| B. Allowable Overhead Cost (P13 - Form C, Line M3) | 1,870,380 |
| C. Total Allowable Mental Health Cost (A+B) | 5,699,011 |
| D. Encounters (P12 - Form B-4, Mental Health Total) | 37,461 |
| E. Allowable Mental Health Cost Per Encounter (C/D) | 152.13 |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 8/1/2018 To 7/31/2019
 FQHC Name: SOUTHWEST CHC INC.

| REVENUES | | I | II | III | IV | V |
|--|----------------------------------|---|-----------|---------------|-----------|------------------------|
| A. | Operating Revenue | Excluding Dental, Mental Health & Other | Dental | Mental Health | Other | Total (Col. I thru IV) |
| 1. | Medicaid | 7,839,337 | 1,609,164 | 4,323,162 | | 13,771,663 |
| 2. | Private | 559,821 | 286,411 | 132,700 | | 978,932 |
| 3. | Medicare | 1,335,086 | | 667,887 | | 2,002,973 |
| 4. | Patient Cash/Self Pay | 836,786 | 394,639 | 57,953 | | 1,289,378 |
| 5. | Other - Specify | | | 87,952 | | 87,952 |
| 6. | Total (1 thru 5) | 10,571,030 | 2,290,214 | 5,269,654 | 0 | 18,130,898 |
| B. Other Revenue | | | | | | |
| 1. | Contributions | | | | 12,093 | 12,093 |
| 2. | Grants | 2,342,047 | 881,022 | 456,231 | 236,618 | 3,915,918 |
| 3. | Interest | | | | 696 | 696 |
| 4. | Donations | | | | 15,040 | 15,040 |
| 5. | Other - Specify | 737,648 | 10,677 | 197,531 | 1,138,367 | 2,084,223 |
| 6. | Other - Specify | 774,912 | 26,314 | 45,257 | 3,732,230 | 846,483 |
| 7. | Other - Specify | | | | | |
| 8. | Other - Specify | | | | | |
| 9. | Other - Specify | | | | | |
| 10. | Other - Specify | | | | | |
| 11. | Total (1 thru 10) | 3,854,607 | 918,013 | 699,019 | 5,135,044 | 10,606,683 |
| C. Other Revenue generated by non-approved FQHC sites | | | | | | |
| 1. | Other - Specify | | | | | 0 |
| 2. | Other - Specify | | | | | 0 |
| 3. | Other - Specify | | | | | 0 |
| 4. | Other - Specify | | | | | 0 |
| 5. | Other - Specify | | | | | 0 |
| 6. | Other - Specify | | | | | 0 |
| 7. | Total (1 thru 7) | 0 | 0 | 0 | 0 | 0 |
| D. | Total Revenue (A6+B11+C7) | 14,425,637 | 3,208,227 | 5,968,673 | 5,135,044 | 28,737,581 |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

| | | | | |
|-------------------|--------------------|----------|----|-----------|
| Reporting Period: | From | 8/1/2018 | To | 7/31/2019 |
| FQHC Name: | SOUTHWEST CHC INC. | | | |

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)

| A. | Contributions | ACTUAL |
|----|--|------------------|
| | 1. Services (<i>Excluding Dental, Mental Health and Other</i>) | |
| | 2. Dental | |
| | 3. Mental Health | |
| | 4. Other - Specify <u>Pharmaceuticals/Vaccines</u> | 1,125,901 |
| | Other - Specify <u>Occupancy/Shelters</u> | 40,661 |
| | Other - Specify _____ | |
| | Other - Specify _____ | |
| | Other - Specify _____ | |
| | 5. Total (1 thru 4) | 1,166,562 |

| B. | Grants (<i>Excluding PHS</i>) | |
|----|--|----------------|
| | 1. Services (<i>Excluding Dental, Mental Health and Other</i>) | |
| | 2. Dental | |
| | 3. Mental Health | |
| | 4. Other - Specify <u>CHN Grant</u> | 161,200 |
| | Other - Specify _____ | |
| | Other - Specify _____ | |
| | Other - Specify _____ | |
| | Other - Specify _____ | |
| | 5. Total (1 thru 4) | 161,200 |

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

| | | | | |
|-------------------|--------------------|----------|----|-----------|
| Reporting Period: | From | 8/1/2018 | To | 7/31/2019 |
| FQHC Name: | SOUTHWEST CHC INC. | | | |

Form G (Cost Disallowance and Offset)

| COST DISALLOWANCE AND OFFSET | | |
|------------------------------|---|------------------|
| A. | Cost Disallowance | |
| | 1. Entertainment | |
| | 2. Fines and penalties | |
| | 3. Bad debt | 527,278 |
| | 4. Cost of actions to collect receivables | |
| | 5. Advertising, except for recruitment of personnel | |
| | 6. Contingent reserves | |
| | 7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner | |
| | 8. Fundraising | |
| | 9. Amortization of goodwill | |
| | 10. Directors fees | |
| | 11. Contributions | |
| | 12. Membership dues for public relations | |
| | 13. Cost not related to patient care | |
| | 14. Interest | |
| | 15. Pass through expenses (WIC Food Benefits) | 2,519,191 |
| | 16. Total (1 thru 15) | 3,046,469 |
| B. | Cost Offset (Expense Recovery) | |
| | 1. Refunds - Medicaid Outreach and Non-Billable Services | 3,483,559 |
| | 2. Rent Income | |
| | 3. In-Kind Medical Supplies | |
| | 4. In-Kind Dental Supplies | |
| | 5. In-Kind Computer Supplies | |
| | 6. In-Kind Advertising | |
| | 7. Total (1 thru 6) | 3,483,559 |
| C. | Total Cost Disallowance and Offset (A16+B7) | 6,530,028 |