

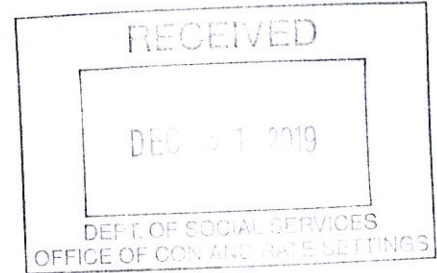


Wheeler

Innovative Care. Positive Change.

December 30, 2019

Department of Social Services
ATTN: Office of Reimbursement and CON
55 Farmington Avenue
Hartford, CT 06105



RE: Wheeler Clinic, Inc.
Main Provider Number: 1548760119
FQHC Connecticut Medicaid Cost Report
Year Ended June 30, 2109

To whom it may concern:

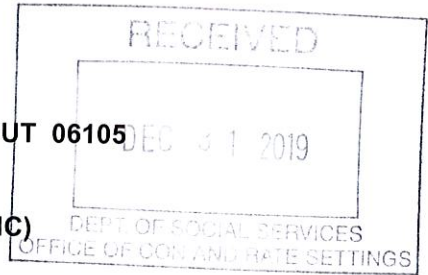
Enclosed are two copies of the FQHC Connecticut Medicaid Cost Report and a CD containing the Excel version for the year ended June 30, 2019. The weighting of administrative costs to all direct care services offered at Wheeler, both FQHC and non-FQHC, along with the 30% administrative cap, greatly impacts the average cost per encounter reflected on the report. Wheeler's true costs are higher than what is generated through this approach.

Please feel free to contact me with any questions or concerns at 860.793.4235 or adellas@wheelerclinic.org.

Sincerely,


Athena Dellas, MBA
Chief Financial Officer

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



**ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)**

Date Submitted: 12/30/2019 Date Received: _____

1.	FQHC Name	<u>Wheeler Clinic Inc</u>
	Street Address	<u>91 Northwest Drive</u>
	City, State, ZIP	<u>Plainville CT 06062</u>
	Telephone Number	<u>860.793.4235</u>
	Contact Person	<u>Athena (Dellas) Szczesniak</u>
	Title	<u>Chief Financial Officer</u>
2.	FQHC Medicaid Provider Number:	
	Medical	<u>008065431</u>
	Dental	<u>008064502</u>
	Mental Health	<u>008043074</u>
	Other (Specify)	<u>008050220</u>
3.	Reporting Period:	
	From	<u>7/1/2018</u> To <u>6/30/2019</u>
4.	Type of Control (Check One Only)	
	<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION	
	<input type="checkbox"/> GOVERNMENT	
	<input type="checkbox"/> STATE	<input type="checkbox"/> DISTRICT
	<input type="checkbox"/> COUNTY	<input type="checkbox"/> CITY <input type="checkbox"/> OTHER
5.	FQHC Owned By:	
	<u>CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC</u>	
	I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By	
	<u>Wheeler Clinic Inc 008065431</u>	
	(FQHC Name)	
	For the Reporting Period Beginning 7/1/2018 and Ending 6/30/2019 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
		<u>Athena Szczesniak</u>
	Title	Date
	<u>Chief Financial Officer</u>	<u>12/30/19</u>

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

Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name:	Wheeler Clinic 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.
Wheeler Clinic, Inc	10 North Main Street Bristol, CT 06010-8122	Yes	1548760119
Wheeler Clinic, Inc	43 Woodland Street Hartford, CT 06105	Yes	1518467174
Wheeler Clinic, Inc	49 Woodland Street Hartford, CT 06105	Yes	1518467174
Wheeler Clinic, Inc	75 North Mountain Road New Britain CT 06053	Yes	1215437991
Wheeler Clinic, Inc	36 Race Street Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	225 North Main Street Bristol, CT 06010	Yes - partial year	1396750840
Wheeler Clinic, Inc	500 Clark Avenue Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	718 Pine Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	21 Tuttle Road Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	551 Peacedale Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	480 Wolcott Street Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	632 King Street Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	9 Moody Road, Suite #3 Enfield, CT 06082	No	1396750840
Wheeler Clinic, Inc	30 Arbor Street Hartford, CT 06106	No	1396750840
Wheeler Clinic, Inc	999 Asylum Avenue Hartford, CT 06105	No	1396750840
Wheeler Clinic, Inc	200 W Center Street Manchester, CT 06040	No	1396750840
Wheeler Clinic, Inc	130 Research Parkway Meriden, CT 06450	No	1396750840
Wheeler Clinic, Inc	20 Tuttle Place Middletown, CT 06457	No	1396750840
Wheeler Clinic, Inc	Russell Hall, 2 Vance Drive Middletown, CT 06457	No	1396750840
Wheeler Clinic, Inc	36 Russell Street New Britain, CT 06052	No	1396750840
Wheeler Clinic, Inc	180 Clinton Street New Britain, CT 06053	No	1396750840
Wheeler Clinic, Inc	114 West Main Street New Britain, CT 06051	No	1396750840
Wheeler Clinic, Inc	19 Franklin Square New Britain, CT 06051	No	1396750840
Wheeler Clinic, Inc	458 Grand Avenue New Haven, CT 06513	No	1396750840
Wheeler Clinic, Inc	142 East Street Norwalk, CT 06851	No	1396750840
Wheeler Clinic, Inc	91 Northwest Drive Plainville, CT 06062	No	1396750840

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

Reporting Period:		From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name:		Wheeler Clinic Inc	
Wheeler Clinic, Inc	74 East Street Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	88 East Street Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	334 Farmington Avenue Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	69 Linden Street Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	150 Northwest Drive Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	326 Highland Avenue Waterbury, CT 06708	No	1396750840
Wheeler Clinic, Inc	50 Brookside Road Waterbury, CT 06708	No	1396750840
Wheeler Clinic, Inc	1 Farm Hill Drive Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	37 Parkside Drive Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	655 Jerome Ave Bristol, CT	No	1396750840
Wheeler Clinic, Inc	81 Edward Street Newington, CT	No	1396750840
Wheeler Clinic, Inc	Visitation Plaza, 100 Jefferson Square	Yes - partial year	1144650144
8. Related Parties: Related party information is reported on the following, which accompanies this cost report submission:			
Select One:			
A. Copy of Medicare Cost Report (CMS 222-92) Worksheet A-2-1, Statement of Costs of Services from Related Organizations.			

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

Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: Wheeler Clinic Inc

Form A-1 (Direct Health Care Cost)
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

A. COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
1. DIRECT HEALTH CARE COST (Excluding Dental, Mental Health & Other)							
1. Staff Cost							
a. Physician	426,033	105,685	531,718	(129,346)	402,372		402,372
b. Physician Assistant			0		0		0
c. Nurse (APRN, Midwife, RN)	1,009,385	250,356	1,259,741	255,226	1,515,009		1,515,009
d. Other - Specify							
Other Nursing Staff	236,261	58,609	294,870	50,140	345,010		345,010
Case Management	94,717	23,496	118,213	121,405	239,618		239,618
Medical Assistants	325,066	80,636	405,692	15,185	420,877		420,877
Chiropractor	42,207	10,470	52,677	150	52,827		52,827
Registered Dietician	47,878	11,877	59,755		59,755		59,755
Behavioral Health Consultant Psychologist	32,204	7,989	40,193		40,193		40,193
			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.	2,213,741	549,158	2,762,899	312,762	3,075,661	0	3,075,661
2. Other Direct Health Care Cost							
a. Medical Supplies		316,364	316,364	(84,779)	231,585	(201,043)	30,542
b. Transportation			0		0		0
c. Depreciation - Medical Equipment			0	15,009	15,009		15,009
d. Professional Liability Insurance			0	12,506	12,506		12,506
e. Laboratory		104,770	104,770	(91,360)	13,410		13,410
f. Radiology			0		0		0
g. Physician-Administered Drugs			0		0		0
h. Other - Specify			0		0		0
Continuing Medical Education			0	2,036	2,036		2,036
Advertising-Help Wanted			0	32,926	32,926		32,926
Interpreter Services			0	5,858	5,858		5,858
Bio-Medical Waste Management			0	8,449	8,449		8,449
			0		0		0
i. Subtotal Other Direct Health Care Cost	0	421,134	421,134	(96,355)	321,779	(201,043)	120,736
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)							
	2,213,741	970,292	3,184,033	213,407	3,397,440	(201,043)	3,196,397

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

Reporting Period: From 7/1/2018 To 6/30/2019

FQHC Name: Wheeler Clinic Inc

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	40,986	10,167	51,153		51,153		51,153
b. Social Worker	584,401	144,971	729,372		729,372		729,372
c. Other - Specify							
Licensed Professional Counselor	544,947	135,184	680,131	45,444	725,575		725,575
Licensed Marriage and Family Therapist	109,226	27,095	136,321	31,919	168,240		168,240
Licensed Alcohol & Drug Counselor			0		0		0
Other Mental Health Practitioners	558,037	139,382	697,419	2,441	699,860		699,860
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	1,837,597	456,799	2,294,396	79,804	2,374,200	0	2,374,200
2. Other Direct Mental Health Care Cost							
a. Medical Supplies			0	1,183	1,183		1,183
b. Transportation			0		0		0
c. Depreciation - Mental Health Equipment			0		0		0
d. Professional Liability Insurance			0	21,360	21,360		21,360
e. Other - Specify			0		0		0
Continuing Medical Education			0	18,039	18,039		18,039
Laboratory			0	29,556	29,556		29,556
Advertising-Help Wanted			0	5,709	5,709		5,709
Interpreter Services			0	27,494	27,494		27,494
Bio-Medical Waste Management			0	961	961		961
f. Subtotal Other Direct Mental Health Care Cost	0	0	0	104,302	104,302	0	104,302
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	1,837,597	456,799	2,294,396	184,106	2,478,502	0	2,478,502
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	4,316,621	1,492,899	5,809,520	443,949	6,253,469	(201,043)	6,052,426

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

Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: Wheeler Clinic Inc

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

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	E. NON-ALLOWABLE DIRECT OTHER SERVICE COST						
	I Salaried Personnel	II Other Costs	III Total	IV Reclass- ifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
a. Clinical Diagnostic Lab			0	34,251	34,251		34,251
b. Radiology			0	0	0		0
c. Prescription Drugs/Pharmacy			0	213,923	213,923		213,923
d. Battered Women			0	0	0		0
e. Homeless			0	0	0		0
f. WIC			0	0	0		0
g. Non-FQHC Sites		2,795,593	2,795,593	29,094,686	31,890,279		31,890,279
h. Other - Specify			0		0		0
Hospital			0		0		0
Parents as Teachers			0		0		0
Fundraising			0	102,593	102,593		102,593
Health Education			0	0	0		0
Outreach			0	0	0		0
Laboratory (Non-FQHC Sites)			0	27,553	27,553		27,553
Medical Supplies (Non-FQHC Sites)			0	41,288	41,288		41,288
			0	0	0		0
			0	0	0		0
i. Total Non-Allowable Direct Other Service Cost	0	2,795,593	2,795,593	29,514,294	32,309,887	0	32,309,887
F. TOTAL DIRECT COST (D+E1)	4,316,621	4,288,492	8,605,113	29,958,243	38,563,356	(201,043)	38,362,313

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

Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: Wheeler Clinic Inc

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	I	II	III	IV	V	VI	VII
G.	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col. 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col. 5 & 6)
OVERHEAD - FACILITY COST							
a. Rent	1,708,560	1,708,560	1,708,560		1,708,560	(55,276)	1,653,284
b. Insurance		254,374	254,374		254,374		254,374
c. Interest on Mortgage or Loans		29,520	29,520		29,520	(29,520)	0
d. Utilities		714,645	714,645		714,645		714,645
e. Depreciation - Building		1,636,994	1,636,994	(664,135)	972,859		972,859
f. Depreciation - Equipment		0	0	649,126	649,126		649,126
g. Housekeeping & Maintenance		1,913,854	1,913,854	(1,025)	1,912,829		1,912,829
h. Other (Specify)		161,154	161,154		161,154		161,154
		586,955	586,955		586,955		586,955
		0	0		0		0
		0	0		0		0
I. Subtotal Overhead - Facility Cost	0	7,006,056	7,006,056	(16,034)	6,990,022	(84,796)	6,905,226
OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	39,534,261		39,534,261	(22,996,286)	16,537,975	(20,000)	16,517,975
b. Depreciation - Office Equipment		822,884	822,884	(162,306)	660,578	(5,463)	655,115
c. Office Supplies		53,535	53,535		53,535		53,535
d. Legal		99,111	99,111		99,111		99,111
e. Accounting		175,067	175,067	(145,818)	29,249		29,249
f. Insurance		878,746	878,746		878,746		878,746
g. Telephone		848,126	848,126	(15,642)	832,484	(781,099)	51,385
h. Advertising-Help Wanted		0	0		0		0
i. Interest - Capital Loans		729,334	729,334	(21,008)	708,326	(43,988)	664,338
j. Other (Specify)		872,164	872,164	(2,210)	869,954	(3,062)	866,892
		1,891,164	1,891,164	(338,503)	1,552,661		1,552,661
		9,878,078	9,878,078	(6,229,861)	3,648,217		3,648,217
		386,682	386,682	(30,575)	356,087		356,087
k. Subtotal Overhead - Administrative Cost	39,534,261	16,634,871	56,169,132	(29,942,209)	26,226,923	(853,612)	25,373,311
l. TOTAL OVERHEAD COST (G+H+K)	39,534,261	23,640,927	63,175,188	(29,958,243)	33,216,945	(938,408)	32,278,537
J. GRAND TOTAL COSTS² (F+I)	43,850,882	27,929,419	71,780,301	-	71,780,301	(1,139,451)	70,640,850

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 <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name:	Wheeler Clinic 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 (2080 hrs = 1 FTE) V	FTEs
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	General Practitioner	125,000	1,500	1,040	0.50	
A. PHYSICIAN						
1. <i>Please see form B4</i>						0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
6.						0.00
7.						0.00
8.						0.00
9.						0.00
10.						0.00
Total Physician Encounters, Staff Hours and FTEs		0	0	0		0.00
B. PHYSICIAN ASSISTANT						
1. <i>Please see form B4</i>						0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
Total Physician Assistant Encounters, Hours and FTEs		0	0	0		0.00

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

Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name:	Wheeler Clinic 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 (2080 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. <i>Please see form B4</i>					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Total Nurse Practitioner		0	0	0	0.00	
D. PHYSICIAN SERVICES UNDER CONTRACT						
1. <i>Please see form B4</i>					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Total Physician Services Under Contract		0	0	0	0.00	
E. OTHER HEALTH CARE PRACTITIONER						
1. <i>Please see form B4</i>					0.00	
2.					0.00	
3.					0.00	
Total Other Health Care Practitioner		0	0	0	0.00	

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

Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: Wheeler Clinic 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 IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>	125,000	1,500	1,040	0.50
A. DENTIST				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. DENTAL HYGIENIST				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER DENTAL PRACTITIONER				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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

Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</u>
FQHC Name:	Wheeler Clinic 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			Total Employee Hours and FTEs	
	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>				
125,000		1,500	1,040	0.50
A. PSYCHOLOGIST				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Psychologist Encounters, Staff Hours and FTEs			0	0
B. SOCIAL WORKER				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Social Worker Encounters, Hours and FTEs			0	0
C. OTHER MENTAL HEALTH PRACTITIONER				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs			0	0

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

Reporting Period: From 7/1/2018 To 6/30/2019

FQHC Name: Wheeler Clinic 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			Employee Hours and FTEs		
			High	Low	Hires	Departures	Encounters	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)	
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00	
1. PHYSICIAN	4	426,033	270,000	186,500	2	1	3,748	4,305	2.07	
2. PHYSICIAN ASSISTANT									0.00	
3. NURSE (APRN, MIDWIFE, RN)	21	1,191,765	128,250	110,000	14	11	12,483	16,036	7.71	
4. PHYSICIAN SERVICES UNDER CONTRACT	1	42,152			0	0	266		0.00	
5. OTHER HEALTH PROFESSIONALS	8	328,758	135,200	68,626	7	6	653	25,849	12.43	
6. OTHER ALLIED HEALTH PROFESSIONALS	17	569,169	48,612	31,763	8	8	178	53,555	25.75	
7. OTHER HEALTH CARE PRACTITIONERS	1	32,204	62,620	62,620	0	0	858	915	0.44	
Total Health Care	52	2,590,081			31	26	18,186	100,660	48.40	
B. DENTAL PRACTITIONERS										
1. DENTIST	1	156,668	155,984	155,984	0	0	1,237	2,080	1.00	
2. DENTAL HYGIENIST	2	44,410	79,290	65,808	1	1	418	888	0.43	
3. OTHER DENTAL PRACTITIONERS	2	65,285	36,950	34,726	1	0		3,785	1.82	
Total Dental	5	266,363			2	1	1,655	6,753	3.25	
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHIATRIST									0.00	
2. PSYCHOLOGIST	1	40,986	83,989	83,989				1,165	0.56	
3. LICENSED CLINICAL SOCIAL WORKER	17	584,401	71,100	57,698	6	3	9,485	26,317	12.65	
4. PSYCHIATRIC APRN									0.00	
5. OTHER MENTAL HEALTH PRACTITIONERS	46	1,276,551	67,998	46,843	6	18	21,123	72,736	34.97	
Total Mental Health	64	1,901,938			12	21	30,608	100,218	48.18	

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	7/1/2018	To	6/30/2019
FQHC Name:	Wheeler Clinic Inc			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	6,052,426
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	32,309,887
C.	Total Direct Costs (A+B)	38,362,313
D.	Portion of Title XIX Services (A/C)	15.78%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	32,278,537
F.	Overhead Cost Applicable to Title XIX Services (DxE)	5,093,553
G.	Total Title XIX Services Cost (A+F)	11,145,979
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	3,343,794
I.	Cost Adjustment (Lower of H-F or Zero)	(1,749,759)
J.	Allowable Title XIX Overhead Cost (F+I)	3,343,794
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	3,196,397
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	377,527
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	2,478,502
	4. Total Direct Costs (K1 thru K3)	6,052,426
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	52.81%
	2. Dental Services (K2/K4)	6.24%
	3. Mental Health Services (K3/K4)	40.95%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	1,765,858
	2. Dental Services (JxL2)	208,653
	3. Mental Health Services (JxL3)	1,369,284
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	3,343,795

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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)	3,196,397
B. Allowable Overhead Cost (P13 - Form C, Line M1)	1,765,858
C. Total Allowable Health Care Cost (A+B)	4,962,255
D. Encounters (P12 - Form B-4, Health Care Total)	18,186
E. Allowable Health Care Cost Per Encounter (C/D)	272.86
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	377,527
B. Allowable Overhead Cost (P13 - Form C, Line M2)	208,653
C. Total Allowable Dental Cost (A+B)	586,180
D. Encounters (P12 - Form B-4, Dental Total)	1,655
E. Allowable Dental Cost Per Encounter (C/D)	354.19
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	2,478,502
B. Allowable Overhead Cost (P13 - Form C, Line M3)	1,369,284
C. Total Allowable Mental Health Cost (A+B)	3,847,786
D. Encounters (P12 - Form B-4, Mental Health Total)	30,608
E. Allowable Mental Health Cost Per Encounter (C/D)	125.71

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REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
Form E (Revenues)						
A.	Operating Revenue					
1.	Medicaid	2,326,800	205,058	5,025,167	0	7,557,025
2.	Private	354,405	50,019	865,536		1,269,960
3.	Medicare	130,546		265,570		396,116
4.	Patient Cash/Self Pay	134,590	25,699	75,577		235,866
5.	Other - Specify State Prob/Allowance for Doubtful	(125,916)	(48,784)	(103,108)		(277,808)
6.	Total (1 thru 5)	2,820,425	231,992	6,128,741	0	9,181,159
B.	Other Revenue					
1.	Contributions	106,002	51,667		158,592	316,261
2.	Grants	2,011,307	20,000	783,324	37,080,902	39,895,534
3.	Interest					0
4.	Donations					0
5.	Other - Specify Misc-LCSW Services				2,042	2,042
6.	Other - Specify Misc-Health Admin Services				3,000	3,000
7.	Other - Specify Unrealized Gains/(Losses) & Inves	37,357			3,167,661	3,205,018
8.	Other - Specify Fundraising Events				125,586	125,586
9.	Other - Specify In-Kind				3,225	3,225
10.	Other - Specify					0
11.	Total (1 thru 10)	2,154,666	71,667	783,324	40,541,008	43,550,666
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)					
1.	Other - Specify Patient Service Revenue				7,296,272	7,296,272
2.	Other - Specify Tuition				14,665,132	14,665,132
3.	Other - Specify Evaluation, EAP & Consultation				1,697,497	1,697,497
4.	Other - Specify Rental Income/(Loss)				551,802	551,802
5.	Other - Specify Pharmacy				518,560	518,560
6.	Other - Specify					0
7.	Total (1 thru 7)	0	0	0	24,729,264	24,729,264
D.	Total Revenue (A6+B11+C7)	4,975,092	303,659	6,912,066	65,270,272	77,461,088

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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>)	106,002
2.	Dental	51,667
3.	Mental Health	
4.	Other - Specify <u>Temp Restricted - Corsini Kitchen</u>	16,917
	Other - Specify <u>Temp Restricted - Other</u>	1,250
	Other - Specify <u>Unrestricted Contributions</u>	140,425
	Other - Specify _____	
	Other - Specify _____	
5.	Total (1 thru 4)	316,261
B.	Grants (<i>Excluding PHS</i>)	
1.	Services (<i>Excluding Dental, Mental Health and Other</i>)	1,038,840
2.	Dental	
3.	Mental Health	589,484
4.	Other - Specify <u>CSSD</u>	6,425,998
	Other - Specify <u>DCF</u>	26,307,893
	Other - Specify <u>DDS</u>	102,677
	Other - Specify <u>DMHAS</u>	2,859,175
	Other - Specify <u>DOC</u>	149,139
	Other - Specify <u>DPH</u>	20,424
	Other - Specify <u>OEC</u>	742,870
	Other - Specify <u>DHHS/OWH</u>	94,876
	Other - Specify <u>SAMHSA</u>	374,796
	Other - Specify <u>Other</u>	3,055
	Other - Specify _____	
5.	Total (1 thru 4)	38,709,227

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Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET		
A.	Cost Disallowance	
	1. Entertainment	
	2. Fines and penalties	
	3. Bad debt	
	4. Cost of actions to collect receivables	
	5. Advertising, except for recruitment of personnel	(781,099)
	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	(47,918)
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	
	12. Membership dues for public relations	
	13. Cost not related to patient care	
	14. Interest	(29,520)
	15. Pass through expenses	
	16. Total (1 thru 15)	(858,537)
B.	Cost Offset (<i>Expense Recovery</i>)	
	1. Refunds - Medicaid Outreach	(20,000)
	2. Rent Income	(55,276)
	3. In-Kind Medical Supplies	(201,043)
	4. In-Kind Dental Supplies	
	5. In-Kind Office Supplies	(3,225)
	6. In-Kind Advertising	
	7. Miscellaneous Income - Miscellaneous	(1,370)
	8. Total (1 thru 7)	(280,914)
C.	Total Cost Disallowance and Offset (A16+B7)	(1,139,451)