

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: 1/30/2018 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>Ludwig Spinelli</u>
	Title	_____

2. FQHC Medicaid Provider Number: Medical <u>4234788</u> Dental <u>4234770</u> Mental Health <u>4235926</u> Other (Specify) _____ _____	3. Reporting Period: From <u>7/1/2016</u> To <u>6/30/2017</u>
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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 7/1/2016 and Ending 6/30/2017 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
_____	Ludwig Spinelli
Title	Date
CEO	1/29/2018

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

Reporting Period: From 7/1/2016 To 6/30/2017
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 Health Center, Inc.	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
Ralphola Taylor Community Center	790 Central Avenue Bridgeport, CT 06607	Yes	07-1812
Stamford Community Health Center	805 Atlantic Street Stamford, CT 06902	Yes	07-1822
Fairgate Community Health Center	138 Stillwater Avenue Stamford, CT 06902	Yes	07-1890
Optimus Health Center, Inc.	1351 Washington Boulevard Stamford, CT 06902	Yes	07-1837
Hollow Community Health Center	82-88 George Street Bridgeport, CT 06604	Yes	07-1879
Park City Primary Care Center	64 Black Rock Avenue Bridgeport, CT 06605	Yes	07-1880
Stratford Community Health Center	727 Honeyspot Road Bridgeport, CT 06615	Yes	07-1811
Homeless Program (Homeless Shelter)	597 Pacific Street Stamford, CT 06902	Yes	07-1891
JP Morgan Chase Wellness Center	1071 East Main Street Bridgeport, CT 06608-2409	Yes	07-1885
Woodland Health & Wellness Center	8 Woodland Place Stamford, CT 06902	Yes	07-1889
Optimus 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 submission:

Select One:

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

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

Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: Optimus Health Care, Inc.

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A. DIRECT HEALTH CARE COST <i>(Excluding Dental, Mental Health & Other)</i>	I	II	III	IV	V	VI	VII
1. Staff Cost							
a. Physician	3,630,792	1,021,595	4,652,387		4,652,387		4,652,387
b. Physician Assistant	1,286,206	362,043	1,648,249		1,648,249		1,648,249
c. Nurse (APRN, Midwife, RN)	4,863,112	1,368,620	6,231,732		6,231,732		6,231,732
d. Total Physician Services Under Contract		1,194,193	1,194,193		1,194,193		1,194,193
e. Total Other Health Care Practitioner	0	0	0		0		0
f. Total Medical Assistant	2,676,933	753,309	3,430,242		3,430,242		3,430,242
Patient Support	1,966,575	553,212	2,519,787		2,519,787		2,519,787
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
e. Subtotal Direct Health Care Cost	14,423,619	5,252,972	19,676,591	0	19,676,591	0	19,676,591
2. Other Direct Health Care Cost							
a. Rent and Interest		15,190	15,190	472,520	487,710		487,710
b. Utilities and Maintenance		307,454	307,454		307,454		307,454
c. Depreciation Building		110,756	110,756		110,756		110,756
d. Depreciation Med Equip		15,201	15,201		15,201		15,201
e. Depreciation Building		298,141	298,141		298,141		298,141
f. Transportation		6,586	6,586		6,586		6,586
g. Supplies		928,314	928,314		928,314		928,314
h. Contractual		703,520	703,520	533,875	1,237,395		1,237,395
i. Professional Liability Insurance		160,829	160,829		160,829		160,829
j. Bad debt		825,197	825,197	(825,197)	0		0
k. Other		216,819	216,819		216,819		216,819
			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Subtotal Other Direct Health Care Cost	0	3,588,009	3,588,009	181,198	3,769,207	0	3,769,207
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)							
	14,423,619	8,840,981	23,264,599	181,198	23,445,797	0	23,445,797

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

Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: Optimus Health Care, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	552,638	143,561	696,199		696,199		696,199
b. Social Worker	1,148,420	298,329	1,446,749		1,446,749		1,446,749
c. Other - Mental Health Practitioner	236,293	61,382	297,675		297,675		297,675
d. Other - Mental Services Under Contract	93,164	0	93,164		93,164		93,164
e. Other - Nurse	58,109	15,095	73,204		73,204		73,204
f. Other Mental Health Support	1,674,585	859,400	2,533,985		2,533,985		2,533,985
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	3,763,208	1,377,767	5,140,975	0	5,140,975	0	5,140,975
2. Other Direct Mental Health Care Cost							
a. Rent and Interest		5,643	5,643	408,545	414,188		414,188
b. Utilities and Maintenance		36,814	36,814		36,814		36,814
d. Depreciation Med Equip		0	0		0		0
e. other depreciation		0	0		0		0
f. Transportation		15,991	15,991		15,991		15,991
g. Supplies		7,353	7,353		7,353		7,353
h. Contractual		301,930	301,930	185,000	486,930		486,930
i. Professional Liability Insurance		32,369	32,369		32,369		32,369
j. Bad debt		0	0		0		0
k. Other		22,616	22,616		22,616		22,616
f. Subtotal Other Direct Mental Health Care Cost	0	422,716	422,716	593,545	1,016,260	0	1,016,260
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)							
	3,763,208	1,800,483	5,563,691	593,545	6,157,235	0	6,157,235
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	19,909,548	11,622,065	31,531,614	858,526	32,390,139	-	32,390,139

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
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Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name: <u>Optimus Health Care, Inc.</u>		

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
G. OVERHEAD - FACILITY COST							
a. Rent and Interest		1,582,820	1,582,820	(964,848)	617,973		617,973
b. Utilities and Maintenance		1,565,926	1,565,926		1,565,926		1,565,926
c. Transportation		8,217	8,217		8,217		8,217
d. Depreciation Expense		562,194	562,194		562,194		562,194
e.		0	0		0		0
f.		0	0		0		0
g.		0	0		0		0
h.			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Subtotal Overhead - Facility Cost	0	3,719,158	3,719,158	(964,848)	2,754,310	0	2,754,310
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	4,281,862	1,140,717	5,422,579	0	5,422,579		5,422,579
b. Supplies		153,307	153,307		153,307		153,307
c. Contractual and Consultant Prof Services		1,954,023	1,954,023	(1,355,432)	598,591		598,591
d. Professional Liability Insurance		43,344	43,344		43,344		43,344
e. Bad debt		0	0	825,197	825,197		825,197
f. Other		424,001	424,001		424,001		424,001
g.			0		0		0
h.			0		0		0
i.			0		0		0
j.			0		0		0
k.			0		0		0
l.			0		0		0
l.			0		0		0
			0		0		0
			0		0		0
k. Subtotal Overhead - Administrative Cost	4,281,862	3,715,392	7,997,254	(530,235)	7,467,019	0	7,467,019
l. TOTAL OVERHEAD COST (Gi+Hk)	4,281,862	7,434,549	11,716,411	(1,495,083)	10,221,329	-	10,221,329
J. GRAND TOTAL COSTS² (F+I)							
	24,613,064	26,518,713	51,469,110	-	51,131,777	-	51,131,777

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

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name:	Optimus Health Care, Inc.	

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)				Total Employee Hours and FTEs		
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)	
				IV	V	
I		II	III			
<i>Provide itemized de-identified list (e.g., Physician 1)</i>		<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
A.	PHYSICIAN					
13	Chief Medical Officer	18,000	0	133	0.06	
4	Chief Medical Officer	234,198	2,379	1,977	0.95	
5	Clinical Coordinator	162,099	3,068	2,052	0.99	
28	Director of Pediatrics	203,589	3,221	2,075	1.00	
14	Family Practitioner	6,970	125	82	0.04	
6	Family Practitioner	100,064	1,733	1,200	0.58	
3	Family Practitioner	147,269	2,452	1,698	0.82	
25	Family Practitioner	144,703	2,527	1,710	0.82	
15	Family Practitioner	152,687	3,561	2,062	0.99	
16	Infectious Disease Phys	54,234	306	451	0.22	
17	Internal Medicine / Pedi	148,632	3,312	2,067	0.99	
7	Internal Medicine Physic	10,125	29	117	0.06	
18	Internal Medicine Physic	138,636	545	1,480	0.71	
2	Pediatrician	3,382	0	0	0.00	
29	Pediatrician	9,346	86	120	0.06	
26	Pediatrician	32,541	239	312	0.15	
11	Pediatrician	140,887	2,789	1,756	0.84	
19	Pediatrician	123,210	2,992	1,708	0.82	
27	Pediatrician	140,948	3,348	1,981	0.95	
8	Pediatrician	154,919	3,649	1,998	0.96	
20	Pediatrician	150,570	3,878	1,434	0.69	
21	Pediatrician	181,793	4,409	2,073	1.00	
30	Physician OB-GYN	207,451	3,665	2,037	0.98	
9	Physician OB-GYN	219,538	5,859	1,976	0.95	
	Physician OB-GYN	192,187	6,463	2,074	1.00	

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
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FQHC Name:	Optimus Health Care, Inc.	

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Total Employee Hours and FTEs		
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)	
10	Physician-Clinical Site C	159,931	2,901	2,039	0.98	
12	Physician-Clinical Site C	162,434	3,285	2,070	1.00	
22	Physician-Clinical Site C	173,154	3,540	2,120	1.02	
23	Physician-Clinical Site C	156,786	3,696	2,039	0.98	
24						
1						
32						
33						
34						
Total Physician Encounters, Staff Hours and FTEs		3,730,283	74,057	42,841	20.60	
B. PHYSICIAN ASSISTANT						
1	Physician Assistant	34,663	751	641	0.31	
2	Physician Assistant	94,458	1,387	2,060	0.99	
3	Physician Assistant	81,730	1,803	1,717	0.83	
4	Physician Assistant	121,350	2,394	2,064	0.99	
5	Physician Assistant	99,994	2,400	1,665	0.80	
6	Physician Assistant	96,406	2,451	2,032	0.98	
7	Physician Assistant	107,091	2,689	1,926	0.93	
8	Physician Assistant	119,669	2,809	1,976	0.95	
9	Physician Assistant	96,390	2,926	1,828	0.88	
10	Physician Assistant	150,865	3,845	2,053	0.99	
11	Physician Assistant	142,132	4,187	2,066	0.99	
12	Physician Assistant	141,819	4,216	2,051	0.99	
13						
14						

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
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FQHC Name:	Optimus Health Care, Inc.	

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
Total Physician Assistant Encounters, Hours and FTEs		1,286,567	31,858	22,080	10.62

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name: <u>Optimus Health Care, Inc.</u>		

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)
	I	II	III	IV	V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
C. NURSE (APRN, MIDWIFE, RN)					
1	Advanced Practical Registered Nurse	138	0	3	0.00
2	Advanced Practical Registered Nurse	1,320	16	24	0.01
3	Advanced Practical Registered Nurse	10,213	64	204	0.10
4	Advanced Practical Registered Nurse	5,480	98	106	0.05
5	Advanced Practical Registered Nurse	13,081	116	238	0.11
6	Advanced Practical Registered Nurse	22,364	134	452	0.22
7	Advanced Practical Registered Nurse	9,742	195	157	0.08
8	Advanced Practical Registered Nurse	26,016	207	281	0.14
9	Advanced Practical Registered Nurse	12,934	410	208	0.10
10	Advanced Practical Registered Nurse	63,744	561	1,062	0.51
11	Advanced Practical Registered Nurse	45,922	563	1,020	0.49
12	Advanced Practical Registered Nurse	78,369	601	1,491	0.72
13	Advanced Practical Registered Nurse	72,398	1,107	1,412	0.68
14	Advanced Practical Registered Nurse	34,472	1,241	719	0.35
15	Advanced Practical Registered Nurse	78,412	1,305	1,694	0.81
16	Advanced Practical Registered Nurse	78,861	1,501	1,464	0.70
17	Advanced Practical Registered Nurse	80,355	1,639	1,830	0.88
18	Advanced Practical Registered Nurse	106,904	1,729	2,076	1.00
19	Advanced Practical Registered Nurse	59,075	1,895	1,303	0.63
20	Advanced Practical Registered Nurse	98,123	2,288	2,030	0.98
21	Advanced Practical Registered Nurse	110,854	2,602	1,898	0.91
22	Advanced Practical Registered Nurse	95,858	2,708	1,660	0.80
23	Advanced Practical Registered Nurse	100,965	3,034	1,738	0.84
24	Advanced Practical Registered Nurse	104,052	3,150	2,035	0.98
25	Certified Nurse Mid-Wife	91,249	2,649	1,690	0.81

STATE OF CONNECTICUT
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FQHC Name: <u>Optimus Health Care, Inc.</u>		

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)	
26	Certified Nurse Mid-Wife	103,370	3,383	1,603	0.77	
27	Certified Nurse Mid-Wife	160	0	4	0.00	
28	Assistant Practice Manager	55,302	14	1,896	0.91	
29	Director of Nursing Initiatives	115,022	0	2,058	0.99	
30	Learning and Development Manager	26,629	0	592	0.28	
31	License Practical Nurse	706	0	26	0.01	
32	License Practical Nurse	52,043	0	1,962	0.94	
33	License Practical Nurse	4,018	1	122	0.06	
34	License Practical Nurse	7,656	2	300	0.14	
35	License Practical Nurse	50,927	4	1,904	0.92	
36	License Practical Nurse	41,548	6	1,718	0.83	
37	License Practical Nurse	20,666	10	899	0.43	
38	License Practical Nurse	59,734	13	2,130	1.02	
39	License Practical Nurse	61,207	16	2,095	1.01	
40	License Practical Nurse	7,654	20	271	0.13	
41	License Practical Nurse	59,149	20	1,919	0.92	
42	License Practical Nurse	54,570	20	2,047	0.98	
43	License Practical Nurse	41,603	28	1,631	0.78	
44	License Practical Nurse	59,544	37	2,078	1.00	
45	License Practical Nurse	58,619	53	2,045	0.98	
46	License Practical Nurse	51,595	61	1,812	0.87	
47	License Practical Nurse	45,471	71	1,684	0.81	
48	License Practical Nurse	43,484	74	1,694	0.81	
49	License Practical Nurse	70,447	94	2,167	1.04	
50	License Practical Nurse	73,483	94	2,288	1.10	
51	License Practical Nurse	60,293	98	2,058	0.99	
52	License Practical Nurse	19,892	110	867	0.42	

STATE OF CONNECTICUT
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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)	
53	License Practical Nurse	46,551	113	2,035	0.98	
54	License Practical Nurse	55,101	129	2,071	1.00	
55	License Practical Nurse	64,369	145	2,085	1.00	
56	License Practical Nurse	48,304	151	2,054	0.99	
57	License Practical Nurse	59,618	173	2,081	1.00	
58	License Practical Nurse	47,104	177	2,080	1.00	
59	License Practical Nurse	54,709	182	2,036	0.98	
60	License Practical Nurse	54,802	184	2,082	1.00	
61	Medical Assistant	39,867	0	2,199	1.06	
62	Practice Manager - Onsite	93,026	0	1,775	0.85	
63	Referral Specialist Coordinator	61,233	0	1,954	0.94	
64	Registered Nurse	100	0	2	0.00	
65	Registered Nurse	1,141	0	41	0.02	
66	Registered Nurse	4,476	0	123	0.06	
67	Registered Nurse	13,387	0	343	0.17	
68	Registered Nurse	645	0	19	0.01	
69	Registered Nurse	11,198	1	392	0.19	
70	Registered Nurse	1,093	1	34	0.02	
71	Registered Nurse	96,091	4	2,070	1.00	
72	Registered Nurse	47,215	6	1,497	0.72	
73	Registered Nurse	15,562	6	490	0.24	
74	Registered Nurse	28,298	17	857	0.41	
75	Registered Nurse	73,781	26	2,170	1.04	
76	Registered Nurse	57,691	58	1,558	0.75	
77	Registered Nurse	44,202	59	1,291	0.62	
78	Registered Nurse	65,619	81	1,988	0.96	
79	Registered Nurse	59,338	94	1,857	0.89	

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</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)
80	Registered Nurse	73,769	99	2,065	0.99
81	Registered Nurse	43,797	124	1,402	0.67
82	Registered Nurse	68,734	170	2,057	0.99
83	Registered Nurse	9,694	178	294	0.14
84	Registered Nurse	68,581	194	2,096	1.01
85	Registered Nurse Coordinator/Charge Nurse	84,349	1	2,090	1.01
86	Registered Nurse Coordinator/Charge Nurse	82,381	2	2,140	1.03
87	Registered Nurse Coordinator/Charge Nurse	72,429	28	1,845	0.89
88	Registered Nurse Coordinator/Charge Nurse	76,190	34	2,046	0.98
89	Registered Nurse Coordinator/Charge Nurse	74,315	134	1,944	0.93
90	RN Care Coordinator-PCMH+	75,973	114	2,068	0.99
91	RN Charge Nurse	930	0	31	0.01
92	RN Charge Nurse	97,958	43	2,061	0.99
93	RN Charge Nurse	81,434	46	2,006	0.96
94	RN Charge Nurse	81,289	64	2,078	1.00
95	RN Charge Nurse	67,011	73	1,833	0.88
96	RN Charge Nurse	81,307	142	2,134	1.03
97	RN Charge Nurse	74,455	168	2,030	0.98
98	RN Charge Nurse	80,335	560	2,078	1.00
99					
249	Total Nurse Practitioner	5,085,136	37,823	138,142	66.41
	PHYSICIAN SERVICES UNDER D. CONTRACT				
1	MD		2,991		
2	MD		673		

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</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)
3	MD		308		
4	MD		161		
5	MD		214		
6	MD		100		
7	MD		167		
8	MD		158		
9	MD		463		
10	MD		135		
11	MD		90		
12	DO		126		
13	MD		813		
14	MD		160		
15	MD		103		
16	MD		567		
17	MD		14		
18	MD		80		
19	MD		183		
20	MD		64		
21	RDH		73		
22	MD		7		
23	MD		122		
24	APRN		2,229		
25	MD		126		
26	MD		2		
27	MD		335		
28	MD		146		
29	MD		137		

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</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)
30	MD		168		
31	MD		176		
32	MD		57		
33	MD		174		
34	MD		163		
35	Ph.D.		768		
36	APRN		197		
37	LPN		229		
38	NUTR		143		
39	MD		93		
40	DO		167		
41	MD		175		
42	MD		113		
43	MD		16		
44	MD		88		
45	MD		120		
46	MD		91		
47	MD		118		
48	MD		103		
49	MD		106		
50	MD		147		
51	MD		131		
52	MD		712		
53	MD		493		
54	MD		550		
55	MD		121		
56	MD		898		

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</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 (<i>Excluding Dental, Mental Health, and Other</i>)	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
57	MD		69		
58	MD		869		
59	MD		134		
60	FMC		1		
61	IM		1		
62	MD		126		
63	MD		530		
64	MD		872		
65	IM		96		
66	MD		116		
67	MD		167		
68	MD		143		
69	MD		157		
70	DO		181		
71					
78					
Total Physician Services Under Contract		0	20,526	0	0.00
E.	OTHER HEALTH CARE PRACTITIONER				
1	Nutritionist/Dietician	73,730	663	2,022	0.97
2	Clinical Pharmacist, Quality Assurance	17,766	0	291	0.14
3	Podiatrist	44,250	601	590	0.28
4					
5					
Total Other Health Care Practitioner		135,747	1,264	2,903	1.40

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name: <u>Optimus Health Care, Inc.</u>		

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	
F.	OTHER/MEDICAL ASSISTANT				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
1	Health Coach	13,261	-	678	0.33	
2	Medical Assistant	33,793	-	2,036	0.98	
3	Medical Assistant	34,009	-	2,055	0.99	
4	Medical Assistant	33,976	-	2,053	0.99	
5	Medical Assistant	30,282	-	2,052	0.99	
6	Medical Assistant	17,961	-	1,037	0.50	
7	Medical Assistant	21,539	-	1,436	0.69	
8	Medical Assistant	2,928	-	200	0.10	
9	Medical Assistant	42,418	-	2,086	1.00	
10	Medical Assistant	31,964	-	1,720	0.83	
11	Medical Assistant	36,142	-	2,050	0.99	
12	Medical Assistant	31,408	-	2,028	0.97	
13	Medical Assistant	37,806	-	2,047	0.98	
14	Medical Assistant	34,460	-	1,951	0.94	
15	Medical Assistant	30,979	-	1,789	0.86	
16	Medical Assistant	34,618	-	2,130	1.02	
17	Medical Assistant	26,350	-	1,588	0.76	
18	Medical Assistant	31,293	-	2,055	0.99	
19	Medical Assistant	37,723	-	2,032	0.98	
20	Medical Assistant	28,754	-	1,926	0.93	
21	Medical Assistant/Front Office Registrar	35,037	-	2,076	1.00	
22	Medical Assistant/Front Office Registrar	32,936	-	1,981	0.95	
23	Medical Assistant/Front Office Registrar	22,679	-	1,519	0.73	
24	Medical Assistant/Front Office Registrar	30,803	-	2,041	0.98	
25	Medical Assistant/Front Office Registrar	20,428	-	1,484	0.71	
26	Medical Assistant/Front Office Registrar	31,139	-	2,041	0.98	
27	Medical Assistant/Front Office Registrar	31,777	-	2,099	1.01	
28	Medical Assistant/Front Office Registrar	31,892	-	2,033	0.98	
29	Medical Assistant/Front Office Registrar	31,224	-	2,091	1.01	
30	Medical Assistant/Front Office Registrar	31,724	-	1,933	0.93	
31	Medical Assistant/Front Office Registrar	23,181	-	1,539	0.74	
32	Medical Assistant/Front Office Registrar	35,976	-	2,077	1.00	
33	Medical Assistant/Front Office Registrar	25,955	-	1,547	0.74	
34	Medical Assistant/Front Office Registrar	29,751	-	1,848	0.89	
35	Medical Assistant/Front Office Registrar	29,308	-	1,806	0.87	
36	Medical Assistant/Front Office Registrar	21,322	-	1,314	0.63	
37	Medical Assistant/Front Office Registrar	20,139	-	1,241	0.60	
38	Medical Assistant/Front Office Registrar	15,610	-	1,079	0.52	
39	Medical Assistant/Front Office Registrar	8,714	-	471	0.23	
40	Medical Assistant/Front Office Registrar	38,384	-	2,062	0.99	
41	Medical Assistant/Front Office Registrar	710	-	38	0.02	

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name: <u>Optimus Health Care, Inc.</u>		

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)	
42	Medical Assistant/Front Office Registrar	36,216	-	2,092	1.01	
43	Medical Assistant/Front Office Registrar	30,350	-	1,839	0.88	
44	Medical Assistant/Front Office Registrar	35,223	-	2,060	0.99	
45	Medical Assistant/Front Office Registrar	38,250	-	2,074	1.00	
46	Medical Assistant/Front Office Registrar	24,140	-	1,500	0.72	
47	Medical Assistant/Front Office Registrar	32,891	-	2,032	0.98	
48	Medical Assistant/Front Office Registrar	32,699	-	2,034	0.98	
49	Medical Assistant/Front Office Registrar	41,179	-	1,961	0.94	
50	Medical Assistant/Front Office Registrar	30,736	-	1,863	0.90	
51	Medical Assistant/Front Office Registrar	27,099	-	1,779	0.86	
52	Medical Assistant/Front Office Registrar	27,038	-	1,811	0.87	
53	Medical Assistant/Front Office Registrar	35,639	-	2,153	1.04	
54	Medical Assistant/Front Office Registrar	27,545	-	1,892	0.91	
55	Medical Assistant/Front Office Registrar	26,664	-	1,767	0.85	
56	Medical Assistant/Front Office Registrar	31,792	-	2,112	1.02	
57	Medical Assistant/Front Office Registrar	24,830	-	1,612	0.78	
58	Medical Assistant/Front Office Registrar	35,376	-	2,096	1.01	
59	Medical Assistant/Front Office Registrar	30,595	-	2,100	1.01	
60	Medical Assistant/Front Office Registrar	10,721	-	718	0.35	
61	Medical Assistant/Front Office Registrar	30,757	-	2,047	0.98	
62	Medical Assistant/Front Office Registrar	31,539	-	1,868	0.90	
63	Medical Assistant/Front Office Registrar	31,431	-	2,079	1.00	
64	Medical Assistant/Front Office Registrar	32,148	-	2,006	0.96	
65	Medical Assistant/Front Office Registrar	30,013	-	1,819	0.87	
66	Medical Assistant/Front Office Registrar	494	-	35	0.02	
67	Medical Assistant/Front Office Registrar	30,607	-	2,050	0.99	
68	Medical Assistant/Front Office Registrar	31,239	-	1,888	0.91	
69	Medical Assistant/Front Office Registrar	34,114	-	2,116	1.02	
70	Medical Assistant/Front Office Registrar	28,052	-	1,739	0.84	
71	Medical Assistant/Front Office Registrar	36,133	-	2,083	1.00	
72	Medical Assistant/Front Office Registrar	37,024	-	2,080	1.00	
73	Medical Assistant/Front Office Registrar	31,999	-	2,036	0.98	
74	Medical Assistant/Front Office Registrar	33,351	-	2,054	0.99	
75	Medical Assistant/Front Office Registrar	29,955	-	2,022	0.97	
76	Medical Assistant/Front Office Registrar	30,544	-	2,046	0.98	
77	Medical Assistant/Front Office Registrar	34,127	-	2,050	0.99	
78	Referral Specialist	35,845	-	2,041	0.98	
79	Referral Specialist	9,030	-	535	0.26	
80	Referral Specialist	5,790	-	343	0.16	
81	Referral Specialist	33,455	-	1,946	0.94	
82	Referral Specialist	39,106	-	2,089	1.00	
83	Referral Specialist	40,296	-	2,036	0.98	

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name: <u>Optimus Health Care, Inc.</u>		

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)
84	Referral Specialist	43,624	-	2,053	0.99
85	Referral Specialist	38,576	-	2,240	1.08
86	Referral Specialist	34,530	-	1,890	0.91
87	Referral Specialist Coordinator	44,278	-	1,859	0.89
88	Assistant Front Office Supervisor	40,817	-	1,893	0.91
89					
90					
114					
	Total Medical Assistant	2,598,207	0	155,705	74.86

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name:	Optimus Health Care, Inc.	

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs		Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
		II	III	IV	V
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>		125,000	1,500	1,040	0.50
A.	DENTIST				
1	Dental Director	128,494	2,580	1,406	0.68
2	Dentist	26,214	0	428	0.21
3	Dentist	28,824	539	440	0.21
4	Dentist	36,273	594	599	0.29
5	Dentist	156,790	2,477	2,039	0.98
6	Dentist	123,838	2,635	2,032	0.98
7	Dentist	133,160	3,121	2,052	0.99
8	Dentist	155,726	3,606	2,073	1.00
9					
13					
Total Dentist Encounters, Staff Hours and FTEs		789,319	15,552	11,069	5.32
B.	DENTAL HYGIENIST				
1.	Dental Hygienist	62,638	562	1,661	0.80
2.	Dental Hygienist	70,836	1,578	2,036	0.98
3.	Dental Hygienist	74,029	1,704	2,081	1.00
4.	Dental Hygienist	72,262	1,716	2,043	0.98
5.					
Total Dental Hygienist Encounters, Hours and FTEs		279,765	5,560	7,821	3.76

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name: <u>Optimus Health Care, Inc.</u>		

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and 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 ASSISTANT					
1	Dental Assistant	36,557	0	2,056	0.99
2	Dental Assistant	9,375	0	558	0.27
3	Dental Assistant	2,084	0	113	0.05
4	Dental Assistant	674	0	39	0.02
5	Dental Assistant	38,404	0	2,070	1.00
6	Dental Assistant	37,194	0	2,073	1.00
7	Dental Assistant	43,529	0	2,207	1.06
8	Dental Assistant	25,341	0	1,362	0.66
9	Dental Assistant	37,631	0	2,040	0.98
10	Dental Assistant	19,429	0	1,009	0.49
11	Dental Assistant	37,849	0	2,022	0.97
12	Director of Dental Practice Mana	83,194	0	2,036	0.98
13	Accounts Receivable Specialist	39,773	0	2,045	0.98
14	Accounts Receivable Specialist	32,832	0	1,998	0.96
15	Assistant Practice Manager	55,629	0	2,027	0.97
16	Dental Front Office Coordinator	29,226	0	1,862	0.89
17	Dental Front Office Registrar	31,879	0	2,030	0.98
18	Dental Front Office Registrar	27,177	0	1,765	0.85
19	Dental Front Office Registrar	18,907	0	1,090	0.52
20	Dental Front Office Registrar	35,157	0	1,941	0.93
21	Dental Front Office Registrar	37,379	0	2,050	0.99
22	Dental Front Office Registrar	11,169	0	742	0.36
23					
Total Dental Assistant		690,388	0	35,135	16.89

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
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		Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>		II	III	IV	V
A. PSYCHOLOGIST					
1	Administrator, Behavioral Health Ser	177,924	1,094	1,916	0.92
2	Advanced Practical Registered Nurs	59,080	495	739	0.36
3	Family Psychiatric NP	178,083	1,771	2,137	1.03
4	Psychiatrist	28,836	2	300	0.14
5	Psychiatrist	3,972	85	30	0.01
6	Psychiatrist	90,778	756	825	0.40
7	Psychiatrist	189,425	2,734	2,039	0.98
8	Psychologist	59,300	264	593	0.29
9					
Total Psychologist Encounters, Staff Hours and FTEs		787,399	7,201	8,578	4.12
B. SOCIAL WORKER					
1	Behavioral Health Manager	77,616	0	1,561	0.75
2	Licensed Clinical Social Worker	22,348	50	646	0.31
3	Licensed Clinical Social Worker	19,794	187	664	0.32
4	Licensed Clinical Social Worker	25,081	306	771	0.37
5	Licensed Clinical Social Worker	36,501	345	912	0.44
6	Licensed Clinical Social Worker	63,339	553	1,860	0.89
7	Licensed Clinical Social Worker	71,372	702	2,071	1.00
8	Licensed Clinical Social Worker	53,149	807	1,487	0.71
9	Licensed Clinical Social Worker	67,165	812	2,065	0.99
10	Licensed Clinical Social Worker	52,555	830	1,649	0.79
11	Licensed Clinical Social Worker	59,890	923	2,069	0.99
12	Licensed Clinical Social Worker	81,403	1,103	2,066	0.99
13	Licensed Clinical Social Worker	51,591	1,169	1,426	0.69
14	Licensed Clinical Social Worker	56,915	1,172	1,661	0.80
15	Licensed Clinical Social Worker	59,022	1,405	1,844	0.89
16	Licensed Clinical Social Worker	93,095	1,437	2,067	0.99
17	Ryan White Social Worker	63,322	0	2,055	0.99
18	Sr. LCSW	118,611	1,759	2,031	0.98
19	Masters Social Worker	21,226	253	736	0.35
20	Masters Social Worker	38,557	515	1,371	0.66
21	Masters Social Worker	56,281	673	2,046	0.98
22	Masters Social Worker	47,119	1,110	1,886	0.91
Total Social Worker Encounters, Hours and FTEs		1,235,949	16,111	34,941	16.80

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name: <u>Optimus Health Care, Inc.</u>		

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs		
			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	0.00	

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

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
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		Encounters	Employee Hours and FTEs	
			High	Low	Hires	Departures		Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00
A. HEALTH CARE PRACTITIONERS									
1. Physician	21	4,652,387					74,057	42,841	20.60
2. Physician Assistant	11	1,648,249					31,858	22,080	10.62
3. Nurse (APRN, Midwife, RN)	66	6,231,732					37,823	138,142	66.41
4. Total Physician Services Under Contract	0	1,194,193					20,526	0	0.00
5. Total Other Health Care Practitioner	1	0					1,264	2,903	1.40
6. Total Medical Assistant	75	3,430,242					0	155,705	74.86
7. OTHER HEALTH CARE PRACTITIONERS									
Total Health Care	174	17,156,804			0	0	165,528	361,671	173.89
B. DENTAL PRACTITIONERS									
1. Dentist	5	1,065,039					15,552	11,069	5.32
2. Dental Hygienst	4	368,698					5,560	7,821	3.76
Other - Dentist Services Under Contract	0	0					0	0	0.00
3. Total Dental Assistant	17	808,308					0	35,135	16.89
Total Dental	26	2,242,044			0	0	21,112	54,025	25.97

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
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		Encounters	Employee Hours and FTEs	
			High	Low	Hires	Departures		Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
C. MENTAL HEALTH PRACTITIONERS									
1. Psychologist	4	696,199					7,201	8,578	4.12
2. Social Worker	17	1,446,749					16,111	34,941	16.80
3. Other - Mental Health Practitioner	0	297,675					0	0	0.00
4. Other - Mental Services Under Contract	0	93,164					0	0	0.00
5.									
Total Mental Health	21	2,533,787			0	0	23,312	43,520	20.92

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

Reporting Period:	From	7/1/2016	To	6/30/2017
FQHC Name:	Optimus Health Care, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	32,390,139
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	8,520,309
C.	Total Direct Costs (A+B)	40,910,448
D.	Portion of Title XIX Services (A/C)	79.17%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	10,221,329
F.	Overhead Cost Applicable to Title XIX Services (DxE)	8,092,226
G.	Total Title XIX Services Cost (A+F)	40,482,365
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	12,144,710
I.	Cost Adjustment (Lower of H-F or Zero)	-
J.	Allowable Title XIX Overhead Cost (F+I)	8,092,226
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	23,445,797
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,787,106
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	6,157,235
	4. Total Direct Costs (K1 thru K3)	32,390,139
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	72.39%
	2. Dental Services (K2/K4)	8.60%
	3. Mental Health Services (K3/K4)	19.01%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	5,857,962
	2. Dental Services (JxL2)	695,931
	3. Mental Health Services (JxL3)	1,538,332
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	8,092,225

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
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)	23,445,797
B. Allowable Overhead Cost (P13 - Form C, Line M1)	5,857,962
C. Total Allowable Health Care Cost (A+B)	29,303,759
D. Encounters (P12 - Form B-4, Health Care Total)	165,528
E. Allowable Health Care Cost Per Encounter (C/D)	177.03
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,787,106
B. Allowable Overhead Cost (P13 - Form C, Line M2)	695,931
C. Total Allowable Dental Cost (A+B)	3,483,037
D. Encounters (P12 - Form B-4, Dental Total)	21,112
E. Allowable Dental Cost Per Encounter (C/D)	164.98
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	6,157,235
B. Allowable Overhead Cost (P13 - Form C, Line M3)	1,538,332
C. Total Allowable Mental Health Cost (A+B)	7,695,567
D. Encounters (P12 - Form B-4, Mental Health Total)	23,312
E. Allowable Mental Health Cost Per Encounter (C/D)	330.11

1/18/2018 3:18pm
 Revenue and Expense by Segment
 Report Period: 7/1/2016 - 6/30/2017

	DENTAL	Overhead
Revenue		
GRANTS REVENUE FEDERAL	47,955.43	819,262.77
GRANTS REVENUE STATE	60,180.16	1,740,307.38
GRANTS REVENUE LOCAL	0.00	0.00
OTHER GRANTS REVENUE	0.00	410,149.21
MEDICAID EHR INCENTIVE PROGRAM		
INTEREST INCOME	0.00	8,263.09
PROGRAM INCOME	0.00	835.00
REVENUE CAPITATION	43,745.75	3,925.05
PROGRAM INCOME- MEDICAL RECORD	0.00	65.18
OTHER COMMERCIAL/PRIVATE INSURANCE PYMTS		
OTHER MEDICAID PYMTS	0.00	0.00
OTHER MEDICARE PYMTS	0.00	33,786.00
MEDICAID CHARGES	4,123,861.89	0.00
MEDICAID MANAGED CARE CHARGES	0.00	0.00
MEDICARE CHARGES	1,530.00	0.00
PRIVATE INS. CHARGES	543,444.00	0.00
SELF-PAY INS. CHARGES	1,996,005.00	0.00
OTHER INCOME	400.00	9,558.33
MEDICAID FFS ADJUSTMENTS	(2,862,476.94)	0.00
MEDICAID MANAGED CARE ADJUSTME	135.00	0.00
MEDICARE ADJUSTMENTS	(604.59)	36.00
PRIVATE INS. ADJUSTMENTS	(342,605.35)	0.00
SELF-PAY INS. ADJUSTMENTS	(1,660,401.12)	0.00
SLIDING FEES SCALE ADJUSTMENT		
PHARMACY INCOME	0.00	0.00
MISC INCOME	20.00	(3,439.59)
DONATIONS	0.00	12,815.00
IN KIND CONTRIBUTIONS	0.00	0.00
STAFF COUNCIL ACTIVITIES	325.00	11,915.44
B.C.H.C. TURKEY DRIVE		
FUNDRAISER/GOLF TOURNAMENT	0.00	64,856.25
FUNDRAISER CHEF CHALLENGE	0.00	13,139.90
OTHER FUNDRAISER	0.00	3,080.00
CHRISTMAS TOY DRIVE DONATIONS	0.00	2,500.00
B.C.H.C. TURKEY DRIVE	0.00	1,000.00
FUNDRAISER HAITIAN HEALTH FAIR	0.00	225.00
FUNDRAISER HSIPANIC ADVISORY COUNCIL OF STAMFORD	0.00	500.00
Total Revenue	1,951,514.23	3,132,780.01
1. Medicaid	1,305,530.70	47,269.38
2. Private	925.41	36.00
3. City/SAGA		0.00
4. Medicare	135.00	0.00
5. Patient Cash/Self Pay	(1,459,562.47)	0.00
6. Benecare & Doral		0.00
7. Total (1 thru 6)	(152,971.36)	47,305.38
FQHC Other Revenue		
1. Contributions	20.00	(3,439.59)

2. Grants	108,135.59	2,969,719.36
3. Capital Grant		0.00
4. Interest	0.00	8,263.09
5. Other	1,996,005.00	900.18
6. Unrealized Gain on Investment		0.00
7. MEDICAID EHR INCENTIVE PROGRAM	0.00	0.00
8. PHARMACY INCOME	0.00	0.00
9. IN KIND CONTRIBUTIONS/NNON REVENUE CASH	0.00	12,815.00
10. FUNDRAISER ACTIVITIES	325.00	94,216.59
11. _____	0.00	3,000.00
12. Total (1 thru 11)	<u>2,104,485.59</u>	<u>3,085,474.63</u>

Other Revenue (b)

Total Revenue (A7+B12+C)	<u>1,951,514.23</u>	<u>3,132,780.01</u>
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Variance	<u>0.00</u>	<u>0.00</u>
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ENABLING	MENTAL	PHARMACY	Total Medical	Total
706,027.74	86,304.45	0.00	4,554,860.90	6,214,411.29
1,845,182.66	182,527.91	0.00	897,743.87	4,725,941.98
153,480.61	0.00	0.00	2,409,789.20	2,563,269.81
33,674.19	0.00	5,594.80	107,252.76	556,670.96
0.00	0.00	0.00	8,490.00	16,753.09
3,500.00	0.00	0.00	0.00	4,335.00
0.00	0.00	0.00	0.00	47,670.80
0.00	0.00	0.00	11,523.11	11,588.29
0.00	0.00	0.00	11,490.00	11,490.00
0.00	0.00	0.00	0.00	33,786.00
0.00	2,874,718.55	0.00	18,036,902.45	25,035,482.89
0.00	201,800.00	0.00	0.00	201,800.00
0.00	2,272,102.46	0.00	4,306,990.10	6,580,622.56
0.00	986,267.02	0.00	3,351,005.37	4,880,716.39
0.00	236,326.04	0.00	6,823,934.23	9,056,265.27
0.00	0.00	0.00	17,791.00	27,749.33
0.00	(344,230.43)	0.00	(2,947,210.59)	(6,153,917.96)
0.00	(16,899.74)	0.00	304.46	(16,460.28)
0.00	(1,546,132.18)	0.00	(2,291,468.84)	(3,838,169.61)
0.00	(608,939.43)	0.00	(1,415,170.32)	(2,366,715.10)
0.00	(174,314.16)	0.00	(4,567,913.67)	(6,402,628.95)
0.00	0.00	1,962,553.01	0.00	1,962,553.01
0.00	0.00	0.00	4,048.70	629.11
500.00	0.00	0.00	0.00	13,315.00
5,333,405.51	0.00	1,729,124.20	0.00	7,062,529.71
145.00	0.00	0.00	709.00	13,094.44
0.00	0.00	0.00	0.00	64,856.25
0.00	0.00	0.00	0.00	13,139.90
0.00	0.00	0.00	0.00	3,080.00
300.00	0.00	0.00	0.00	2,800.00
0.00	0.00	0.00	0.00	1,000.00
0.00	0.00	0.00	0.00	225.00
0.00	0.00	0.00	0.00	500.00
8,076,215.71	4,149,530.49	3,697,272.01	29,321,071.73	50,328,384.18
0.00	2,530,488.12	0.00	15,107,482.86	18,990,771.06
0.00	725,970.28	0.00	2,015,521.26	2,742,452.95
0.00	184,900.26	0.00	11,794.46	196,829.72
0.00	203,013.43	0.00	(2,632,078.62)	(3,888,627.66)
0.00	3,644,372.09	0.00	14,502,719.96	18,041,426.07
				18,041,426.07
0.00	0.00	0.00	4,048.70	629.11

2,738,365.20	268,832.36	5,594.80	7,969,646.73	14,060,294.04
0.00	0.00	0.00	8,490.00	16,753.09
3,500.00	236,326.04	1,962,553.01	6,835,457.34	11,034,741.57
0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00
500.00	0.00	0.00	0.00	7,062,529.71
5,333,550.51	0.00	1,729,124.20	709.00	112,010.59
300.00	0.00	0.00	0.00	0.00
8,076,215.71	505,158.40	3,697,272.01	14,818,351.77	32,286,958.11
				32,286,958.11
				0.00
8,076,215.71	4,149,530.49	3,697,272.01	29,321,071.73	50,328,384.18
				50,328,384.18
0.00	0.00	0.00	0.00	0.00
				0.00

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

Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name:	Optimus Health Care, Inc.	

Form E (Revenues)

REVENUES		I	II	III	IV	V
A.	Operating Revenue	Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
1.	Medicaid	15,107,483	1,305,531	2,530,488	47,269	18,990,771
2.	Private	2,015,521	925	725,970	36	2,742,453
3.	Medicare	11,794	135	184,900		196,830
4.	Patient Cash/Self Pay	(2,632,079)	(1,459,562)	203,013		(3,888,628)
5.	Other - Specify _____					0
6.	Total (1 thru 5)	14,502,720	(152,971)	3,644,372	47,305	18,041,426
B.	Other Revenue					
1.	Contributions				629	629
2.	Grants	7,969,647	108,136	268,832	5,713,679	14,060,294
3.	Interest				16,753	16,753
4.	Donations					0
5.	Other - Specify _____				11,034,742	11,034,742
6.	Other - Specify <u>MEDICAID EHR INCENTIVE PROGRAM</u>				0	0
7.	Other - Specify <u>PHARMACY INCOME</u>				0	0
8.	Other - Specify <u>IN KIND CONTRIBUTIONS/NNON REVENUE CASH</u>				7,062,530	7,062,530
9.	Other - Specify <u>FUNDRAISER ACTIVITIES</u>				112,011	112,011
10.	Other - Specify _____				0	0
11.	Total (1 thru 10)	7,969,647	108,136	268,832	23,940,343	32,286,958
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.	Total (1 thru 7)	0	0	0	0	0
D.	Total Revenue (A6+B11+C7)	22,472,367	(44,836)	3,913,204	23,987,649	50,328,384

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

Reporting Period:	From	7/1/2016	To	6/30/2017
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

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

Reporting Period:	From	7/1/2016	To	6/30/2017
FQHC Name:	Optimus Health Care, Inc.			

Form G (Cost Disallowance and Offset)

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	71,037
	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	51,824
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	39,721
	12. Membership dues for public relations	
	13. Cost not related to patient care	
	14. Interest	174,634
	15. Pass through expenses	
	16. Total (1 thru 15)	337,216
B.	Cost Offset (<i>Expense Recovery</i>)	
	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)	337,216