

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:	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 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	3180 Main Street, Suite G1 Bridgeport, CT 06606	Yes	
Columbus School Based Health Center	285 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.

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

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

FQHC Name: Optimus Health Care, Inc.

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

COST CENTER	DIRECT HEALTH CARE COST						
	I Salaries Personnel	II Other Costs	III Total	IV Reclassi- fications	V Reclassi- fication (C, 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expense (C, 5 & 6)
A. DIRECT HEALTH CARE COST							
1. Start Cost							
<i>(Excluding Dental, Mental Health & Other)</i>							
a. Physician	3,826,524	1,059,403	4,885,927		4,885,927		4,885,927
b. Physician Assistant	1,025,728	283,790	1,309,518		1,309,518		1,309,518
c. Nurse (APRN, Midwife, RN)	4,932,625	1,365,640	6,298,265		6,298,265		6,298,265
d. Total Physician Services Under Contract		1,800,505	1,800,505		1,800,505		1,800,505
e. Total Other Health Care Practitioner		0	0		0		0
f. Total Medical Assistant	2,288,391	633,317	2,921,708		2,921,708		2,921,708
g. Patient Support	2,406,392	666,185	3,072,577		3,072,577		3,072,577
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
2. Subtotal Direct Health Care Cost	14,479,660	5,808,841	20,288,501	0	20,288,501	0	20,288,501
3. Over Direct Health Care Cost							
a. Rent and Interest		613,370	613,370		613,370		613,370
b. Utilities and Maintenance		499,623	499,623		499,623		499,623
c. Depreciation Building		129,616	129,616		129,616		129,616
d. Depreciation Med Equip		10,746	10,746		10,746		10,746
e. Depreciation Building		303,232	303,232		303,232		303,232
f. Transportation		8,131	8,131		8,131		8,131
g. Supplies		2,614,482	2,614,482		2,614,482		2,614,482
h. Contractual		649,516	649,516		649,516		649,516
i. Professional Liability Insurance		192,542	192,542		192,542		192,542
j. Bad debt		1,167,009	1,167,009	(1,167,009)	0		0
k. Other		379,333	379,333		379,333		379,333
		0	0		0		0
		0	0		0		0
4. Subtotal Over Direct Health Care Cost	0	6,557,600	6,557,600	(1,167,009)	5,400,591	0	5,400,591
5. TOTAL DIRECT HEALTH CARE COST (1. & 2.)	14,479,660	12,376,441	26,856,101	(1,167,009)	25,689,092	0	25,689,092

**Optimus Health Care
Medicaid Cost Report
For the Twelve Months Ending 6/30/2019
Summary of All Departments (Site - SUMMARY)**

Description	Admin & Facility		Dental		Enabling		Mental		Pharmacy		Patient Support		Vision		Medical		Combined Medical		FY 19		FY 18		Change Year / Year
	Administration	Facility	Dental	Enabling	Mental	Enabling	Mental	Enabling	Mental	Pharmacy	Patient Support	Pharmacy	Medical	Medical	Medical	Medical	Total	Total	Total	Total	Total	Total	
Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physician Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse (APRN, Midwife, RN)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Physician Services Under Contract	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Health Care Practitioner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Medical Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Patient Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dentist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Hygienist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
support	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other - APRNs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other - Mental Services Under Contract	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WIC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Administration	9,546,516	225,255	4,829,334	16,660	0	670,296	0	63,278	0	0	0	0	0	0	0	0	0	0	0	90,978	80,483	10,495	
Subtotal Salaries	9,546,516	225,255	4,829,334	16,660	0	670,296	0	63,278	0	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Fringe Benefits	1,223,248	55,614	1,179,514	470,717	0	183,532	385,512	316,710	248,515	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Rent and Interest	45,268	525,435	570,703	83,912	0	82,265	0	262,767	0	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Utilities and Maintenance	85,345	1,161,022	1,246,367	45,555	0	36,810	26,349	67,983	1,751	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
DEPR EXP BUILDING	0	598,663	598,663	25,748	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Depreciation Med Equip	0	0	0	7,453	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Other Depreciation	16,781	27,361	43,842	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Transportation	4,333	4,301	8,634	5,562	0	0	0	483	0	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Supplies	181,086	0	181,086	269,270	0	9,543	10,419	657,185	0	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Contractual Serv under agreement	894,257	0	894,257	0	0	6,885	64,260	0	0	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Contractual	451,807	6,954	458,401	136,837	0	7,268	165,632	81,810	3,972	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Professional Liability Insurance	104,803	4,492	109,295	19,571	0	322	23,905	12,953	1,234	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Bad debt	0	0	0	223,175	0	0	0	285,674	0	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Other	406,433	18,326	424,760	43,340	0	10,938	27,152	23,998	1,219	0	0	0	0	0	0	0	0	0	0	2,156,775	2,230,976	(74,201)	
Total Summary	12,865,885	2,635,754	10,544,866	3,122,765	0	6,361,676	1,179,131	3,747,666	789,552	3,325,288	48,967	23,471,848	28,866,101	63,401,646	51,030,807	2,974,833	0	0	0	603,691	603,691	0	

Mental Health Other Costs	Enabling		MH		Total	
	Enabling	MH	Enabling	MH	Enabling	MH
a. Utilities and Maintenance	26,349	67,983	94,332	67,983	94,332	67,983
b. Transportation	7,189	483	7,189	483	7,189	483
c. Contractual	173,497	145,570	319,067	145,570	319,067	145,570
d. Professional Liability Insurance	23,905	12,953	36,858	12,953	36,858	12,953
e. Other	36,695	34,417	71,112	34,417	71,112	34,417
f. Bad Debts	0	255,674	255,674	255,674	255,674	255,674
g. Rent and Interest	1,325,467	2,451,009	3,777,476	2,451,009	3,777,476	2,451,009
Salaries	385,512	518,710	904,222	518,710	904,222	518,710
Benefits	1,979,131	3,747,566	5,726,697	3,747,566	5,726,697	3,747,566
Total	1,979,131	3,747,566	5,726,697	3,747,566	5,726,697	3,747,566

Mental Health Salary & Benefits	Mental Health Salary & Benefits		Total	
	Salaries	Benefits	Salaries	Benefits
Psychiatrist	687,769	164,269	687,769	164,269
Psychologist	291,108	69,329	291,108	69,329
Nurses	59,933	14,315	59,933	14,315
Social Worker	1,326,467	603,671	1,326,467	603,671
Other - APRNs	147,903	35,326	147,903	35,326
Other Mental Health s	63,278	15,113	63,278	15,113
Psychiatrist	459,657	127,259.65	459,657	127,259.65
Total	3,777,476	902,222	3,777,476	902,222

Dental Salary & Benefits	Dental Salary & Benefits		Total	
	Salaries	Benefits	Salaries	Benefits
WIC - Salaries	814,614	268,309	814,614	268,309
WIC - Benefits	299,398	98,851	299,398	98,851
WIC - Supplies	309,180	103,958	309,180	103,958
WIC - Rent - Utilities & Maintenance	1,423,192	470,718	1,423,192	470,718
WIC - Contracted Service	0	0	0	0
WIC - Other	0	0	0	0
Subtotal WIC	2,846,284	941,826	2,846,284	941,826
Pharmaceutical Supplies	670,296	186,552	670,296	186,552
Other Pharmaceutical Costs	4,546,053	83,912	4,546,053	83,912
Total Non Allowable Costs	8,247,733	2,453,106	8,247,733	2,453,106

Medical Salary & Benefits	Medical Salary & Benefits		Total	
	Salaries	Benefits	Salaries	Benefits
Physician	3,826,524	1,059,403	3,826,524	1,059,403
Physician Assistant	1,025,728	283,790	1,025,728	283,790
Nurse (APRN, Midwife, RN)	4,932,625	1,363,640	4,932,625	1,363,640
Total Medical Assistant	2,288,391	633,317	2,288,391	633,317
Patient support	14,479,660	4,008,336	14,479,660	4,008,336
Total	26,552,828	7,348,386	26,552,828	7,348,386

STATE OF CONNECTICUT
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Reporting Period: From 7/1/2018 To 6/30/2019
FQHC Name: Optimus Health Care, Inc.

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES									
	Salaries Personnel	Char. Care	Total	Reclass- ifications	Reclassified Total Balance (Col. 3 & 4)	Adjustments Increase (Decrease)	Net Expense (Col. 5 & 6)	Form A-5 (Overhead Cost)	
	I	II	III	IV	V	VI	VII		
G. OVERHEAD - FACILITY COST									
a. Rent and Interest	570,703	570,703	570,703	0	570,703		570,703		
b. Utilities and Maintenance	1,246,367	1,246,367	1,246,367		1,246,367		1,246,367		
c. Transportation	8,634	8,634	8,634		8,634		8,634		
d. Depreciation Expense	642,505	642,505	642,505		642,505		642,505		
e.	0	0	0		0		0		
f.	0	0	0		0		0		
g.	0	0	0		0		0		
h.	0	0	0		0		0		
i. Subtotal Overhead - Facility Cost	0	2,468,209	2,468,209	0	2,468,209	0	2,468,209	0	2,468,209
H. OVERHEAD - ADMINISTRATIVE COST									
a. Office Salaries	4,920,312	1,204,129	6,124,441		6,124,441		6,124,441		
b. Supplies	181,086	181,086	181,086		181,086		181,086		
c. Contractual and Consultant Prof Services	1,352,658	1,352,658	1,352,658		1,352,658		1,352,658		
d. Professional Liability Insurance	109,295	109,295	109,295		109,295		109,295		
e. Bad debt	0	0	0	1,645,858	1,645,858		1,645,858		
f. Other	424,762	424,762	424,762		424,762		424,762		
g.									
h.									
i.									
j.									
k.									
l.									
i. Subtotal Overhead - Administrative Cost	4,920,312	3,271,950	8,192,242	1,645,858	9,839,100	0	9,839,100		
TOTAL OVERHEAD COST (G+H+k)	4,920,312	5,740,139	10,660,451	1,645,858	12,306,309		12,306,309		
GRAND TOTAL COSTS² (F+i)	25,639,369	27,762,281	53,401,650		53,401,650		53,401,650		53,401,650

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

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

Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: Optimus Health Care, Inc.

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)
Provide itemized de-identified list (e.g., Physician 1)		I	II	III	IV	V
A.	PHYSICIAN	General Practitioner	125,000	1,500	1,040	0.50
1		Chief Medical Officer	225,825	2,592	1,893	0.91
2		Associates Medical Director	196,100	1,908	2,080	1.00
3		Director of Pediatrics	144,751	1,188	1,456	0.70
4		Family Practitioner	111,243	1,455	1,206	0.58
5		Family Practitioner	23,355	0	270	0.13
6		Family Practitioner	10,571	64	146	0.07
7		Internal Medicine Provider	131,694	2,394	1,456	0.70
8		Internal Medicine Provider	149,922	2,319	1,830	0.88
9		Internal Medicine/Pediatrician	66,033	819	894	0.43
10		Obstetrics/Gynecology	208,611	7,560	2,080	1.00
11		Pediatrician	52,998	1,021	686	0.33
12		Pediatrician	125,475	3,235	1,581	0.76
13		Pediatrician	145,371	3,348	1,851	0.89
14		Pediatrician	76,668	1,535	957	0.46
15		Pediatrician	165,823	3,572	2,018	0.97
16		Pediatrician	65,000	607	42	0.02
17		Pediatrician	3,834	0	62	0.03
18		Pediatrician	151,706	3,401	1,976	0.95
19		Pediatrician	168,963	3,883	1,602	0.77
20		Physician	42,693	937	478	0.23
21		Physician	208,093	3,134	2,080	1.00
22		Physician Family	46,029	863	520	0.25
23		Physician Family	151,223	3,114	1,914	0.92
		Physician Family Practitioner	170,805	3,395	2,080	1.00
		Physician-OB/GYN	192,937	2,989	1,851	0.89

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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	Compensation	Encounters	Total Employee Hours and FTEs		
				Employee Total Hours	(2080 hrs = 1 FTE)	
Total Physician Encounters, Staff Hours and FTEs	Physician-OB/GYN	233,388	4,328	2,080	1.00	
		3,269,111	59,661	35,089	16.87	
B.	PHYSICIAN ASSISTANT					
1	Physician Assistant	80,553	1,056	1,664	0.80	
2	Physician Assistant	114,870	3,016	2,080	1.00	
3	Physician Assistant	127,796	2,219	2,080	1.00	
4	Physician Assistant	121,031	2,566	2,038	0.98	
5	Physician Assistant	73,036	1,262	1,373	0.66	
6	Physician Assistant	119,552	2,971	2,080	1.00	
7	Physician Assistant	84,679	1,008	1,830	0.88	
8	Physician Assistant Certified	146,952	3,950	2,080	1.00	
9	Physician Assistant Certified	137,654	3,534	2,080	1.00	
10	Physician Assistant Certified	2,245	72	42	0.02	
11						
12						
13						
14						
15						
Total Physician Assistant Encounters, Hours and FTEs			21,654	17,347	8.34	

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

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 I	Compensation II	Encounters III	Total Employee Hours and FTEs	
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	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		APRN	82,630	1,122	1,518	0.73
2		APRN	35,873	282	790	0.38
3		APRN	125,362	2,475	2,080	1.00
4		APRN	88,444	1,102	1,789	0.86
5		APRN	22,329	361	478	0.23
6		APRN	36,255	174	728	0.35
7		APRN	93,572	1,197	1,893	0.91
8		APRN	92,846	1,162	1,893	0.91
9		APRN	9,183	49	187	0.09
10		APRN	46,997	880	1,019	0.49
11		APRN-Family Nurse	30,554	228	541	0.26
12		APRN-Family Nurse	95,939	2,779	1,810	0.87
13		APRN-Mid-Wife	92,641	2,738	1,664	0.80
14		Assistant Practice Manager	66,750	0	2,080	1.00
15		Associate Director of Nursing	111,826	1	2,080	1.00
16		Certified Nurse Midwife	118,471	3,348	1,997	0.96
17		Certified Nurse Midwife	54,861	1,752	1,269	0.61
18		Chief Nursing Officer	22,024	0	374	0.18
19		Clinical Practice Coordinator	152,264	2,059	1,955	0.94
20		Clinical Practice Coordinator	83,166	711	1,976	0.95
21		Clinical Program Director	145,972	2,208	1,830	0.88
22		Family Nurse Practitioner	97,783	3,071	2,080	1.00
23		Family Nurse Practitioner	128,700	2,832	2,080	1.00
24		Family Nurse Practitioner	97,492	2,181	1,955	0.94

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: 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	(2080 hrs = 1 FTE)	
25	Family Nurse Practitioner	96,909	3,184	2,080	1.00	
26	Family Nurse Practitioner	94,437	2,805	1,997	0.96	
27	Floater-Registered Nurse	12,636	12	437	0.21	
28	Floater-Registered Nurse	33,574	29	1,144	0.55	
29	Licensed Practical Nurse	72,089	97	2,080	1.00	
30	Licensed Practical Nurse	65,882	211	2,080	1.00	
31	Licensed Practical Nurse	36,690	14	1,664	0.80	
32	Licensed Practical Nurse	58,948	204	2,059	0.99	
33	Licensed Practical Nurse	62,374	123	2,080	1.00	
34	Licensed Practical Nurse	65,728	147	2,059	0.99	
35	Licensed Practical Nurse	1,760	0	83	0.04	
36	Licensed Practical Nurse	50,296	106	1,955	0.94	
37	Licensed Practical Nurse	58,626	228	2,080	1.00	
38	Licensed Practical Nurse	10,560	53	478	0.23	
39	Licensed Practical Nurse	61,536	219	2,080	1.00	
40	Licensed Practical Nurse	66,151	199	2,080	1.00	
41	Licensed Practical Nurse	43,361	65	1,789	0.86	
42	Licensed Practical Nurse	70,667	230	2,080	1.00	
43	Licensed Practical Nurse	16,065	32	582	0.28	
44	Licensed Practical Nurse-	64,946	352	2,080	1.00	
45	LPN	72,019	190	2,080	1.00	
46	LPN	68,520	38	2,080	1.00	
47	LPN	48,874	251	2,038	0.98	
48	LPN	57,856	16	2,080	1.00	
49	LPN	57,044	88	2,018	0.97	
50	LPN	63,106	284	2,059	0.99	

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ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</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	(2080 hrs = 1 FTE)	
51	LPN	61,858	434	2,059	0.99	
52	LPN	30,845	138	1,394	0.67	
53	LPN	18,938	84	728	0.35	
54	LPN	16,536	27	582	0.28	
55	LPN	57,337	227	2,080	1.00	
56	LPN	55,044	51	1,934	0.93	
57	LPN-Asthma Program	48,960	186	1,477	0.71	
58	LPN-Asthma Program	56,284	107	2,080	1.00	
59	Nurse Manager	41,578	9	1,165	0.56	
60	Nurse Manager	76,911	43	1,997	0.96	
61	Nurse Manager	39,360	8	957	0.46	
62	Nurse Manager	60,782	133	1,726	0.83	
63	Registered Nurse	56,007	115	1,643	0.79	
64	Registered Nurse	102,748	25	2,080	1.00	
65	Registered Nurse	5,691	0	146	0.07	
66	Registered Nurse	48,047	67	1,602	0.77	
67	Registered Nurse	31,844	10	957	0.46	
68	Registered Nurse	66,442	33	2,080	1.00	
69	Registered Nurse	60,511	120	2,080	1.00	
70	Registered Nurse	18,403	12	645	0.31	
71	Registered Nurse	79,789	64	2,080	1.00	
72	Registered Nurse	50,350	233	1,685	0.81	
73	Registered Nurse	16,696	56	520	0.25	
74	Registered Nurse	37,303	57	1,082	0.52	
75	Registered Nurse	84,242	44	2,080	1.00	
76	Registered Nurse	44,332	65	1,394	0.67	

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Reporting Period: From 7/1/2018 To 6/30/2019
 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	RN	65,528	123	1,997	0.96	
78	RN	43,233	242	1,394	0.67	
79	RN	11,830	307	354	0.17	
80	RN	67,387	242	2,080	1.00	
81	RN	5,082	0	146	0.07	
82	RN	817	0	21	0.01	
83	RN	17,199	27	437	0.21	
84	RN Care Coordinator PCMH	86,368	425	2,080	1.00	
85	RN Charge Nurse	4,426	10	104	0.05	
86	RN Charge Nurse	84,134	35	2,059	0.99	
87	RN Charge Nurse	16,675	12	458	0.22	
88	RN Charge Nurse	78,893	160	1,955	0.94	
89	RN Charge Nurse	72,672	259	2,080	1.00	
90	RN Coordinator	79,301	628	2,059	0.99	
91	RN Patient Care Coordinator	12,995	13	270	0.13	
92	RN Triage Call Center	16,858	0	478	0.23	
93	RN Triage-Clinical Site	10,744	0	270	0.13	
249	Total Nurse Practitioner	5,283,574	46,720	137,883	66.29	

PHYSICIAN SERVICES UNDER CONTRACT			
D. CONTRACT			
1	Advanced Practical Nurse		203
2	Chiropractic Services		802
3	Chiropractic Services		76
4	Chiropractic Services		238

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

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	(2080 hrs = 1 FTE)
5	Dentist		7		
	Vision		701		
6	Family Practice		1		
7	Family Practice		121		
8	Family Practice		1		
9	Family Practice		75		
10	Family Practice		2,418		
11	Family Practice		1		
12	Internal Medicine		3		
13	Internal Medicine		1		
14	Internal Medicine		135		
15	Internal Medicine		177		
16	Internal Medicine		162		
17	Internal Medicine		31		
18	Internal Medicine		1		
19	Internal Medicine		1		
20	Internal Medicine		67		
21	Internal Medicine		153		
22	Nutritionist		165		
23	Ob/Gyn		92		
24	Ob/Gyn		2,152		
25	Ob/Gyn		1		
26	Ob/Gyn		66		
27	Ob/Gyn		112		
28	Ob/Gyn		857		
29	Ob/Gyn		92		

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

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)
30	Ophthalmology		579		
31	Podiatry		452		
32	Psychiatrist		2,760		
33	Psychologist		579		
34	Registered Dental Hygienist		61		
35	Resident-FMC		748		
36	Resident-FMC		959		
37	Resident-FMC		440		
38	Resident-FMC		118		
39	Resident-FMC		40		
40	Resident-FMC		107		
41	Resident-FMC		408		
42	Resident-FMC		105		
43	Resident-FMC		118		
44	Resident-FMC		847		
45	Resident-FMC		874		
46	Resident-FMC		395		
47	Resident-FMC		510		
48	Resident-FMC		153		
49	Resident-FMC		989		
50	Resident-FMC		108		
51	Resident-Internal Medicine		158		
52	Resident-Internal Medicine		160		
53	Resident-Internal Medicine		135		
54	Resident-Internal Medicine		126		
55	Resident-Internal Medicine		176		

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Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</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)	
E. OTHER HEALTH CARE PRACTITIONER						
1	Director of Nutrition Services	101,349	0	2,080	1.00	
2	Manager of Nutrition Services	71,919	0	2,080	1.00	
3	Manager of Nutrition Services	55,151	0	1,851	0.89	
4	Nutritionist/Dietician	43,321	0	1,310	0.63	
5	Nutritionist/Dietician	33,167	664	874	0.42	
6	Nutritionist/Dietician	21,917	0	936	0.45	
7	Nutritionist/Dietician	46,374	0	1,310	0.63	
8	Pharmacist	99,562	0	1,560	0.75	
9	Podiatrist	28,725	379	374	0.18	
10	Podiatrist	36,290	0	666	0.32	
11	Podiatrist	46,672	650	562	0.27	
12	Podiatrist	77,421	986	998	0.48	
14						
Total Other Health Care Practitioner				2,679	14,601	

OTHER/MEDICAL ASSISTANT						
1	Floater-Medical Assistant	41,482		1,934	0.93	
2	Front Office Registrar	36,344		2,080	1.00	
3	Front Office Registrar	35,516		2,080	1.00	
4	Front Office Registrar	36,776		2,059	0.99	
5	Front Office Registrar	22,714		1,352	0.65	
6	Front Office Registrar	20,588		1,290	0.62	
7	Front Office Registrar	32,981		2,018	0.97	
8	Front Office Registrar	7,624		478	0.23	
9	Front Office Registrar	6,244		395	0.19	
10	Front Office Registrar	8,862		520	0.25	
11	Front Office Registrar	33,982		1,934	0.93	
12	Front Office Registrar	3,305		208	0.10	

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

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	
				Employee Total Hours	(2080 hrs = 1 FTE)
1	Floater-Medical Assistant	41,462		1,934	0.93
2	Front Office Registrar	36,344		2,080	1.00
3	Front Office Registrar	35,516		2,080	1.00
4	Front Office Registrar	36,776		2,059	0.99
5	Front Office Registrar	22,714		1,352	0.65
6	Front Office Registrar	20,588		1,290	0.62
7	Front Office Registrar	32,981		2,018	0.97
8	Front Office Registrar	7,624		478	0.23
9	Front Office Registrar	6,244		395	0.19
10	Front Office Registrar	8,882		520	0.25
11	Front Office Registrar	33,982		1,934	0.93
12	Front Office Registrar	3,305		208	0.10
13	Front Office Registrar	32,866		2,038	0.98
14	Front Office Registrar	21,484		1,331	0.64
15	Front Office Registrar	32,369		1,976	0.95
16	Front Office Registrar	13,044		770	0.37
17	Front Office Registrar	44,606		2,080	1.00
18	Front Office Registrar	11,748		728	0.35
19	Front Office Registrar	35,674		2,080	1.00
20	Front Office Registrar	2,070		146	0.07
21	Front Office Registrar	42,748		2,080	1.00
22	Front Office Registrar	18,000		1,123	0.54
23	Front Office Registrar	17,369		1,040	0.50
24	Front Office Registrar	15,661		915	0.44
25	Front Office Registrar	13,932		832	0.40
26	Front Office Registrar	32,875		1,914	0.92
27	Front Office Registrar	19,537		1,227	0.59
28	Front Office Registrar	32,822		1,768	0.85
29	Front Office Registrar	15,285		915	0.44
30	Front Office Registrar	33,366		2,059	0.99
31	Front Office Registrar	31,536		1,934	0.93
32	Front Office Registrar	17,602		1,040	0.50
33	Front Office Registrar	25,387		1,435	0.69
34	Front Office Registrar	1,585		104	0.05
35	Front Office Registrar	32,376		2,018	0.97
36	Front Office Registrar	42,513		2,018	0.97
37	Front Office Registrar	3,750		229	0.11
38	Medical Administrative	32,586		1,976	0.95
39	Medical Administrative	65,777		2,059	0.99
40	Medical Assistant	19,255		1,061	0.51

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: Optimus Health Care, Inc.

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)	
41	Medical Assistant	3,953		229	0.11	
42	Medical Assistant	35,355		1,955	0.94	
43	Medical Assistant	5,253		312	0.15	
44	Medical Assistant	14,095		832	0.40	
45	Medical Assistant	42,432		1,893	0.91	
46	Medical Assistant	10,868		603	0.29	
47	Medical Assistant	8,032		478	0.23	
48	Medical Assistant	37,778		1,914	0.92	
49	Medical Assistant	27,879		1,706	0.82	
50	Medical Assistant	37,724		2,080	1.00	
51	Medical Assistant	32,931		1,789	0.86	
52	Medical Assistant	36,700		2,038	0.98	
53	Medical Assistant	10,650		603	0.29	
54	Medical Assistant	28,744		1,706	0.82	
55	Medical Assistant	31,442		1,768	0.85	
56	Medical Assistant	34,240		2,018	0.97	
57	Medical Assistant	32,671		1,810	0.87	
58	Medical Assistant	34,589		1,893	0.91	
59	Medical Assistant	40,378		2,080	1.00	
60	Medical Assistant	14,391		811	0.39	
61	Medical Assistant	19,291		1,082	0.52	
62	Medical Assistant	11,867		624	0.30	
63	Medical Assistant	33,258		2,038	0.98	
64	Medical Assistant	15,257		853	0.41	
65	Medical Assistant	22,258		1,310	0.63	
66	Medical Assistant	14,468		874	0.42	
67	Medical Assistant	22,415		1,227	0.59	
68	Medical Assistant	34,028		2,038	0.98	
69	Medical Assistant	12,217		645	0.31	
70	Medical Assistant	35,080		1,810	0.87	
71	Medical Assistant	39,566		2,080	1.00	
72	Medical Assistant	36,777		2,059	0.99	
73	Medical Assistant	33,232		1,851	0.89	
74	Medical Assistant	9,584		541	0.26	
75	Medical Assistant	1,645		104	0.05	
76	Medical Assistant	15,712		978	0.47	
77	Medical Assistant	15,340		936	0.45	
78	Medical Assistant	32,612		2,080	1.00	
79	Medical Assistant	8,319		541	0.26	
80	Medical Assistant/Front Office	36,161		2,080	1.00	

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 FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2018 To 6/30/2019
 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	(2080 hrs = 1 FTE)
81	Medical Assistant/Front Office	14,144		936	0.45
82	Medical Assistant/Front Office	38,310		2,080	1.00
83	Medical Assistant/Front Office	33,753		1,872	0.90
84	Medical Assistant/Front Office	28,775		1,602	0.77
85	Medical Assistant/Front Office	36,355		2,038	0.98
86	Medical Assistant/Front Office	33,018		1,976	0.95
87	Medical Assistant/Front Office	29,215		1,934	0.93
88	Medical Assistant/Front Office	30,687		1,706	0.82
89	Medical Assistant/Front Office	9,865		562	0.27
90	Medical Assistant/Front Office	28,956		1,581	0.76
91	Medical Assistant/Front Office	3,003		166	0.08
92	Medical Assistant/Front Office	7,052		374	0.18
93	Medical Assistant/Front Office	30,890		1,768	0.85
94	Medical Assistant/Front Office	19,356		1,082	0.52
95	Medical Assistant/Front Office	31,159		2,080	1.00
96	Medical Assistant/Front Office	31,503		1,685	0.81
97	Medical Assistant/Front Office	28,208		1,643	0.79
98	Medical Assistant/Front Office	40,437		2,080	1.00
99	Medical Assistant/Front Office	34,679		2,018	0.97
100	Medical Assistant/Front Office	31,114		1,851	0.89
101	Medical Assistant/Front Office	28,760		1,560	0.75
102	Medical Assistant/Front Office	28,822		1,560	0.75
103	Medical Assistant/Front Office	30,861		1,622	0.78
104	Medical Assistant/Front Office	31,633		2,080	1.00
105	Medical Assistant/Front Office	33,117		1,997	0.96
106	Medical Assistant/Front Office	4,476		250	0.12
107	Medical Assistant/Front Office	37,350		2,080	1.00
108	Medical Assistant/Front Office	35,474		2,018	0.97
109	Medical Record Manager	56,458		2,038	0.98
110	Medical Records Clerk	35,680		2,018	0.97
111	Medical Records Clerk	30,817		2,018	0.97
112	Medical Records Clerk	31,606		2,080	1.00
113	Medical Records Clerk	32,706		2,059	0.99
114	Medical Records Clerk	31,839		2,018	0.97
115	Referral Specialist	33,372		1,893	0.91
116	Referral Specialist	38,635		2,059	0.99
117	Referral Specialist	39,133		2,080	1.00
118	Referral Specialist	35,671		2,059	0.99
119	Referral Specialist	39,772		2,080	1.00
120	Referral Specialist/Medical	29,896		1,560	0.75

Reporting Period: From 7/1/2018 To 6/30/2019
 QHC 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	
				Employee Total Hours iv	FTEs (2080 hrs = 1 FTE) v
<i>Provide Itemized</i>		725,000	1,500	1,040	0.50
A. DENTIST					
1	Dental Director	194,631	1,954	1,851	0.89
2	Dentist	28,941	595	354	0.17
3	Dentist	110,380	2,478	1,560	0.75
4	Dentist	168,190	3,309	2,080	1.00
5	Dentist	149,868	3,249	2,080	1.00
6	Dentist	166,519	2,959	2,080	1.00
7	Director of Dental Practice	74,373		1,768	0.85
8					
9					
10					
11					
12					
13					
Total Dentist Encounters, Staff Hours and FTEs		892,902	14,544	11,773	5.66
DENTAL					
B. HYGIENIST					
1.	Dental Hygienist	73,880	1,558	2,080	1.00
2.	Dental Hygienist	78,629	1,751	2,038	0.98
3.	Dental Hygienist	72,539	1,924	2,080	1.00
4.	Dental Hygienist	75,611	1,512	1,893	0.91
5.					
Total Dental Hygienist Encounters, Hours and FTEs		300,659	6,745	8,091	3.89

Reporting Period: From 7/1/2018 To 6/30/2019
 QHC Name: Optimum Health Care, Inc.

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER		Compensation	Encounters	Total Employee Hours and FTEs	
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
C. OTHER DENTAL PRACTITIONER					
1					
2					
3					
4					
5					
Total Other Dental Practitioner Encounters, Hours and FTEs		0	0	0	0.00

D. OTHER DENTAL					
1	Dental Assistant	6,735		374	0.18
2	Dental Assistant	31,439		1,664	0.80
3	Dental Assistant	22,847		1,227	0.59
4	Dental Assistant	35,296		1,706	0.82
5	Dental Assistant	12,246		645	0.31
6	Dental Assistant	43,150		1,872	0.90
7	Dental Assistant	41,548		1,810	0.87
8	Dental Assistant	20,011		1,144	0.55
9	Dental Assistant	11,936		624	0.30
10	Dental Assistant	12,160		666	0.32
11	Dental Department Assistant PM	65,148		2,080	1.00
12	Dental Front Office	33,208		2,080	1.00
13	Dental Front Office	38,690		2,018	0.97
14	Dental Front Office	6,723		395	0.19
15	Dental Front Office	2,121		125	0.06
16	Dental Front Office	23,491		1,414	0.68
17	Dental Mobile Coordinator	13,614		894	0.43
18	Dental Mobile Coordinator	108		0	0.00
19	Dental Mobile Coordinator	279		21	0.01
20	Dental Receptionist	33,507		2,038	0.98
21					
22					
23					
Total Dental Assistant		454,256	0	22,797	10.96

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

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	Total Hours IV	Total Hours (2080 hrs = 1 FTE) V	FTEs
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>					
PSYCHOLOGIST					
A.		1,500	1,040		0.50
1	178,116	1,388	1,914		0.92
2	14,499	119	166		0.08
3	191,018	1,191	2,080		1.00
4	73,024	1,147	1,186		0.57
5	7,788	13	125		0.06
6	180,418	1,639	1,310		0.63
7	197,238	3,361	1,872		0.90
8	30,333	148	291		0.14
9	70,574	429	645		0.31
10					
Total Psychologist Encounters, Staff Hours and FTEs			9,435	9,589	4.61
SOCIAL WORKER					
B.					
1	34,468	0	2,080		1.00
2	22,140	0	1,061		0.51
3	52,644	0	1,955		0.94
4	5,132	0	291		0.14
5	37,876	0	2,080		1.00
6	36,298	0	1,747		0.84
7	34,745	0	1,747		0.84
8	167,942	359	1,102		0.53
9	175,972	4,442	1,955		0.94
10	64,154	855	2,080		1.00
11	97,275	1,658	2,080		1.00
12	71,543	234	2,059		0.99
13	72,583	1,429	2,080		1.00
14	29,360	458	853		0.41
15	54,766	600	1,498		0.72
16	64,252	1,034	2,080		1.00
17	62,630	974	1,830		0.88
18	88,365	1,145	1,747		0.84
19	63,373	613	1,810		0.87
20	11,786	27	354		0.17
21	9,311	6	291		0.14
22	16,153	138	478		0.23
23	57,754	627	1,872		0.90

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 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	Encounters	Employee Total Hours	FTEs	(2080 hrs = 1 FTE)
C.					
OTHER MENTAL HEALTH PRACTITIONER					
1					
2					
3					
4					
5					
6					
7					
8					
Total Other Mental Health Practitioner Encounters, Hours and FTEs			0	0	0.00

D.					
OTHER MENTAL					
1					
2					
3					
4					
5					
6					
7					
8					
Total Other Mental			0	0	0.00

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Reporting Period: From 7/1/2018 To 6/30/2019
 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 Total Hours	Employee Hours and FTEs (2,080 hrs = 1 FTE)	
			High	Low	Hires	Departures	Encounters			
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00	
1. Physician	17	4,885,927					59,661	35,089	16.87	
2. Physician Assistant	8	1,309,518					21,654	17,347	8.34	
3. Nurse (APRN, Midwife, RN)	66	6,298,265					46,720	137,883	66.29	
4. Total Physician Services Under Contract	0	1,800,505					24,179	0	0.00	
5. Total Other Health Care Practitioner	11	0					2,679	22,110	10.63	
6. Total Medical Assistant	87	2,921,708					0	181,358	87.19	
7.										
Total Health Care	189	17,215,924			0	0	154,893	393,787	189.32	
B. DENTAL PRACTITIONERS										
1. Dentist	6	1,082,923					14,544	11,773	5.66	
2. Dental Hygienist	4	388,249					6,745	8,091	3.89	
Other - Dentist Services Under Contract	0	0					0	0	0.00	
3. Total Dental Assistant	11	764,511					0	22,797	10.96	
Total Dental	21	2,245,683			0	0	21,289	42,661	20.51	

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Reporting Period: From 7/1/2018 To 6/30/2019
 FQHC Name: Optimus Health Care, Inc.

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

C.	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)	
1.	Psychiatrist	5	586,916					9,435		9,589	4.61
2.	Psychologist	23	360,637					20,405		48,670	23.40
3.	Nurses	0	74,248					0		0	0.00
4.	Social Worker	0	1,533,528					0		0	0.00
5.	Other - APRNs	0	183,229					0		0	0.00
	Total Mental Health	28	2,738,558			0	0	29,840		58,259	28.01

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Reporting Period:	From <u>7/1/2018</u>	To <u>6/30/2019</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)	34,059,707
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	7,035,634
C.	Total Direct Costs (A+B)	41,095,341
D.	Portion of Title XIX Services (A/C)	82.88%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	12,306,309
F.	Overhead Cost Applicable to Title XIX Services (DxE)	10,199,469
G.	Total Title XIX Services Cost (A+F)	44,259,176
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	13,277,753
I.	Cost Adjustment (Lower of H-F or Zero)	-
J.	Allowable Title XIX Overhead Cost (F+I)	10,199,469
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	25,689,092
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,899,591
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	5,471,024
	4. Total Direct Costs (K1 thru K3)	34,059,707
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	75.42%
	2. Dental Services (K2/K4)	8.51%
	3. Mental Health Services (K3/K4)	16.06%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	7,692,440
	2. Dental Services (JxL2)	867,975
	3. Mental Health Services (JxL3)	1,638,035
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	10,198,450

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Reporting Period: From 07/01/18 To 6/30/2019
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)	25,689,092
B. Allowable Overhead Cost (P13 - Form C, Line M1)	7,692,440
C. Total Allowable Health Care Cost (A+B)	33,381,532
D. Encounters (P12 - Form B-4, Health Care Total)	154,893
E. Allowable Health Care Cost Per Encounter (C/D)	215.51

II. Dental

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,899,591
B. Allowable Overhead Cost (P13 - Form C, Line M2)	867,975
C. Total Allowable Dental Cost (A+B)	3,767,566
D. Encounters (P12 - Form B-4, Dental Total)	21,289
E. Allowable Dental Cost Per Encounter (C/D)	176.97

III. Mental Health

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	5,471,024
B. Allowable Overhead Cost (P13 - Form C, Line M3)	1,638,035
C. Total Allowable Mental Health Cost (A+B)	7,109,059
D. Encounters (P12 - Form B-4, Mental Health Total)	29,840
E. Allowable Mental Health Cost Per Encounter (C/D)	238.24

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Reporting Period: From 07/01/18 To 6/30/2019
 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	15,114,234	1,718,869	3,435,784	0	20,268,887
2.	Private	2,037,143	486,215	535,270		3,058,628
3.	Medicare	3,803,724		751,828		4,555,552
4.	Patient Cash/Self Pay	1,479,313		95,459		1,574,772
5.	Other - Specify	55,643				55,643
6.	Revenue Capitation		2,205,084	4,818,341	0	29,513,482
	Total (1 thru 5)	22,490,057	2,205,084	4,818,341	0	29,513,482
B.	Other Revenue					
1.	Contributions				0	0
2.	Grants	5,185,185	405,457	3,091,244	2,962,704	11,644,590
3.	Interest				0	0
4.	Donations				13,790	13,790
5.	Other - Specify				2,907,389	2,907,389
6.	Other - Specify				6,289,283	6,289,283
7.	Other - Specify	1,848,375			0	1,848,375
8.	Pharmacy Income				627,598	627,598
9.	In-Kind Vaccines & Food				57,701	57,701
10.	Contracted Services				23,468	23,468
11.	Quality Incentive Payments				129,373	129,373
	Fundraising					
	Investment Income					
	Rental Income & Other					
	Total (1 thru 10)	7,033,560	405,457	3,091,244	8	23,541,567
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)	29,523,617	2,610,541	7,909,585	8	53,055,049

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Reporting Period:	From	7/1/2018	To	6/30/2019
FQHC Name:	Optimus Health Care, Inc.			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS <i>(EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)</i>

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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Reporting Period:	From	7/1/2018	To	6/30/2019
FQHC Name:	Optimus Health Care, Inc.			

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	35,684
	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	35,872
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	45,987
	12. Membership dues for public relations	
	13. Cost not related to patient care	
	14. Interest	193,358
	15. Pass through expenses	
	16. Total (1 thru 15)	310,901
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)	310,901