

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: 2/25/2021 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: Medical <u>4236130</u> Dental <u>4236122</u> Mental Health <u>4236148</u> Other (Specify) _____ _____ _____	3. Reporting Period: From <u>8/1/2019</u> To <u>7/31/2020</u> <div style="text-align: center; font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold;">MAR 4 2021</div>
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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


DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTINGS

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 8/1/2019 and Ending 7/31/2020 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	2/25/2021

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
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Reporting Period:	From <u>8/1/2019</u>	To <u>7/31/2020</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 8/1/2019 To 7/31/2020

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		7,097,393	7,097,393		7,097,393	(7,097,393)	0
c. Prescription Drugs/Pharmacy			0		0		0
d. Battered Women		24,063	24,063		24,063	(24,063)	0
e. Homeless		86,834	533,137	100,942	634,079	(634,082)	(3)
f. WIC	446,303		0		0		0
g. Non-FQHC Sites							
h. Other - Specify							
ACA Outreach	28,776		28,776	6,509	35,285	(35,285)	0
CSSD Judicial Branch	94,494		94,494	21,372	115,866	(115,867)	(1)
Medicalid Outreach DSS	22,747		22,747	5,145	27,892	(27,892)	0
DPH Aids	150,144		150,144	33,959	184,103	(184,103)	0
PART D	35,386	3,387	38,773	8,003	46,776	(46,777)	(1)
PCMH+ CM	227,191		227,191	51,386	278,577	(278,577)	0
i. Total Non-Allowable Direct Other Service Cost	1,005,041	7,211,677	8,216,718	227,316	8,444,034	(8,444,039)	(5)
F. TOTAL DIRECT COST (D+E1i)	12,836,860	9,391,706	22,228,566	2,903,369	25,131,935	(8,444,039)	16,687,896

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

Reporting Period: From 8/1/2019 To 7/31/2020
 FQHC Name: SOUTHWEST CHC INC.

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	I	II	III	IV	V	VI	VII
Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col. 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)	
G. OVERHEAD - FACILITY COST							
a. Rent	293,412	293,412		293,412		293,412	
b. Insurance	99,885	99,885		99,885		99,885	
c. Interest on Mortgage or Loans	287,176	287,176		287,176		287,176	
d. Utilities	278,416	278,416		278,416		278,416	
e. Depreciation - Building	691,555	691,555		691,555		691,555	
f. Depreciation - Equipment		0		0		0	
g. Housekeeping & Maintenance	553,231	694,297	31,906	726,203		726,203	
h. Other (Specify)							
Trash & Hazardous Material removal		30,289		30,289		30,289	
Security	309,172	309,172		309,172		309,172	
	0	0		0		0	
	0	0		0		0	
	0	0		0		0	
L. Subtotal Overhead - Facility Cost	141,066	2,543,136	31,906	2,716,108	0	2,716,108	
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	4,403,276	54,846	4,458,122	5,454,031		5,454,031	
b. Depreciation - Office Equipment	221,190	221,190	221,190	221,190		221,190	
c. Office Supplies	271,238	271,238	271,238	271,238		271,238	
d. Legal	83,362	83,362	83,362	83,362		83,362	
e. Accounting	62,590	62,590	62,590	62,590		62,590	
f. Insurance	8,558	8,558	8,558	8,558		8,558	
g. Telephone	248,882	248,882	248,882	248,882		248,882	
h. Fringe Benefits & Taxes	3,931,184	3,931,184	3,931,184	3,931,184		3,931,184	
i. Interest - Capital Loans	5,182	5,182	5,182	5,182		5,182	
j. Other (Specify)							
Equip Maint		76,442	76,442	76,442		76,442	
Equip Lease		95,844	95,844	95,844		95,844	
Postage		24,901	24,901	24,901		24,901	
Recruitment		0	0	0		0	
Dues		38,540	38,540	38,540		38,540	
Subscriptions		31,825	31,825	31,825		31,825	
Public Information		106,081	106,081	106,081		106,081	
Licenses and Fees		94,770	94,770	94,770		94,770	
Printing		24,946	24,946	24,946		24,946	
Travel, Conf. & Meetings		33,065	33,065	33,065		33,065	
Staff Training		27,569	27,569	27,569		27,569	
IT Costs		371,645	371,645	371,645		371,645	
Payroll Serv		74,817	74,817	74,817		74,817	
Electronic Clearing House Fees		71,612	71,612	71,612		71,612	
Bank Charges		11,710	11,710	11,710		11,710	
Staff Develop., Apprec. & Other		71,531	71,531	71,531		71,531	
k. Subtotal Overhead - Administrative Cost	4,403,276	6,042,390	(2,935,275)	7,510,331	0	7,510,331	
L. TOTAL OVERHEAD COST (G+H)	4,544,342	8,585,466	(2,903,369)	10,226,439	0	10,226,439	
J. GRAND TOTAL COSTS² (F+I)	17,391,202	17,977,172	-	35,358,374	(8,444,039)	26,914,335	

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>8/1/2019</u>	To <u>7/31/2020</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>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>	
C. NURSE (APRN, MIDWIFE, RN)						
1. APRN 1	Ped.NP		1,831	1,919	1.05	
2. APRN 2	Ped.NP		1,795	1,491	0.82	
3. APRN 3	Ped.NP		1,263	1,413	0.78	
4. APRN 4	Ped.NP		1,230	846	0.46	
5. APRN 5	Ped.NP		787	735	0.40	
6. APRN 6	Ped.NP		459	612	0.34	
7. APRN 7	Ped.NP		92	128	0.07	
8. APRN 8	Ped.NP		514	1,114	0.61	
9. APRN 9	Adlt.NP		3,529	1,884	1.04	
10. APRN 10	Adlt.NP		3,209	1,860	1.02	
11. APRN 11	Adlt.NP		2,824	1,716	0.94	
12. APRN 12	Adlt.NP		2,731	1,982	1.09	
13. APRN 13	Adlt.NP		770	461	0.25	
14. APRN 14	Adlt.NP		210	147	0.08	
15. APRN 15	Adlt.NP		84	175	0.10	
16. APRN 16	Adlt.NP		17	44	0.02	
17. APRN 17	Fam.NP		3,206	1,846	1.01	
18. APRN 18	Fam.NP		2,344	1,743	0.96	
19. APRN 19	Fam.NP		1,682	1,453	0.80	
20. APRN 20	Fam.NP		1,504	1,294	0.71	
21. APRN 21	Fam.NP		1,498	1,290	0.71	
22. MID WIFE 22	Ob/Gyn		2,021	1,205	0.66	
Total Nurse Practitioner		0	33,600	25,358	13.92	

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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)
D. PHYSICIAN SERVICES UNDER CONTRACT						
1. INTERNIST	Md		2,964	2,366	1.30	
2. OB/GYN	Md		2,223	850	0.47	
3. MID-WIFE	CMW		1,136	525	0.29	
Total Physician Services Under Contract		0	6,323	3,741	2.06	
E. OTHER HEALTH CARE PRACTITIONER						
1. NUTRITION/DIETICIAN			330	323	0.18	
2. NUTRITION/DIETICIAN			1,209	1,820	1.00	
Total Other Health Care Practitioner		0	1,539	2,143	1.18	

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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	
C. NURSE (APRN, MIDWIFE, RN)						
1. APRN 1	Ped.NP		1,831	1,919	1.05	
2. APRN 2	Ped.NP		1,795	1,491	0.82	
3. APRN 3	Ped.NP		1,263	1,413	0.78	
4. APRN 4	Ped.NP		1,230	846	0.46	
5. APRN 5	Ped.NP		787	735	0.40	
6. APRN 6	Ped.NP		459	612	0.34	
7. APRN 7	Ped.NP		92	128	0.07	
8. APRN 8	Ped.NP		514	1,114	0.61	
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11. APRN 11	Adlt.NP		2,824	1,716	0.94	
12. APRN 12	Adlt.NP		2,731	1,982	1.09	
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14. APRN 14	Adlt.NP		210	147	0.08	
15. APRN 15	Adlt.NP		84	175	0.10	
16. APRN 16	Adlt.NP		17	44	0.02	
17. APRN 17	Fam.NP		3,206	1,846	1.01	
18. APRN 18	Fam.NP		2,344	1,743	0.96	
19. APRN 19	Fam.NP		1,682	1,453	0.80	
20. APRN 20	Fam.NP		1,504	1,294	0.71	
21. APRN 21	Fam.NP		1,498	1,290	0.71	
22. MID WIFE 22	Ob/Gyn		2,021	1,205	0.66	
Total Nurse Practitioner		0	33,600	25,358	13.92	

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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)
D. PHYSICIAN SERVICES UNDER CONTRACT						
1.	INTERNIST	Md		2,964	2,366	1.30
2.	OB/GYN	Md		2,223	850	0.47
3.	MID-WIFE	CMW		1,136	525	0.29
Total Physician Services Under Contract			0	6,323	3,741	2.06
E. OTHER HEALTH CARE PRACTITIONER						
1.	NUTRITION/DIETICIAN			330	323	0.18
2.	NUTRITION/DIETICIAN			1,209	1,820	1.00
Total Other Health Care Practitioner			0	1,539	2,143	1.18

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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>		<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
A. PHYSICIAN						
1.	Physician 1	Internist		763	192	0.11
2.	Physician 2	Internist		1,153	766	0.42
3.	Physician 3	Internist		2,858	1,132	0.62
4.	Physician 4	Internist		3,386	1,468	0.81
5.	Physician 5	Internist		3,829	1,274	0.70
6.	Physician 6	Pediatrician		13	70	0.04
7.	Physician 7	Pediatrician		163	213	0.12
8.	Physician 8	Pediatrician		521	360	0.20
9.	Physician 9	Pediatrician		1,875	1,129	0.62
10.	Physician 10	Pediatrician		3,177	1,869	1.03
11.	Physician 11	Family		4,209	1,856	1.02
12.	Physician 12	Ob/Gyn		1,942	1,145	0.63
13.	Physician 13	Ob/Gyn		2,314	1,424	0.78
14.	Physician 14	Ob/Gyn		3,072	1,630	0.90
15.	Physician 15	Ob/Gyn		1,554	1,392	0.76
16.	Physician 16	Podiatrist		1,684	1,384	0.76
17.						0.00
Total Physician Encounters, Staff Hours and FTEs			0	32,513	17,304	9.52
B. PHYSICIAN ASSISTANT						
1.	PHYSICIAN ASSISTANT 1	Ob/Gyn		1,069	541	0.30
2.	PHYSICIAN ASSISTANT 2	Pediatrics		2,657	1,472	0.81
3.	PHYSICIAN ASSISTANT 3	Family		967	1,080	0.59
4.	PHYSICIAN ASSISTANT 4	IM		2,159	1,213	0.67
Total Physician Assistant Encounters, Hours and FTEs			0	6,852	4,306	2.37

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
	Compensation II	Encounters III	Total Employee Hours and FTEs	
			Employee Total Hours IV	FTEs (1820 hrs = 1 FTE) V
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs				
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>				
125,000		1,500	1,040	0.50
A. DENTIST				
1. DENTIST 1		2,419	1,770	0.97
2. DENTIST 2		1,422	1,275	0.70
3. DENTIST 3		1,229	1,085	0.60
4. DENTIST 4		870	752	0.41
5. DENTIST 5		68	133	0.07
Total Dentist Encounters, Staff Hours and FTEs		6,008	5,015	2.75
B. DENTAL HYGIENIST				
1. HYGIENIST 1		971	1,627	0.89
2. HYGIENIST 2		906	1,573	0.86
3. HYGIENIST 3		823	1,187	0.65
4. HYGIENIST 4		733	1,439	0.79
5. HYGIENIST 5		617	1,215	0.67
6.				0.00
Total Dental Hygienist Encounters, Hours and FTEs		4,050	7,041	3.86
C. OTHER DENTAL PRACTITIONER				
1. DENTIST CONTRACTED 1		2,068	1,612	0.89
2. DENTIST CONTRACTED 2		1,289	1,054	0.58
3. DENTIST CONTRACTED 3		832	880	0.48
4.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs		4,189	3,546	1.95

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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 (1820 hrs = 1 FTE) V	
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>	
A. DENTIST					
1. DENTIST 1		2,419	1,770	0.97	
2. DENTIST 2		1,422	1,275	0.70	
3. DENTIST 3		1,229	1,085	0.60	
4. DENTIST 4		870	752	0.41	
5. DENTIST 5		68	133	0.07	
Total Dentist Encounters, Staff Hours and FTEs	0	6,008	5,015	2.75	
B. DENTAL HYGIENIST					
1. HYGIENIST 1		971	1,627	0.89	
2. HYGIENIST 2		906	1,573	0.86	
3. HYGIENIST 3		823	1,187	0.65	
4. HYGIENIST 4		733	1,439	0.79	
5. HYGIENIST 5		617	1,215	0.67	
6.				0.00	
Total Dental Hygienist Encounters, Hours and FTEs	0	4,050	7,041	3.86	
C. OTHER DENTAL PRACTITIONER					
1. DENTIST CONTRACTED 1		2,068	1,612	0.89	
2. DENTIST CONTRACTED 2		1,289	1,054	0.58	
3. DENTIST CONTRACTED 3		832	880	0.48	
4.				0.00	
Total Other Dental Practitioner Encounters, Hours and FTEs	0	4,189	3,546	1.95	

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>8/1/2019</u>	To <u>7/31/2020</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		2,031	1,456	0.80	
2. Psychiatrist 2		1,178	1,610	0.88	
3. Psychiatrist 3		964	672	0.37	
Total Psychologist Encounters, Staff Hours and FTEs	0	4,173	3,738	2.05	
B. SOCIAL WORKER					
1. PSYC APRN 1		2,595	1,518	0.83	
2. PSYC APRN 2		1,982	1,820	1.00	
3. PSYC APRN 3		1,825	1,820	1.00	
5. PSYC APRN 5 (Contracted)		187	262	0.14	
6. SOCIAL WORKER LCSW 1		1,472	1,820	1.00	
7. SOCIAL WORKER LCSW 2		1,328	1,866	1.03	
8. SOCIAL WORKER LCSW 3		1,123	1,820	1.00	
9. SOCIAL WORKER LCSW 4		1,043	1,857	1.02	
10. SOCIAL WORKER LCSW 5		710	1,820	1.00	
11. SOCIAL WORKER LCSW 6		533	1,009	0.55	
12. SOCIAL WORKER LCSW 7		437	1,616	0.89	
13. SOCIAL WORKER LCSW 8		383	1,019	0.56	
14. SOCIAL WORKER LCSW 9		65	100	0.05	
15. SOCIAL WORKER LCSW 11 (Contracted)		11	7	0.00	
16. SOCIAL WORKER LPC 1		1,731	1,896	1.04	
17. SOCIAL WORKER LPC 2		1,184	1,860	1.02	
18. SOCIAL WORKER LPC 3		1,169	1,864	1.02	
19. SOCIAL WORKER LPC 4		1,113	1,887	1.04	
20. SOCIAL WORKER LPC 5		1,105	1,820	1.00	
21. SOCIAL WORKER LPC 6		916	1,844	1.01	
22. SOCIAL WORKER LPC 7		841	1,844	1.01	
23. SOCIAL WORKER LPC 8		791	1,771	0.97	
24. SOCIAL WORKER LPC 9		765	1,820	1.00	
25. SOCIAL WORKER LPC 10		727	1,820	1.00	
26. SOCIAL WORKER LPC 11		302	1,834	1.01	
27. SOCIAL WORKER LPC 12		10	385	0.21	
Total Social Worker Encounters, Hours and FTEs	0	24,348	38,999	21.40	
C. OTHER MENTAL HEALTH PRACTITIONER					
1. LMSW 1		1,590	2,218	1.22	
2. LMSW 2		905	1,295	0.71	
3. LMSW 3		896	1,820	1.00	
4. LMSW 4		818	1,826	1.00	
5. LMSW 5		811	1,820	1.00	
6. LMSW 6		807	1,610	0.88	
7. LMSW 7		782	1,288	0.71	
8. LMSW 8		650	1,634	0.90	
9. LMSW 9		642	1,728	0.95	
10. LMSW 10		321	442	0.24	
11. LMSW 11		310	1,820	1.00	
12. LMSW 12		257	564	0.31	
13. LMFT 1		794	1,833	1.01	
14. LADC 1		1,646	1,820	1.00	
15. LADC 2		834	1,820	1.00	
Total Other Mental Health Practitioner Encounters, Hours and FTEs	0	12,063	23,538	12.93	

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 8/1/2019 To 7/31/2020

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			Employee Hours and FTEs		
			High	Low	Hires	Departures	Encounters	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	2,279,757	286,400	156,000	2	2	32,513	17,304	9.51	
2. PHYSICIAN ASSISTANT	4	310,452	169,000	124,250	1	1	6,852	4,306	2.37	
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	376,024	218,400	214,000		4	6,323	3,741	2.06	
5. OTHER HEALTH PROFESSIONALS									0.00	
6. OTHER ALLIED HEALTH PROFESSIONALS	3	84,475	70,314	70,314	1		1,539	2,143	1.18	
7. OTHER HEALTH CARE PRACTITIONERS									0.00	
Total Health Care	58	4,410,307			10	10	75,940	51,941	28.55	
B. DENTAL PRACTITIONERS										
1. DENTIST	6	379,532	150,000	130,000		1	6,008	5,015	2.76	
2. DENTAL HYGIENIST	6	258,386	70,000	64,000	1	1	4,050	7,041	3.87	
3. OTHER DENTAL PRACTITIONERS	4	342,271	162,000	158,000	2	1	4,189	3,546	1.95	
Total Dental	16	980,189			3	3	14,247	15,602	8.58	
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHIATRIST	2	439,007	260,000	230,000			4,173	3,738	2.05	
2. PSYCHOLOGIST	0								0.00	
3. LICENSED CLINICAL SOCIAL WORKER	27	1,495,138	78,000	68,000	6	4	17,759	33,579	18.45	
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	12,063	23,538	12.93	
Total Mental Health	44	2,846,396			6	6	40,408	66,836	36.72	

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	8/1/2019	To	7/31/2020
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)	16,687,901
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	(5)
C.	Total Direct Costs (A+B)	16,687,896
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	10,226,439
F.	Overhead Cost Applicable to Title XIX Services (DxE)	10,226,439
G.	Total Title XIX Services Cost (A+F)	26,914,340
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	8,074,302
I.	Cost Adjustment (Lower of H-F or Zero)	(2,152,137)
J.	Allowable Title XIX Overhead Cost (F+I)	8,074,302
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	10,793,459
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,803,965
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	4,090,477
	4. Total Direct Costs (K1 thru K3)	16,687,901
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	64.68%
	2. Dental Services (K2/K4)	10.81%
	3. Mental Health Services (K3/K4)	24.51%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	5,222,459
	2. Dental Services (JxL2)	872,832
	3. Mental Health Services (JxL3)	1,979,011
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	8,074,302

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Reporting Period:	From	8/1/2019	To	7/31/2020
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)	16,687,901
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	(5)
C.	Total Direct Costs (A+B)	16,687,896
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	10,226,439
F.	Overhead Cost Applicable to Title XIX Services (DxE)	10,226,439
G.	Total Title XIX Services Cost (A+F)	26,914,340
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	8,074,302
I.	Cost Adjustment (Lower of H-F or Zero)	(2,152,137)
J.	Allowable Title XIX Overhead Cost (F+I)	8,074,302
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	10,793,459
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,803,965
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	4,090,477
	4. Total Direct Costs (K1 thru K3)	16,687,901
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	64.68%
	2. Dental Services (K2/K4)	10.81%
	3. Mental Health Services (K3/K4)	24.51%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	5,222,459
	2. Dental Services (JxL2)	872,832
	3. Mental Health Services (JxL3)	1,979,011
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	8,074,302

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Reporting Period: From 8/1/2019 To 7/31/2020
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)	10,793,459
B. Allowable Overhead Cost (P13 - Form C, Line M1)	5,222,459
C. Total Allowable Health Care Cost (A+B)	16,015,918
D. Encounters (P12 - Form B-4, Health Care Total)	75,940
E. Allowable Health Care Cost Per Encounter (C/D)	210.90

II. Dental

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,803,965
B. Allowable Overhead Cost (P13 - Form C, Line M2)	872,832
C. Total Allowable Dental Cost (A+B)	2,676,797
D. Encounters (P12 - Form B-4, Dental Total)	14,247
E. Allowable Dental Cost Per Encounter (C/D)	187.88

III. Mental Health

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	4,090,477
B. Allowable Overhead Cost (P13 - Form C, Line M3)	1,979,011
C. Total Allowable Mental Health Cost (A+B)	6,069,488
D. Encounters (P12 - Form B-4, Mental Health Total)	40,408
E. Allowable Mental Health Cost Per Encounter (C/D)	150.21

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Reporting Period: From 8/1/2019 To 7/31/2020
 FQHC Name: SOUTHWEST CHC INC.

REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	7,612,382	1,030,740	4,607,310		13,250,432
2.	Private	606,054	145,400	218,567		970,021
3.	Medicare	1,720,610		660,426		2,381,036
4.	Patient Cash/Self Pay	276,940	190,185	7,564		474,689
5.	Other - Specify			137,988		137,988
6.	Total (1 thru 5)	10,215,986	1,366,325	5,631,855	0	17,214,166
B.	Other Revenue					
1.	Contributions					
2.	Grants	2,294,311	485,367	925,681	12,093	4,472,505
3.	Interest					0
4.	Donations				17,140	17,140
5.	Other - Specify	1,690,950	10,677	382,531	684,836	2,768,994
6.	Other - Specify	193,150			104,563	297,713
7.	Other - Specify				12,515,470	12,515,470
8.	Other - Specify	428,931			504,675	504,675
9.	Other - Specify	28,453				428,931
10.	Other - Specify	4,635,795	496,044	1,308,212	14,605,924	21,045,974
11.	Total (1 thru 10)					
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)	14,851,781	1,862,369	6,940,067	14,605,924	38,260,140

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Reporting Period:	From	8/1/2019	To	7/31/2020
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>	951,475
	Other - Specify <u>Occupancy/Shelters</u>	39,770
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	991,245

B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	8/1/2019	To	7/31/2020
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	
	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)	2,396,546
	16. Total (1 thru 15)	2,396,546
B.	Cost Offset (<i>Expense Recovery</i>)	
	1. Funded Non-Billable Services	1,346,646
	2. Pharmacy Costs offset by Rx Revenue	7,097,393
	3. In-Kind Medical Supplies	
	4. In-Kind Dental Supplies	
	5. In-Kind Computer Supplies	
	6. In-Kind Advertising	
	7. Total (1 thru 6)	8,444,039
C.	Total Cost Disallowance and Offset (A16+B7)	10,840,585