

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: 1/21/2022 Date Received: _____

1. FQHC Name	<u>Optimus Health Care, Inc.</u>
Street Address	<u>982 East Main Street</u>
City, State, ZIP	<u>Bridgeport, CT 06608</u>
Telephone Number	<u>(203) 696-3260 X 3349</u>
Contact Person	<u>Thomas DePascale</u>
Title	<u>Assistant Controller</u>

2. FQHC Medicaid Provider Number:	3. Reporting Period:										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Medical</td> <td style="width: 30%; text-align: center;"><u>4234788</u></td> </tr> <tr> <td>Dental</td> <td style="text-align: center;"><u>4234770</u></td> </tr> <tr> <td>Mental Health</td> <td style="text-align: center;"><u>4235926</u></td> </tr> <tr> <td>Other (Specify)</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Medical	<u>4234788</u>	Dental	<u>4234770</u>	Mental Health	<u>4235926</u>	Other (Specify)	_____	_____	_____	From <u>7/1/2020</u> To <u>6/30/2021</u>
Medical	<u>4234788</u>										
Dental	<u>4234770</u>										
Mental Health	<u>4235926</u>										
Other (Specify)	_____										
_____	_____										

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER

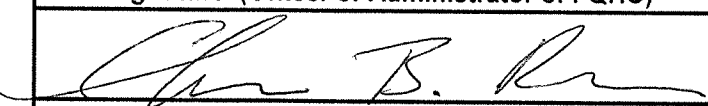
COUNTY CITY

5. FQHC Owned By:

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By
Optimus Health Care, Inc. 4234788

For the Reporting Period Beginning 7/1/2020 and Ending 6/30/2021 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
	Charlie Rose
Title	Date
CFO	1/21/2022



STATE OF CONNECTICUT
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Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name:	Optimus Health Care, Inc.	

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.
Optimus Bridgeport Community Health Center	982 East Main Street Bridgeport, CT 06608-2409	Yes	07-1810
Optimus Health Center, Inc.	471 Barnum Avenue Bridgeport, CT 06608-2409	Yes	07-1800
Optimus Ralphola Taylor Community Center	790 Central Avenue Bridgeport, CT 06607	Yes	07-1812
Optimus Stamford Community Health Center	805 Atlantic Street Stamford, CT 06902	Yes	07-1822
Optimus Fairgate Community Health Center	138 Stillwater Avenue Stamford, CT 06902	Yes	07-1890
Optimus On The Boulevard	1351 Washington Boulevard Stamford, CT 06902	Yes	07-1837
Optimus Hollow Community Health Center	82-88 George Street Bridgeport, CT 06604	Yes	07-1879
Optimus Park City Primary Care Center	64 Black Rock Avenue Bridgeport, CT 06605	Yes	07-1880
Optimus Stratford Community Health Center	727 Honeyspot Road Bridgeport, CT 06615	Yes	07-1811
Optimus Homeless Program	597 Pacific Street Stamford, CT 06902	Yes	07-1891
Optimus Chase Wellness Center	1071 East Main Street Bridgeport, CT 06608-2409	Yes	07-1885
Optimus Woodland Health & Wellness Center	8 Woodland Place Stamford, CT 06902	Yes	07-1889
Optimus Bridges Health Center, Inc.	949 Bridgeport Avenue Milford, CT 06460-3142	Yes	07-1912
Barnum/Waltersville School Based Health Center	495 Waterview Avenue Bridgeport, CT 06608-2409	Yes	
Main Street Pediatrics	3715 Main Street, Suite G1 Bridgeport, CT 06606	Yes	
Columbus School Based Health Center	275 George Street Bridgeport, CT 06604	Yes	
Harding High School Based Health Center	1734 Central Avenue Bridgeport, CT 06607	Yes	
John F. Kennedy School Based Health Center	700 Palisade Avenue Bridgeport, CT 06608	Yes	
Luis Muñoz Marin School Based Health Center	479 Helen Street Bridgeport, CT 06608	Yes	
Bullard Havens School Based Health Center	500 Palisade Avenue Bridgeport, CT 06610	Yes	
Optimus Health Care WIC Program	1450 Barnum Avenue Bridgeport, CT 06610	Yes	

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

Select One:

A. Copy of Medicare Cost Report (CMS 222-92) Worksheet A-2-1, Statement of Costs of Services from Related Organizations.



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Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name:	Optimus Health Care, 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.
Optimus Bond Street Transitional Clinic	480 Bond Street Bridgeport, CT 06610	Yes	
Optimus at Kinsella	1862 Commerce Drive Bridgeport, CT 06605	Yes	
Hospital Services Bridgeport	Bridgeport Hospital Bridgeport, CT 06607	Yes	
Hospital Services Stamford	Stamford Hospital Stamford, CT 06701	Yes	
Dunbar/Ralphola Taylor SB	445 Union Avenue Bridgeport, CT 06607	Yes	
Fairchild Wheeler Multi-Magnet HS	840 Old Town Road Bridgeport, CT 06606	Yes	
Harry B. Flood Middle School	490 Chapel Street Stratford, CT 06614	Yes	
Housatonic Community College Health Center	900 Lafayette Blvd Bridgeport, CT 06610	Yes	
Johnson House Academy	719 Birdseye Street Stratford, CT 06615	Yes	
Platt Technical High School	600 Orange Avenue Milford, CT 06461	Yes	
Jettie S. Tisdale Elementary School	250 Hollister Avenue Bridgeport, CT 06607	Yes	
Wooster Middle School	150 Lincoln Street Stratford, CT 06615	Yes	
Optimus Health Care WIC Program	888 Washington Blvd 8th Floor Stamford, CT 06701	Yes	
Bank of America	975 East Main Street Bridgeport, CT 06606	Yes	
Optimus Health Care Administration	305 Boston Avenue Stratford, CT 06615	Yes	
Optimus at 30 Freeman Street	30 Freeman Street Bridgeport, CT 06608	Yes	
Community Center for Integrated Health	1438 Park Avenue Bridgeport, CT 06604	Yes	
Hall Neighborhood House	52 George E. Pipkin's Way Bridgeport, CT 06608	Yes	
Hospital Services Norwalk	Norwalk Hospital Norwalk, CT 06701	Yes	
Chapel Street School	380 Chapel Street Stratford, CT 06614	Yes	
West Haven High School	1 McDonough Place West Haven, CT 06516	Yes	

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

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ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2020 To 6/30/2021

FQHC Name: Optimus Health Care, Inc.

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	I	II	III	IV	V	VI	VII
A. DIRECT HEALTH CARE COST							
<i>(Excluding Dental, Mental Health & Other)</i>							
1. Staff Cost							
a. Physician	3,572,005	985,296	4,557,301		4,557,301		4,557,301
b. Physician Assistant	1,292,180	356,170	1,648,350		1,648,350		1,648,350
c. Nurse (APRN, Midwife, RN)	4,964,411	1,369,203	6,333,614		6,333,614		6,333,614
d. Total Physician Services Under Contract		1,569,108	1,569,108		1,569,108		1,569,108
e. Total Other Health Care Practitioner	3,588,019	0	0		0		0
f. Total Medical Assistant	1,160,224	989,316	4,577,334		4,577,334		4,577,334
g. Patient Support		319,990	1,480,214		1,480,214		1,480,214
h. _____		0	0		0		0
i. _____		0	0		0		0
j. _____		0	0		0		0
k. _____		0	0		0		0
l. _____		0	0		0		0
e. Subtotal Direct Health Care Cost	14,576,838	5,589,082	20,165,921	0	20,165,921	0	20,165,921
2. Other Direct Health Care Cost							
a. Rent and Interest		844,757	844,757		844,757		844,757
b. Utilities and Maintenance		575,903	575,903		575,903		575,903
c. Depreciation Building		201,702	201,702		201,702		201,702
d. Depreciation Med Equip		49,678	49,678		49,678		49,678
e. Depreciation Building		394,050	394,050		394,050		394,050
f. Transportation		15,031	15,031		15,031		15,031
g. Supplies		2,245,699	2,245,699		2,245,699		2,245,699
h. Contractual		732,489	732,489		732,489		732,489
i. Professional Liability Insurance		141,452	141,452		141,452		141,452
j. Bad debt		1,249,683	1,249,683	(1,249,683)	0		0
k. Other		464,963	464,963		464,963		464,963
l. _____		0	0		0		0
i. Subtotal Other Direct Health Care Cost	0	6,915,407	6,915,407	(1,249,683)	5,665,724	0	5,665,724
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	14,576,838	12,504,490	27,081,328	(1,249,683)	25,831,645	0	25,831,645





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Reporting Period: From 7/1/2020 To 6/30/2021

FQHC Name: Optimus Health Care, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	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. Psychiatrist	308,788	85,490	394,278		394,278		394,278
b. Psychologist	191,135	47,328	238,463		238,463		238,463
c. Nurses	73,340	18,160	91,500		91,500		91,500
d. Social Worker	3,141,999	869,885	4,011,884		4,011,884		4,011,884
e. Other - APRNs	0	0	0		0		0
f. Other Mental Health support	891,458	119,832	1,011,290		1,011,290		1,011,290
d. Subtotal Direct Mental Health Care Cost	4,606,721	1,140,695	5,747,416	0	5,747,416	0	5,747,416
2. Other Direct Mental Health Care Cost							
a. Rent and Interest		303,542	303,542	0	303,542		303,542
b. Utilities and Maintenance		88,707	88,707		88,707		88,707
d. Depreciation Med Equip		0	0		0		0
e. other depreciation		0	0		0		0
f. Transportation		856	856		856		856
g. Supplies		5,103	5,103		5,103		5,103
h. Contractual		325,872	325,872		325,872		325,872
i. Professional Liability Insurance		26,374	26,374		26,374		26,374
j. Bad debt		164,671	164,671	(164,671)	0		0
k. Other		123,096	123,096		123,096		123,096
f. Subtotal Other Direct Mental Health Care Cost	0	1,038,220	1,038,220	(164,671)	873,550	0	873,550
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	4,606,721	2,178,915	6,785,636	(164,671)	6,620,965	0	6,620,965
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	21,073,283	15,943,182	37,016,465	(1,600,937)	35,415,528	-	35,415,528





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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
	Specialty	Compensation	Encounters	Total Employee Hours and FTEs Employee Total Hours	FTEs (2080 hrs = 1 FTE)	
9	Physician Assistant	111,818	1,289	2,138	1.02	
10	Physician Assistant	119,782	1,418	3,973	1.06	
11	Physician Assistant	146,671	2,994	2,076	0.98	
12	Physician Assistant	126,304	3,721	2,744	0.98	
13	Physician Assistant	3,780		54	0.03	
14						
15						
				25,096	10.48	
Total Physician Assistant Encounters, Hours and FTEs						

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
	General Practitioner	125,000	1,500	1,040	0.50
C.	NURSE (APRN, MIDWIFE, RN)				
1	Adherence Nurse (LPN)	67,019	2	2,046	0.94
2	Advance Practice Registered Nurse	7,703	147	106	0.05
3	Advance Practice Registered Nurse	2,190	166	37	0.02
4	Advance Practice Registered Nurse	17,096	278	280	0.13
5	Advance Practice Registered Nurse	14,400	347	288	0.25
6	Advance Practice Registered Nurse	95,814	592	1,848	0.90
7	Advance Practice Registered Nurse	92,376	615	1,828	0.87
8	Advance Practice Registered Nurse	50,599	626	980	0.38
9	Advance Practice Registered Nurse	104,141	692	1,836	0.87
10	Advance Practice Registered Nurse	102,759	2,512	2,145	1.05
11	Advance Practice Registered Nurse	102,169	2,629	1,904	0.90
12	Advance Practice Registered Nurse	137,143	2,662	3,420	1.01
13	Advance Practice Registered Nurse	121,016	2,852	2,028	0.85
14	Advance Practice Registered Nurse	116,656	3,099	2,182	0.97
15	Advance Practice Registered Nurse	117,418	3,165	2,193	0.94
16	Advance Practice Registered Nurse	95,048	493	1,842	0.90
17	Advance Practice Registered Nurse	97,749	667	2,989	0.90
18	Advance Practice Registered Nurse	109,896	1,018	2,653	1.01
19	Advance Practice Registered Nurse	100,323	1,893	1,813	0.78
20	Advance Practice Registered Nurse	174,291	2,360	3,328	1.23
21	Advance Practice Registered Nurse	4,400		190	0.04
22	Certified Nurse Mid-Wife	40,915	451	620	0.28
23	Certified Nurse Mid-Wife	99,373	2,368	2,131	0.79
24	Certified Nurse Mid-Wife	90,039	3,118	2,809	0.86

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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	(2080 hrs = 1 FTE)	FTEs
25	Clinical Coordinator	177,235	2,927	3,104	0.98	
26	Clinical Coordinator	186,777	3,392	2,080	0.95	
27	Clinical Learning & Development Manager	94,983	72	3,728	0.99	
28	Interim Director Nursing	124,968	510	4,136	0.95	
29	License Practical Nurse	10,761	4	422	0.20	
30	License Practical Nurse	8,694	6	402	0.18	
31	License Practical Nurse	3,576	6	131	0.06	
32	License Practical Nurse	16,988	17	711	0.34	
33	License Practical Nurse	15,032	18	660	0.30	
34	License Practical Nurse	64,391	43	3,408	0.90	
35	License Practical Nurse	68,982	61	2,674	1.03	
36	License Practical Nurse	38,887	68	2,023	0.73	
37	License Practical Nurse	36,779	95	1,916	0.74	
38	License Practical Nurse	1,074	105	34	0.02	
39	License Practical Nurse	67,306	119	2,415	0.99	
40	License Practical Nurse	34,616	120	1,471	0.70	
41	License Practical Nurse	43,182	144	2,561	0.69	
42	License Practical Nurse	50,654	151	2,121	0.99	
43	License Practical Nurse	73,924	180	2,836	1.01	
44	License Practical Nurse	18,146	213	717	0.35	
45	License Practical Nurse	69,566	306	2,555	1.02	
46	License Practical Nurse	10,521	556	339	0.20	
47	License Practical Nurse	14,758	889	533	0.26	
48	License Practical Nurse	53,784	2,924	2,356	0.91	
49	License Practical Nurse	35,277	14	1,229	0.49	
50	License Practical Nurse	18,438	16	679	0.33	

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER		Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
51		License Practical Nurse	31,560	20	1,642	0.51
52		License Practical Nurse	35,021	105	1,267	0.61
53		License Practical Nurse	68,676	181	2,385	0.98
54		License Practical Nurse	66,649	246	3,776	1.05
55		License Practical Nurse	28,491	170	1,125	0.52
56		License Practical Nurse	66,153	170	2,107	0.99
57		License Practical Nurse	51,757	186	2,130	1.02
58		License Practical Nurse	42,458	232	1,694	0.83
59		License Practical Nurse	50,408	290	3,252	0.96
60		License Practical Nurse	65,450	453	2,054	0.93
61		License Practical Nurse	2,992	28	97	0.05
62		License Practical Nurse	6,076	592	196	0.09
63		License Practical Nurse	9,998	644	320	0.16
64		License Practical Nurse	20,994	748	777	0.36
65		License Practical Nurse	29,158	968	1,063	0.52
66		License Practical Nurse	16,435	1,492	665	0.32
67		License Practical Nurse	15,953	2,098	521	0.25
68		License Practical Nurse	108		0	0.00
69		License Practical Nurse	41,497		2,657	0.80
70		License Practical Nurse	736		24	0.01
71		LPN Site Coordinator	71,614	60	3,952	0.99
72		LPN Site Coordinator	69,242	628	2,112	1.01
73		LPN Site Coordinator	72,566	3,759	4,496	1.07
74		Nurse Manager	111,684	6	4,128	1.00
75		Nurse Manager	94,910	9	2,080	0.97
76		Nurse Manager	77,295	305	2,084	0.94

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER		Total Employee Hours and FTEs			
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE)
77	Nurse Manager	98,873	4	2,584	0.96
78	Nurse Manager	69,569	6	1,648	0.77
79	Nurse Manager	103,544	1,458	2,080	1.06
80	Nurse Manager	79,389		1,840	0.88
81	Nurse Manager	16,923		360	0.15
82	Practice Manager - Onsite	82,324	16	2,053	0.96
83	Practice Manager - Onsite	70,568		2,080	1.01
84	Practice Manager - Onsite	64,941		2,080	1.00
85	Practice Manager - Onsite	67,166		2,080	1.00
86	Practice Manager - Onsite	29,001		752	0.38
87	Practice Manager - Onsite	68,188		2,080	0.91
88	Practice Manager - Onsite	66,651		2,080	0.99
89	Practice Manager - Onsite	13,942		400	0.19
90	Practice Manager - Onsite	89,815		4,688	1.05
91	Registered Nurse	12,165	6	368	0.18
92	Registered Nurse	9,141	20	209	0.12
93	Registered Nurse	18,431	22	449	0.22
	Registered Nurse	6,804	27	153	0.10
	Registered Nurse	80,486	65	2,102	0.99
	Registered Nurse	77,318	108	2,099	0.96
	Registered Nurse	80,155	136	2,116	0.97
	Registered Nurse	80,013	153	2,068	0.97
	Registered Nurse	69,349	255	2,115	0.99
	Registered Nurse	84,907	492	3,380	1.04
	Registered Nurse	7,138	2	198	0.10
	Registered Nurse	82,911	54	2,193	1.07

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HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
	Registered Nurse	31,985	71	886	0.43
	Registered Nurse	60,222	1,006	1,394	0.75
	Registered Nurse	14,963		464	0.15
	RN Care Coordinator-PCMH+	95,413	187	4,317	1.01
	RN Care Coordinator-PCMH+	79,165	210	2,088	1.00
249 Total Nurse Practitioner		6,259,173	63,396	186,739	72.54
D. SERVICES					
1	Acupuncture Services		233		
2	Acupuncture Services		708		
3	Advanced Practical Registered Nurse		2,360		
4	Behavioral Health Case Manager		270		
5	Chiropractic Services		1		
	Chiropractic Services		1,378		
6	Dentist		1		
7	Family Practice		1		
8	Family Practice		1		
9	Family Practice		11		
10	Family Practice		11		
11	Family Practice		68		
12	Family Practice		117		
13	Internal Medicine		1		
14	Internal Medicine		2		
15	Internal Medicine		2		

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name:	Optimus Health Care, 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 (2080 hrs = 1 FTE)	
16	Internal Medicine		3			
17	Internal Medicine		4			
18	Internal Medicine		5			
19	Internal Medicine		10			
20	Internal Medicine		13			
21	Internal Medicine		237			
22	Internal Medicine		1,234			
23	Licensed Clinical Social Worker		168			
24	Licensed Master Social Worker		5			
25	Licensed Master Social Worker		6			
26	Licensed Master Social Worker		13			
27	Licensed Practical Nurse		11			
28	Licensed Practical Nurse		1,163			
29	Licensed Practical Nurse		1,793			
30	Ob/Gyn		1			
31	Ob/Gyn		1			
32	Ob/Gyn		1			
33	Ob/Gyn		2			
34	Ob/Gyn		180			
35	Ob/Gyn		832			
36	Psychiatrist		1			
37	Resident-Family Medicine		1			
38	Resident-Family Medicine		1			
39	Resident-Family Medicine		1			
40	Resident-Family Medicine		1			
41	Resident-Family Medicine		1			

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name:	Optimus Health Care, Inc.	

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
42		Resident-Family Medicine		1		
43		Resident-Family Medicine		2		
44		Resident-Family Medicine		3		
45		Resident-Family Medicine		3		
46		Resident-Family Medicine		4		
47		Resident-Family Medicine		5		
48		Resident-Family Medicine		16		
49		Resident-Family Medicine		109		
50		Resident-Family Medicine		116		
51		Resident-Family Medicine		122		
52		Resident-Family Medicine		130		
53		Resident-Family Medicine		137		
54		Resident-Family Medicine		548		
55		Resident-Family Medicine		555		
56		Resident-Family Medicine		566		
57		Resident-Family Medicine		591		
58		Resident-Family Medicine		593		
59		Resident-Family Medicine		858		
60		Resident-Family Medicine		915		
61		Resident-Family Medicine		963		
62		Resident-Family Medicine		1,024		
63		Resident-Family Medicine		1,043		
64		Resident-Internal Medicine		1		
65		Resident-Internal Medicine		1		
66		Resident-Internal Medicine		1		
67		Resident-Internal Medicine		1		

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

Reporting Period:

From 7/1/2020

To 6/30/2021

FQHC Name: Optimus Health Care, 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 (2080 hrs = 1 FTE)
68	Resident-Internal Medicine		2		
69	Resident-Internal Medicine		2		
70	Resident-Internal Medicine		3		
71	Resident-Internal Medicine		103		
72	Resident-Internal Medicine		120		
73	Resident-Internal Medicine		123		
74	Resident-Internal Medicine		125		
75	Resident-Internal Medicine		128		
76	Resident-Internal Medicine		132		
77	Resident-Internal Medicine		134		
78	Resident-Internal Medicine		136		
	Resident-Internal Medicine		142		
	Resident-Internal Medicine		144		
	Resident-Internal Medicine		146		
	Resident-Internal Medicine		157		
	Resident-Internal Medicine		160		
	Resident-Internal Medicine		161		
	Resident-Internal Medicine		162		
	Resident-Internal Medicine		163		
	Resident-Internal Medicine		164		
	Resident-Internal Medicine		172		
	Resident-Internal Medicine		173		
	Resident-Internal Medicine		176		
	Resident-Internal Medicine		189		
	Resident-ObGyn		1		
	Resident-ObGyn		1		

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

Reporting Period: _____ From 7/1/2020 To 6/30/2021
 FQHC Name: Optimus Health Care, 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 (2080 hrs = 1 FTE)
	Resident-ObGyn		1		
	Resident-ObGyn		3		
	Resident-ObGyn		43		
	Resident-ObGyn		46		
	Resident-ObGyn		48		
	Resident-ObGyn		64		
	Resident-ObGyn		74		
	Resident-ObGyn		79		
	Resident-ObGyn		79		
	Resident-ObGyn		85		
	Resident-ObGyn		85		
	Resident-ObGyn		87		
	Resident-ObGyn		91		
	Resident-ObGyn		95		
	Resident-ObGyn		103		
	Student		1		
Total Physician Services Under Contract		0	23,264	0	0
E. OTHER HEALTH CARE PRACTITIONER					
1	Nutritionist/Dietician	23,717	138	762	0.28
2	Nutritionist/Dietician	44,119	450	1,640	0.53
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
14					

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

Reporting Period:

From 7/1/2020

To 6/30/2021

FQHC Name: Optimus Health Care, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

F.	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
	Total Other Health Care Practitioner		67,836	588	2,402	0.80
	OTHER/MEDICAL ASSISTANT					
1	Community Health Worker		51,522	2.00	3,422	1.13
2	Community Health Worker		51,955		3,423	1.02
3	Community Health Worker		27,658		2,427	0.62
4	COVID Van Driver		90		5	0.00
5	COVID Van Driver		30,985		1,387	0.68
6	Financial Counselor		41,957	1.00	2,174	0.92
7	Financial Counselor		31,421		1,462	0.73
8	Front Office Registrar		43,180		3,402	1.02
9	Front Office Registrar		44,181		4,403	1.08
10	Front Office Registrar		42,059		2,203	1.09
11	Front Office Registrar		4,464		245	0.12
12	Front Office Registrar		7,709		428	0.21
13	Front Office Registrar		5,762		320	0.15
14	Front Office Registrar		38,740		2,090	0.98
15	Front Office Registrar		38,439		2,102	1.00
16	Front Office Registrar		27,617		1,559	0.72
17	Front Office Registrar		39,040		3,250	0.98
18	Front Office Registrar		28,352		1,643	0.76
19	Front Office Registrar		4,627		287	0.13
20	Front Office Registrar		16,403		918	0.44
21	Front Office Registrar		15,801		859	0.40
22	Front Office Registrar		37,340		2,115	0.92
23	Front Office Registrar		41,372		3,735	1.02
24	Front Office Registrar		37,782		2,064	0.98
25	Front Office Registrar		6,720		384	0.18
26	Front Office Registrar		38,222		2,976	0.96
27	Front Office Registrar		49,607		4,018	1.04
28	Front Office Registrar		37,908		2,067	0.98
29	Front Office Registrar		52,924		2,887	1.07
30	Front Office Registrar		50,459		2,154	1.04
31	Front Office Registrar		39,851		3,504	1.00
32	Front Office Registrar		14,101		863	0.42
33	Front Office Registrar		36,508		1,945	0.98
34	Front Office Registrar		38,951		2,106	1.01
35	Front Office Registrar		39,908		2,111	0.98
36	Front Office Registrar		6,423		389	0.19

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

Reporting Period: From 7/1/2020 To 6/30/2021

FQHC Name: Optimus Health Care, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER		Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Total Hours				FTEs (2080 hrs = 1 FTE)	
37	Front Office Registrar	23,771		1,495	0.63	
38	Front Office Registrar	24,644		1,470	0.64	
39	Front Office Registrar	14,962		917	0.44	
40	Front Office Registrar	23,408		1,358	0.66	
41	Front Office Registrar	4,831		254	0.12	
42	Front Office Registrar	17,699		979	0.47	
43	Front Office Registrar	16,848		930	0.45	
44	Front Office Registrar	11,804		620	0.30	
45	Front Office Registrar	9,776		514	0.25	
46	Front Office Registrar	7,972		442	0.21	
47	Front Office Registrar	10,674		545	0.26	
48	Front Office Registrar	8,487		472	0.23	
49	Front Office Registrar	8,521		483	0.23	
50	Front Office Registrar	7,994		443	0.21	
51	Front Office Registrar	4,479		242	0.12	
52	Front Office Registrar	4,293		239	0.11	
53	Front Office Registrar	312		16	0.01	
54	Front Office Registrar	33,930		1,885	0.89	
55	Front Office Registrar	6,017		329	0.16	
56	Front Office Registrar	4,091		224	0.11	
57	Front Office Registrar	41,745		2,217	1.00	
58	Front Office Registrar	16,653		976	0.44	
59	Front Office Registrar	17,713		931	0.45	
60	Front Office Registrar	12,393		693	0.33	
61	Front Office Registrar	2,123		112	0.05	
62	Front Office Registrar	5,645		297	0.14	
63	Health Screener	268		16	0.01	
64	Health Screener	12,050		705	0.34	
65	Health Screener	16,633		975	0.47	
66	Health Screener	4,427		257	0.13	
67	Health Screener	19,821		1,163	0.56	
68	Health Screener	13,900		817	0.39	
69	Health Screener	1,785		105	0.05	
70	Health Screener	15,890		1,011	0.45	
71	Medical Assistant	20,731	11.00	1,108	0.54	
72	Medical Assistant	40,756		2,891	1.03	
73	Medical Assistant	14,381		805	0.38	
74	Medical Assistant	8,847		517	0.25	
75	Medical Assistant	0		0	0.00	
76	Medical Assistant	51,028		4,770	1.04	

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

Reporting Period:

From 7/1/2020

To 6/30/2021

FQHC Name: Optimus Health Care, 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 (2080 hrs = 1 FTE)
77	Medical Assistant	5,760		320	0.15
78	Medical Assistant	37,064		2,543	0.91
79	Medical Assistant	12,594		1,827	0.31
80	Medical Assistant	9,230		509	0.25
81	Medical Assistant	22,019		1,203	0.59
82	Medical Assistant	22,130		1,152	0.56
83	Medical Assistant	17,339		977	0.46
84	Medical Assistant	17,505		1,002	0.47
85	Medical Assistant	16,226		843	0.41
86	Medical Assistant	11,363		631	0.30
87	Medical Assistant	9,162		508	0.24
88	Medical Assistant	29,326		2,359	0.70
89	Medical Assistant	20,777		1,160	0.55
90	Medical Assistant	8,607		487	0.23
91	Medical Assistant	38,551		2,096	1.02
92	Medical Assistant	26,687		1,404	0.66
93	Medical Assistant/Front Office Registrar	31,648	1.00	1,704	0.82
94	Medical Assistant/Front Office Registrar	40,809		2,244	1.03
95	Medical Assistant/Front Office Registrar	42,834		2,810	1.02
96	Medical Assistant/Front Office Registrar	37,688		2,036	0.96
97	Medical Assistant/Front Office Registrar	30,252		2,126	0.71
98	Medical Assistant/Front Office Registrar	17,807		1,219	0.42
99	Medical Assistant/Front Office Registrar	49,059		3,333	0.99
100	Medical Assistant/Front Office Registrar	39,285		2,018	1.02
101	Medical Assistant/Front Office Registrar	3,949		211	0.10
102	Medical Assistant/Front Office Registrar	30,756		2,366	0.75
103	Medical Assistant/Front Office Registrar	19,758		1,150	0.52
104	Medical Assistant/Front Office Registrar	41,411		3,218	1.01
105	Medical Assistant/Front Office Registrar	12,792		673	0.32
106	Medical Assistant/Front Office Registrar	8,619		472	0.23
107	Medical Assistant/Front Office Registrar	44,689		3,743	1.11
108	Medical Assistant/Front Office Registrar	1,311		71	0.04
109	Medical Assistant/Front Office Registrar	36,187		1,899	0.93
110	Medical Assistant/Front Office Registrar	14,652		824	0.38
111	Registered Medical Assistant	46,022		2,244	1.05
112	Registered Medical Assistant	52,662		2,930	1.01
113	Registered Medical Assistant	44,265		2,125	1.03
114	Registered Medical Assistant	216		12	0.01
115	Registered Medical Assistant	21,117		1,148	0.52
116	Registered Medical Assistant	24,912		1,350	0.60

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2020 To 6/30/2021
 FQHC Name: Optimus Health Care, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER		Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Employee Total Hours				FTEs (2080 hrs = 1 FTE)	
117		Registered Medical Assistant	47,218		4,350	1.07
118		Registered Medical Assistant	24,626		2,613	0.57
119		Registered Medical Assistant	35,572		2,888	0.84
120		Registered Medical Assistant	7,438		389	0.20
121		Registered Medical Assistant	42,915		2,087	1.03
122		Registered Medical Assistant	12,721		654	0.31
123		Registered Medical Assistant	4,388		242	0.12
124		Registered Medical Assistant	11,156		569	0.24
125		Registered Medical Assistant	36,648		1,860	0.88
126		Registered Medical Assistant	39,490		3,026	0.93
127		Registered Medical Assistant	23,916		1,282	0.62
128		Registered Medical Assistant	42,930		2,088	0.91
129		Registered Medical Assistant	42,853		2,106	1.03
130		Registered Medical Assistant	38,439		1,922	0.94
131		Registered Medical Assistant	39,890		7,529	1.01
132		Registered Medical Assistant	41,346		2,120	1.02
133		Registered Medical Assistant	26,892		1,467	0.72
134		Registered Medical Assistant	27,900		1,526	0.75
135		Registered Medical Assistant	24,061		1,647	0.64
136		Registered Medical Assistant	22,818		1,190	0.58
137		Registered Medical Assistant	38,676		1,894	0.80
138		Registered Medical Assistant	47,230		2,992	1.07
139		Registered Medical Assistant	41,669		2,080	1.02
140		Registered Medical Assistant	21,986		2,051	0.55
141		Registered Medical Assistant	42,024		2,096	1.03
142		Scanner	680		40	0.02
143		Senior Quality Assurance Coordinator	98,220	111.00	2,159	0.96
144		Surgical Coordinator	46,909		3,380	1.11
145						
146						
147						
148						
149						
Total Medical Assistant				126	224,738	86.84



Reporting Period: _____ From 7/1/2020 To 6/30/2021
 FQHC Name: Optimus Health Care, Inc.

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	
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized</i>		125,000	1,500	1,040	0.50
A. DENTIST					
1	Dental Clinical Coordinator	88,600	976	3,272	0.93
2	Dental Director	190,551	1,379	4,461	0.80
3	Dentist	52,572	545	810	0.39
4	Dentist	139,092	1,682	1,664	0.80
5	Dentist	150,031	2,217	5,056	1.00
6	Dentist	167,539	2,443	2,432	0.98
7	Dentist	156,983	2,677	2,256	0.98
8					
9					
10					
11					
12					
13					
Total Dentist Encounters, Staff Hours and FTEs		945,369	11,919	19,951	5.87
DENTAL					
B. HYGIENIST					
1.	Dental Hygienist	91,754	771	2,960	1.04
2.	Dental Hygienist	90,913	890	2,042	0.99
3.	Dental Hygienist	84,043	1,008	2,384	0.99
4.	Dental Hygienist	78,010	1,407	2,408	1.00
5.					
Total Dental Hygienist Encounters, Hours and FTEs		344,720	4,076	9,794	4.01

Reporting Period: From 7/1/2020 To 6/30/2021
 FQHC Name: Optimus Health Care, 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 II	Encounters III	Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V	
Provide itemized de-identified list (e.g., Psychologist 1)					
PSYCHIATRIST					
A.		1,500	1,040	0.50	
1	Child Psychiatrist	598	840	0.41	
2	Family Psychiatric NP	2,260	2,744	0.91	
3	Family Psychiatric NP	2,296	3,440	1.02	
4	Medical Director - Behavioral Health	1,914	3,494	0.80	
5	Psychiatrist	1,637	1,632	0.76	
6	Psychiatrist	3,443	2,752	0.98	
7	Psychiatrist	62	288	0.12	
8	Director of BH Practice Management	145,573	3,440	0.99	
9	Child Psychiatrist	63,272	320	0.23	
10					
Total Psychologist Encounters, Staff Hours and FTEs			18,950	6.22	
SOCIAL WORKER					
B.					
1	Care Manager	55	2,529	0.89	
2	Clinical Coordinator	3	0	0.01	
3	Clinical Leader Social Service	1,632	2,080	1.08	
4	HIV Medical Case Manager	1	3,407	0.98	
5	Licensed Clinical Social Worker	87	200	0.10	
6	Licensed Clinical Social Worker	100	4,868	0.98	
7	Licensed Clinical Social Worker	322	2,765	0.91	
8	Licensed Clinical Social Worker	440	3,185	0.89	
9	Licensed Clinical Social Worker	722	2,504	0.62	
10	Licensed Clinical Social Worker	761	2,296	0.93	
11	Licensed Clinical Social Worker	791	1,820	0.84	
12	Licensed Clinical Social Worker	840	1,748	0.74	
13	Licensed Clinical Social Worker	1,040	1,680	0.79	
14	Licensed Clinical Social Worker	1,191	2,120	0.88	
15	Licensed Clinical Social Worker	1,209	3,400	0.80	
16	Licensed Clinical Social Worker	1,617	3,448	1.04	
17	Licensed Clinical Social Worker	1,744	2,080	1.18	
18	Licensed Clinical Social Worker	1,825	2,136	1.15	
19	Licensed Clinical Social Worker	1,954	2,544	1.17	
20	Licensed Clinical Social Worker	2,462	3,264	1.24	
21	Licensed Master Social Worker	359	1,746	0.83	
22	Licensed Master Social Worker	434	2,284	0.47	
23	Licensed Master Social Worker	1,347	2,080	0.98	

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

Reporting Period: From 7/1/2020 To 6/30/2021
 FQHC Name: Optimus Health Care, Inc.

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs		MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER	
	Compensation	Encounters	Total Employee Hours and FTEs (2080 hrs = 1 FTE)
24	Licensed Professional Counselor	260	720 0.31
25	Masters Social Worker	381	680 0.33
26	Masters Social Worker	840	1,514 0.71
27	Masters Social Worker	1,119	2,120 1.00
28	Sr. LCSW	766	1,820 0.84
29	BH Community Health Worker		2,214 0.98
30	BH Community Health Worker		1,540 0.66
31	BH Community Health Worker		317 0.15
32	Care Manager		2,082 0.94
33	Care Manager		3,002 0.87
34	Case Manager - Stamford		2,085 1.03
35	Case Manager HIV		2,898 1.01
36	CBITS School Based Assistant		2,024 0.76
37	Community Health Worker		4,290 0.94
38	Community Health Worker		2,787 1.00
39	Community Health Worker		2,458 1.00
40	Community Health Worker		841 0.37
41	Front Office Clerk		2,027 0.64
42	Front Office Registrar		1,708 0.79
43	Front Office Registrar		1,971 0.96
44	Front Office Registrar		381 0.19
45	Front Office Registrar		2,533 1.09
46	Front Office Registrar		1,487 0.63
47	Front Office Registrar		52 0.02
48	Front Office Registrar		667 0.32
49	Front Office Registrar		523 0.25
50	HIV Lead Case Manager		6,276 0.98
51	HIV Medical Case Manager		2,463 1.00
52	HIV Medical Case Manager/Adolesc		4,479 1.02
53	HIV Program Coordinator		2,208 0.91
54	HIV Ryan White OA & Program Coo		1,400 0.55
55	Medical Assistant/Front Office Regis		376 0.18
56	Practice Manager - Behavior Health		2,344 1.04
57	Ryan White Social Worker		3,448 1.03
58	SBHC & Program Services Coordin		3,371 0.81
59	Soc Serv Integrated Care Programs		488 0.29
60	Case Manager HIV		3,318 0.95
61	Front Office Registrar		1,378 0.64
62	HIV Medical Case Manager/Adolesc		852 0.41

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2020 To 6/30/2021
 FQHC Name: Optimus Health Care, Inc.

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
	Compensation	Encounters	Total Employee Hours and FTEs	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
63 Recovery Coach	12,803		822	0.40
64 Wise Woman Community Health Na	36,045		3,465	0.85
65				
Total Social Worker Encounters, Hours and FTEs		24,302	135,609	48.36

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Reporting Period: From 7/1/2020 To 6/30/2021
 FQHC Name: Optimus Health Care, Inc.

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
C.	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
	PSYCHOLOGIST				
1	Psychologist	203,540	1,942	5,190	1.11
2					
3					
4					
5					
6					
7					
8					
	Total Other Mental Health Practitioner Encounters, Hours and FTEs	203,540	1,942	5,190	1.11

OTHER MENTAL					
D.					
1	License Practical Nurse	78,100	59	2,175	1.01
2					
3					
4					
5					
6					
7					
8					
	Total Other Mental	78,100	59	2,175	1.01

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Reporting Period: From 7/1/2020 To 6/30/2021
 FQHC Name: Optimus Health Care, 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	29	4,557,301						60,180	60,685	29.18
2. Physician Assistant	12	1,648,350						26,810	25,096	12.07
3. Nurse (APRN, Midwife, RN)	90	6,333,614						63,396	186,739	89.78
4. Total Physician Services Under Contract	0	1,569,108						23,264	0	0.00
5. Total Other Health Care Practitioner	1	0						588	2,402	1.15
6. Total Medical Assistant	108	4,577,334						126	224,738	108.05
7.										
Total Health Care	240	18,685,707				0	0	174,364	499,659	240.23
B. DENTAL PRACTITIONERS										
1. Dentist	10	1,055,808						11,919	19,951	9.59
2. Dental Hygienist	5	426,257						4,076	9,794	4.71
Other - Dentist Services Under Contract	0	0						0	0	0.00
3. Total Dental Assistant	18	830,457						0	36,988	17.78
Total Dental	32	2,312,522				0	0	15,995	66,732	32.08

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE												
C.	MENTAL HEALTH PRACTITIONERS	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range			Turnover		Employee Hours and FTEs (2,080 hrs = 1 FTE)		
					High	Low	Departures	Hires	Encounters		Total Hours	
1.	Psychiatrist		9	394,278						12,413	18,950	9.11
2.	Psychologist		3	238,463						1,942	5,190	2.50
3.	Nurses		1	91,500						59	2,175	1.05
4.	Social Worker		65	4,011,884						24,302	135,609	65.20
5.	Other - APRNs			0								
Total Mental Health			78	4,736,125				0	0	38,716	161,924	77.86

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Reporting Period:	From <u>7/1/2020</u>	To	To <u>6/30/2021</u>
FQHC Name:	<u>Optimus Health Care, Inc.</u>		

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	35,415,528
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	8,457,255
C.	Total Direct Costs (A+B)	43,872,783
D.	Portion of Title XIX Services (A/C)	80.72%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	14,936,215
F.	Overhead Cost Applicable to Title XIX Services (DxE)	12,056,513
G.	Total Title XIX Services Cost (A+F)	47,472,041
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	14,241,612
I.	Cost Adjustment (Lower of H-F or Zero)	-
J.	Allowable Title XIX Overhead Cost (F+I)	12,056,513
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	25,831,645
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,962,917
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	6,620,965
	4. Total Direct Costs (K1 thru K3)	35,415,528
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	72.94%
	2. Dental Services (K2/K4)	8.37%
	3. Mental Health Services (K3/K4)	18.70%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	8,794,021
	2. Dental Services (JxL2)	1,009,130
	3. Mental Health Services (JxL3)	2,254,568
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	12,057,719



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FQHC Name:	Optimus Health Care, 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)	25,831,645
B. Allowable Overhead Cost (P13 - Form C, Line M1)	8,794,021
C. Total Allowable Health Care Cost (A+B)	34,625,666
D. Encounters (P12 - Form B-4, Health Care Total)	174,364
E. Allowable Health Care Cost Per Encounter (C/D)	198.58

II. Dental

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,962,917
B. Allowable Overhead Cost (P13 - Form C, Line M2)	1,009,130
C. Total Allowable Dental Cost (A+B)	3,972,047
D. Encounters (P12 - Form B-4, Dental Total)	15,995
E. Allowable Dental Cost Per Encounter (C/D)	248.33

III. Mental Health

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	6,620,965
B. Allowable Overhead Cost (P13 - Form C, Line M3)	2,254,568
C. Total Allowable Mental Health Cost (A+B)	8,875,533
D. Encounters (P12 - Form B-4, Mental Health Total)	38,716
E. Allowable Mental Health Cost Per Encounter (C/D)	229.25



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Reporting Period: From 07/01/20 To 6/30/2021
 FQHC Name: Optimus Health Care, Inc.

Form E (Revenues)

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	15,059,161	1,274,320	4,850,729		21,184,210
2.	Private	2,016,773	311,982	772,214		3,100,969
3.	Medicare	1,872,238		746,180		2,618,418
4.	Patient Cash/Self Pay	1,832,508	60,963			1,893,471
5.	Other - Specify		218			218
6.	Revenue Capitation	20,780,680	1,647,482	6,369,123	0	28,797,285
B.	Other Revenue					
1.	Contributions					0
2.	Grants	13,032,632	480,211	3,079,856	1,938,590	18,531,289
3.	Interest				17,883	17,883
4.	Donations				16,921	16,921
5.	Other - Specify				5,947,215	5,947,215
6.	Other - Specify				5,486,381	5,486,381
7.	Other - Specify				8,178	8,178
8.	Pharmacy Income				179,644	179,644
9.	In-Kind Vaccines & Food				69,489	69,489
10.	Contracted Services				1,779,880	1,779,880
11.	Quality Incentive Payments				345,051	345,051
	Fundraising					
	Testing Revenue					
	Other Revenue					
	Other Income					
	Total (1 thru 10)	13,032,632	480,211	3,079,856	15,789,231	32,381,930
C.	Other Revenue (Include 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.	Other - Specify					0
	Total (1 thru 7)	0	0	0	0	0
D.	Total Revenue (A6+B11+C7)	33,813,312	2,127,693	9,448,979	15,789,231	61,179,215



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Reporting Period:	From	7/1/2020	To	6/30/2021
FQHC Name:	Optimus Health Care, 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 _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0

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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Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

A.	Cost Disallowance	
1.	Entertainment	
2.	Fines and penalties	
3.	Bad debt	0
4.	Cost of actions to collect receivables	
5.	Advertising, except for recruitment of personnel	115,602
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	42,046
9.	Amortization of goodwill	
10.	Directors fees	
11.	Contributions	31,459
12.	Membership dues for public relations	
13.	Cost not related to patient care	
14.	Interest	166,259
15.	Pass through expenses	
16.	Total (1 thru 15)	355,365
B.	Cost Offset (Expense Recovery)	
1.	Refunds - Medicaid Outreach	
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)	0
C.	Total Cost Disallowance and Offset (A16+B7)	355,365

