

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: 1/31/2019 Date Received: _____

| | |
|-------------------------|--------------------------------|
| 1. FQHC Name | SOUTHWEST CHC INC. |
| Street Address | 46 ALBION ST |
| City, State, ZIP | BRIDGEPORT , CT 06605 |
| Telephone Number | 203 332 3505 |
| Contact Person | DIMITRI HRISOVULOS |
| Title | CHIEF FINANCIAL OFFICER |

| | | | | | | | | | | | |
|--|-----------------------------|---------|--------|---------|---------------|---------|-----------------|--|--|--|--|
| 2. FQHC Medicaid Provider Number: | 3. Reporting Period: | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 70%;">Medical</td> <td style="width: 30%; text-align: right;">4236130</td> </tr> <tr> <td>Dental</td> <td style="text-align: right;">4236122</td> </tr> <tr> <td>Mental Health</td> <td style="text-align: right;">4236148</td> </tr> <tr> <td>Other (Specify)</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table> | Medical | 4236130 | Dental | 4236122 | Mental Health | 4236148 | Other (Specify) | | | | From <u>8/1/2017</u> To <u>7/31/2018</u> |
| Medical | 4236130 | | | | | | | | | | |
| Dental | 4236122 | | | | | | | | | | |
| Mental Health | 4236148 | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | |
| | | | | | | | | | | | |

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT

COUNTY CITY OTHER

5. FQHC Owned By:

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By

SOUTHWEST CHC INC. 4236130

(FQHC Name)

For the Reporting Period Beginning 8/1/2017 and Ending 7/31/2018 and That to the Best of My Knowledge and Belief It is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:

| | |
|--|---------------------------|
| 6. Signature (Officer or Administrator of FQHC) | Printed Name |
| | DIMITRI HRISOVULOS |
| Title | Date |
| CFO | 1/31/2019 |

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

| | | |
|--------------------------|----------------------|---------------------|
| Reporting Period: | From <u>8/1/2017</u> | To <u>7/31/2018</u> |
| FQHC Name: | SOUTHWEST CHC INC. | |

7. Service Sites: List all service sites of the FQHC, including all FQHC-certified sites and any other non-FQHC service sites. Indicate whether the service site is FQHC certified. If a site or sites are not FQHC-certified, the associated costs should be reported on Form A-4 as non-allowable costs.

| Provider Name | Location | FQHC Certified Yes/ No | Clinic/Provider No. |
|-------------------|---------------------------------|---------------------------|---------------------|
| SOUTHWEST CHC INC | 46 ALBION ST, Bridgeport | Yes | 4236130 |
| SOUTHWEST CHC INC | 968 FAIRFIELD AVE , Bridgeport | Yes | 4236130 |
| SOUTHWEST CHC INC | 510 CLINTON Ave , Bridgeport | Yes | 4236130 |
| SOUTHWEST CHC INC | 1046 FAIRFIELD AVE , Bridgeport | Yes | 4236130 |
| SOUTHWEST CHC INC | 743 SOUTH AVE , Bridgeport | Yes | 4236130 |
| SOUTHWEST CHC INC | 762 LINDLEY ST. , Bridgeport | Yes | 4236130 |
| SOUTHWEST CHC INC | 495 JANE ST, BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 130 EZRA AVE., BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 690 ARCTRIC ST., BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 392 PROSPECT ST., BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 1 LINCOLN BLVD., BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 606 HOWARD AVE., BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 425 THORME ST., BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 680 PARK AVE., BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 651 STATE ST., BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 50 NICHOLS AVE., FAIRFIELD | Yes | 4236130 |
| SOUTHWEST CHC INC | 1181 FAIRFIELD AVE., BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 1124 IRANISTAN AVE., BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 300 LAUREL AVE, BRIDGEPORT | Yes | 4236130 |
| SOUTHWEST CHC INC | 1020 FAIRFIELD AVE , BRIDGEPORT | No | |

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

| | |
|---|--|
| Select One: | |
| C. Not applicable. The FQHC does not have any related party individuals or organizations. | |

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

Reporting Period: From 8/1/2017 To 7/31/2018
FQHC Name: SOUTHWEST CHC INC.

| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | | | | | | | | |
|--|---|--------------------|----------------|------------------|-------------------|--|---------------------------------|--------------------------|
| Form A-1 (Direct Health Care Cost) | | | | | | | | |
| COST CENTER | | | | | | | | |
| DIRECT HEALTH CARE COST | | | | | | | | |
| A. | (Excluding Dental, Mental Health & Other) | I | II | III | IV | V | VI | VII |
| | | Salaried Personnel | Other Costs | Total | Reclassifications | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | Net Expenses (Col 5 & 6) |
| 1. Staff Cost | | | | | | | | |
| a. Physician | | 2,268,282 | 330,791 | 2,599,073 | 431,590 | 3,030,663 | | 3,030,663 |
| b. Physician Assistant | | 329,188 | | 329,188 | 62,654 | 391,822 | | 391,822 |
| c. Nurse (APRN, Midwife, RN) | | 3,219,022 | 19,285 | 3,238,317 | 612,475 | 3,850,792 | | 3,850,792 |
| d. Other - Specify | | | | | | | | |
| | Medical Assistants | 506,996 | | 506,996 | 98,465 | 603,461 | | 603,461 |
| | Case Managers | 184,521 | | 184,521 | 35,108 | 219,629 | | 219,629 |
| | Nutrition | 64,270 | | 64,270 | 12,228 | 76,498 | | 76,498 |
| | Interpreting Services | | 74,813 | 74,813 | | 74,813 | | 74,813 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| e. Subtotal Direct Health Care Cost | | 6,572,279 | 424,899 | 6,997,178 | 1,250,490 | 8,247,668 | 0 | 8,247,668 |
| 2. Other Direct Health Care Cost | | | | | | | | |
| a. Medical Supplies | | | | 160,072 | | 160,072 | | 160,072 |
| b. Transportation | | | | 12,250 | | 12,250 | | 12,250 |
| c. Depreciation - Medical Equipment | | | | 60,258 | | 60,258 | | 60,258 |
| d. Professional Liability Insurance | | | | 0 | | 0 | | 0 |
| e. Laboratory | | | | 102,959 | | 102,959 | | 102,959 |
| f. Radiology | | | | 0 | | 0 | | 0 |
| g. Physician-Administered Drugs | | | | 101,921 | | 101,921 | | 101,921 |
| h. Other - Specify | | | | | | | | |
| | Licenses | | | 11,664 | | 11,664 | | 11,664 |
| | Recruitment | | | 23,756 | | 23,756 | | 23,756 |
| | Dues Medical | | | 0 | | 0 | | 0 |
| | Uniform | | | 30,066 | | 30,066 | | 30,066 |
| | Med Equip. Repairs | | | 2,718 | | 2,718 | | 2,718 |
| | CME / Travel | | | 10,253 | | 10,253 | | 10,253 |
| i. Subtotal Other Direct Health Care Cost | | 0 | 515,917 | 515,917 | 0 | 515,917 | 0 | 515,917 |
| 3. TOTAL DIRECT HEALTH CARE COST (1e & 2i) | | 6,572,279 | 940,816 | 7,513,095 | 1,250,490 | 8,763,585 | 0 | 8,763,585 |

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

Reporting Period: From 8/1/2017 To 7/31/2018
 FQHC Name: SOUTHWEST CHC INC.

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

| COST CENTER | Salaried Personnel | Other Costs | Total | Reclassifications | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | Net Expenses (Col 5 & 6) |
|--|--------------------|----------------|------------------|-------------------|--|---------------------------------|--------------------------|
| | | | | | | | |
| B. DIRECT DENTAL CARE COST | | | | | | | |
| 1. Staff Cost | | | | | | | |
| a. Dentist | 680,813 | 301,481 | 982,294 | 129,536 | 1,111,830 | | 1,111,830 |
| b. Dental Hygienist | 309,050 | | 309,050 | 58,002 | 367,852 | | 367,852 |
| c. Other - Specify | | | | | | | |
| Dental Assistants | 363,299 | | 363,299 | 69,124 | 432,423 | | 432,423 |
| | | | 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 |
| d. Subtotal Direct Dental Care Cost | 1,353,162 | 301,481 | 1,654,643 | 257,462 | 1,912,105 | 0 | 1,912,105 |
| 2 Other Direct Dental Care Cost | | | | | | | |
| a. Dental Supplies | | 213,152 | 213,152 | | 213,152 | | 213,152 |
| b. Transportation | | | 0 | | 0 | | 0 |
| c. Depreciation - Dental Equipment | | 18,816 | 18,816 | | 18,816 | | 18,816 |
| d. Professional Liability Insurance | | | 0 | | 0 | | 0 |
| e. Other - Specify | | | | | | | |
| Equip.R&M | | 30,756 | 30,756 | | 30,756 | | 30,756 |
| License & Fees | | | 0 | | 0 | | 0 |
| Staff Training | | 5,228 | 5,228 | | 5,228 | | 5,228 |
| Uniform Service | | 1,000 | 1,000 | | 1,000 | | 1,000 |
| | | 7,516 | 7,516 | | 7,516 | | 7,516 |
| | | 0 | 0 | | 0 | | 0 |
| f. Subtotal Other Direct Dental Care Cost | 0 | 276,468 | 276,468 | 0 | 276,468 | 0 | 276,468 |
| 3 TOTAL DIRECT DENTAL CARE COST (1d & 2f) | 1,353,162 | 577,949 | 1,931,111 | 257,462 | 2,188,573 | 0 | 2,188,573 |

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

Reporting Period: From 8/1/2017 To 7/31/2018
 FQHC Name: SOUTHWEST CHC INC.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

| C. | Salaried Personnel I | Other Costs II | Total III | Reclassifications IV | Reclassified Trial Balance (Col 3 & 4) V | Adjustments Increase (Decrease) VI | Net Expenses (Col 5 & 6) VII |
|--|-------------------------|-------------------|-------------------|-------------------------|--|--|------------------------------------|
| | | | | | | | |
| 1. Staff Cost | | | | | | | |
| a. Psychiatrist | 360,951 | | 360,951 | 68,677 | 429,628 | | 429,628 |
| b. Social Worker | 1,458,516 | | 1,458,516 | 277,508 | 1,736,024 | | 1,736,024 |
| c. Other - Specify | | 30,245 | 30,245 | 72,614 | 484,503 | | 484,503 |
| | | | | 99,175 | 620,415 | | 620,415 |
| | | | | 57,191 | 357,774 | | 357,774 |
| | | | | 0 | 0 | | 0 |
| | | | | 0 | 0 | | 0 |
| | | | | 0 | 0 | | 0 |
| | | | | 0 | 0 | | 0 |
| d. Subtotal Direct Mental Health Care Cost | 3,022,934 | 30,245 | 3,053,179 | 575,165 | 3,628,344 | 0 | 3,628,344 |
| 2. Other Direct Mental Health Care Cost | | | | | | | |
| a. Medical Supplies | | 19,952 | 19,952 | | 19,952 | | 19,952 |
| b. Transportation | | 0 | 0 | | 0 | | 0 |
| c. Depreciation - Mental Health Equipment | | 0 | 0 | | 0 | | 0 |
| d. Professional Liability Insurance | | 0 | 0 | | 0 | | 0 |
| e. Other - Specify | | | | | | | |
| | | 23,782 | 23,782 | | 23,782 | | 23,782 |
| | | 0 | 0 | | 0 | | 0 |
| | | 0 | 0 | | 0 | | 0 |
| | | 0 | 0 | | 0 | | 0 |
| f. Subtotal Other Direct Mental Health Care Cost | 0 | 43,734 | 43,734 | 0 | 43,734 | 0 | 43,734 |
| 3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f) | 3,022,934 | 73,979 | 3,096,913 | 575,165 | 3,672,078 | 0 | 3,672,078 |
| D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES | 10,948,375 | 1,592,744 | 12,541,119 | 2,083,117 | 14,624,236 | | 14,624,236 |

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

Reporting Period: From 8/1/2017 To 7/31/2018
 FQHC Name: SOUTHWEST CHC INC.

Form A-4 (Non-Allowable Direct Other Service Cost)
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

| COST CENTER | Salaried Personnel | | Other Costs | Total | Reclassifications | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | Net Expenses (Col 5 & 6) |
|---|--------------------|-------------------|------------------|-------------------|-------------------|--|---------------------------------|--------------------------|
| | I | II | | | | | | |
| E. NON-ALLOWABLE DIRECT OTHER SERVICE COST | | | | | | | | |
| 1. Service | | | | | | | | |
| a. Clinical Diagnostic Lab | | | | 0 | | 0 | | 0 |
| b. Radiology | | | 658,144 | 658,144 | | 658,144 | (658,144) | 0 |
| c. Prescription Drugs/Pharmacy | | | 27,702 | 27,702 | | 27,702 | (27,702) | 0 |
| d. Battered Women | | 415,354 | 84,860 | 500,214 | 79,028 | 579,242 | (579,242) | 0 |
| e. Homeless | | | | 0 | | 0 | | 0 |
| f. WIC | | | | | | | | 0 |
| g. Non-FQHC Sites | | | | | | | | 0 |
| h. Other - Specify | | | | | | | | 0 |
| ACA Outreach | | 81,861 | | 81,861 | 15,575 | 97,436 | (97,436) | 0 |
| SNAP | | 8,493 | | 8,493 | 1,816 | 10,109 | (10,109) | 0 |
| CSSD Judicial Branch | | 76,571 | | 76,571 | 14,569 | 91,140 | (91,140) | 0 |
| Medicaid Outreach DSS | | 21,381 | | 21,381 | 4,068 | 25,449 | (25,449) | 0 |
| DPH Aids | | 92,235 | | 92,235 | 17,549 | 109,784 | (109,784) | 0 |
| PART D | | 32,200 | 13,009 | 45,209 | 6,127 | 51,336 | (51,336) | 0 |
| PCMH+ CM | | 172,548 | | 172,548 | 32,830 | 205,378 | (205,378) | 0 |
| i. Total Non-Allowable Direct Other Service Cost | | 900,643 | 783,715 | 1,684,358 | 171,362 | 1,855,720 | (1,855,720) | 0 |
| F. TOTAL DIRECT COST (D+E1I) | | 11,849,018 | 2,376,459 | 14,225,477 | 2,254,479 | 16,479,956 | (1,855,720) | 14,624,236 |

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

Reporting Period: From 8/1/2017 To 7/31/2018
FQHC Name: SOUTHWEST CHC INC.

Form A-5 (Overhead Cost)

| COST CENTER | RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | | | | | | |
|---|--|-------------|------------|-------------------|--|---------------------------------|--------------------------|
| | I | II | III | IV | V | VI | Net Expenses (Col 5 & 6) |
| | Salaries Personnel | Other Costs | Total | Reclassifications | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | |
| G. OVERHEAD - FACILITY COST | | | | | | | |
| a. Rent | | 167,301 | 167,301 | | 167,301 | | 167,301 |
| b. Insurance | | 127,026 | 127,026 | | 127,026 | | 127,026 |
| c. Interest on Mortgage or Loans | | 273,673 | 273,673 | | 273,673 | | 273,673 |
| d. Utilities | | 228,597 | 228,597 | | 228,597 | | 228,597 |
| e. Depreciation - Building | | 685,114 | 685,114 | | 685,114 | | 685,114 |
| f. Depreciation - Equipment | | 0 | 0 | | 0 | | 0 |
| g. Housekeeping & Maintenance | 104,909 | 414,347 | 519,256 | 19,961 | 539,217 | | 539,217 |
| h. Other (Specify) | | | | | | | |
| | | 35,747 | 35,747 | | 35,747 | | 35,747 |
| | | 375,760 | 375,760 | | 375,760 | | 375,760 |
| | | 0 | 0 | | 0 | | 0 |
| | | 0 | 0 | | 0 | | 0 |
| | | 0 | 0 | | 0 | | 0 |
| | | 0 | 0 | | 0 | | 0 |
| | | 0 | 0 | | 0 | | 0 |
| Subtotal Overhead - Facility Cost | 104,909 | 2,307,565 | 2,412,474 | 19,961 | 2,432,435 | 0 | 2,432,435 |
| H. OVERHEAD - ADMINISTRATIVE COST | | | | | | | |
| a. Office Salaries | 4,195,813 | 66,727 | 4,262,540 | 796,328 | 5,058,868 | | 5,058,868 |
| b. Depreciation - Office Equipment | | 567,481 | 567,481 | | 567,481 | | 567,481 |
| c. Office Supplies | | 171,295 | 171,295 | | 171,295 | | 171,295 |
| d. Legal | | 61,937 | 61,937 | | 61,937 | | 61,937 |
| e. Accounting | | 46,272 | 46,272 | | 46,272 | | 46,272 |
| f. Insurance | | 7,135 | 7,135 | | 7,135 | | 7,135 |
| g. Telephone | | 149,604 | 149,604 | | 149,604 | | 149,604 |
| h. Fringe Benefits & Taxes | | 3,072,768 | 3,072,768 | (3,072,768) | 0 | | 0 |
| i. Interest - Capital Loans | | 7,712 | 7,712 | | 7,712 | | 7,712 |
| j. Other (Specify) | | | | | | | |
| | | 49,188 | 49,188 | | 49,188 | | 49,188 |
| | | 85,225 | 85,225 | | 85,225 | | 85,225 |
| | | 22,749 | 22,749 | | 22,749 | | 22,749 |
| | | 0 | 0 | | 0 | | 0 |
| | | 33,706 | 33,706 | | 33,706 | | 33,706 |
| | | 7,647 | 7,647 | | 7,647 | | 7,647 |
| | | 44,945 | 44,945 | | 44,945 | | 44,945 |
| | | 33,565 | 33,565 | | 33,565 | | 33,565 |
| | | 32,817 | 32,817 | | 32,817 | | 32,817 |
| | | 32,147 | 32,147 | | 32,147 | | 32,147 |
| | | 15,405 | 15,405 | | 15,405 | | 15,405 |
| | | 262,834 | 262,834 | | 262,834 | | 262,834 |
| | | 59,446 | 59,446 | | 59,446 | | 59,446 |
| | | 62,895 | 62,895 | | 62,895 | | 62,895 |
| | | 11,690 | 11,690 | | 11,690 | | 11,690 |
| | | 75,155 | 75,155 | | 75,155 | | 75,155 |
| | | 4,982,345 | 9,178,159 | (2,274,440) | 6,903,719 | 0 | 6,903,719 |
| Subtotal Overhead - Administrative Cost | 4,300,722 | 7,289,910 | 11,590,632 | (2,254,479) | 9,336,153 | | 9,336,153 |
| I. TOTAL OVERHEAD COST (G+H+K) | | | | | | | |
| | | | | | | | |
| J. GRAND TOTAL COSTS² (F+I) | 16,149,740 | 9,686,369 | 25,836,109 | | 25,836,109 | (1,855,720) | 23,980,389 |

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 8/1/2017 To 7/31/2018
 FQHC Name: SOUTHWEST CHC INC.

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

| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | | | |
|--|----------------------|--------------------|-------------------|-------------------------------|------------------------------|--|
| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other) | Specialty I | Compensation II | Encounters III | Total Employee Hours and FTEs | | |
| | | | | Employee Total Hours IV | FTEs (1820 hrs = 1 FTE) V | |
| <i>Provide Itemized de-identified list (e.g., Physician 1)</i> | General Practitioner | 725,000 | 1,500 | 1,040 | 0.50 | |
| A. PHYSICIAN | | | | | | |
| 1. Physician 1 | Internist | | 2,894 | 1,194 | 0.66 | |
| 2. Physician 2 | Internist | | 17 | 53 | 0.03 | |
| 3. Physician 3 | Internist | | 3,741 | 1,809 | 0.99 | |
| 4. Physician 4 | Internist | | 4,088 | 1,901 | 1.04 | |
| 5. Physician 5 | Internist | | 442 | 571 | 0.31 | |
| 6. Physician 6 | Internist | | 2,760 | 1,253 | 0.69 | |
| 7. Physician 7 | Internist | | 3,082 | 1,222 | 0.67 | |
| 8. Physician 8 | Internist | | 2,779 | 1,061 | 0.58 | |
| 9. Physician 9 | Internist | | 2,519 | 1,371 | 0.75 | |
| 10. Physician 10 | Pediatrician | | 1,607 | 1,148 | 0.63 | |
| 11. Physician 11 | Pediatrician | | 3,839 | 1,820 | 1.00 | |
| 12. Physician 12 | Pediatrician | | 639 | 364 | 0.20 | |
| 13. Physician 13 | Pediatrician | | 1,125 | 677 | 0.37 | |
| 14. Physician 14 | Ob/Gyn | | 2,872 | 1,679 | 0.92 | |
| 15. Physician 15 | Ob/Gyn | | 3,410 | 1,843 | 1.01 | |
| 16. Physician 16 | Ob/Gyn | | 2,354 | 1,340 | 0.74 | |
| Total Physician Encounters, Staff Hours and FTEs | | 0 | 38,168 | 19,306 | 10.59 | |
| B. PHYSICIAN ASSISTANT | | | | | | |
| 1. PHYSICIAN ASSISTANT 1 | Ob/Gyn | | 2,258 | 1,192 | 0.65 | |
| 2. PHYSICIAN ASSISTANT 2 | Pediatrics | | 3,265 | 1,554 | 0.85 | |
| 3. PHYSICIAN ASSISTANT 3 | IM | | 2,320 | 1,307 | 0.72 | |
| Total Physician Assistant Encounters, Hours and FTEs | | 0 | 7,843 | 4,053 | 2.22 | |

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 8/1/2017 To 7/31/2018

FQHC Name: SOUTHWEST CHC INC.

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

| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | | | |
|--|-----------------------------|--------------------|-------------------|-------------------------------|---------------------------------|--|
| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other) | Specialty I | Compensation II | Encounters III | Total Employee Hours and FTEs | | |
| | | | | Employee Total Hours IV | FTEs (1820 hrs = 1 FTE) V | |
| <i>Provide itemized de-identified list (e.g., Physician 1)</i> | General Practitioner | 125,000 | 1,500 | 1,040 | 0.50 | |
| C. NURSE (APRN, MIDWIFE, RN) | | | | | | |
| 1. APRN 1 | Adlt NP | | 1,250 | 1,029 | 0.57 | |
| 2. APRN 2 | Adlt NP | | 944 | 496 | 0.27 | |
| 3. APRN 3 | Adlt NP | | 1,170 | 967 | 0.53 | |
| 4. APRN 4 | Adlt NP | | 1,993 | 1,820 | 1.00 | |
| 5. APRN 5 | Adlt NP | | 2,643 | 1,820 | 1.00 | |
| 6. APRN 6 | Adlt NP | | 77 | 138 | 0.08 | |
| 7. APRN 7 | Adlt NP | | 1,610 | 988 | 0.54 | |
| 8. APRN 8 | Adlt NP | | 484 | 258 | 0.14 | |
| 9. APRN 9 | Ped.NP | | 1,573 | 1,522 | 0.84 | |
| 10. APRN 10 | Ped.NP | | 2,398 | 1,820 | 1.00 | |
| 11. APRN 11 | Ped.NP | | 1,505 | 1,759 | 0.97 | |
| 12. APRN 12 | Ped.NP | | 1,305 | 1,687 | 0.93 | |
| 13. APRN 13 | Ped.NP | | 2,364 | 1,748 | 0.96 | |
| 14. APRN 14 | Ped.NP | | 2,669 | 1,820 | 1.00 | |
| 15. MID WIFE | Ob/Gyn | | 1,887 | 1,099 | 0.60 | |
| Total Nurse Practitioner | | 0 | 23,872 | 18,971 | 10.43 | |

| D. PHYSICIAN SERVICES UNDER CONTRACT | | | | | |
|--------------------------------------|--------------|-----|-------|-------|------|
| 1 | INTERNIST | Md | 1,497 | 1,220 | 0.67 |
| 2 | PEDIATRICIAN | Md | 1,007 | 854 | 0.47 |
| 3 | OB/GYN | Md | 1,543 | 595 | 0.33 |
| 4 | MID-WIFE | CMW | 187 | 133 | 0.07 |
| 5 | PODIATRIST | Md | 22 | 18 | 0.01 |

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

| | | |
|-------------------|----------------------|---------------------|
| Reporting Period: | From <u>8/1/2017</u> | To <u>7/31/2018</u> |
| FQHC Name: | SOUTHWEST CHC INC. | |

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

| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | | |
|--|-----------|--------------|------------|-------------------------------|-------------------------|
| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other) | Specialty | Compensation | Encounters | Total Employee Hours and FTEs | |
| | | | | Employee Total Hours | FTEs (1820 hrs = 1 FTE) |
| Total Physician Services Under Contract | | 0 | 4,256 | 2,820 | 1.55 |
| E. OTHER HEALTH CARE PRACTITIONER | | | | | |
| 1. NUTRITION/DIETICIAN | | | 1,254 | 1,820 | 1.00 |
| Total Other Health Care Practitioner | | 0 | 1,254 | 1,820 | 1.00 |

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

Reporting Period: From 8/1/2017 To 7/31/2018
 FQHC Name: SOUTHWEST CHC INC.

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

| DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | |
|---|--------------------|-------------------|-------------------------------|---------------------------------|
| DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs | Compensation II | Encounters III | Total Employee Hours and FTEs | |
| | | | Employee Total Hours IV | FTEs (1820 hrs = 1 FTE) V |
| <i>Provide itemized de-identified list (e.g., Dentist 1)</i> | 125,000 | 1,500 | 1,040 | 0.50 |
| A. | | | | |
| DENTIST | | | | |
| 1. DENTIST 1 | | 2,753 | 1,820 | 1.00 |
| 2. DENTIST 2 | | 437 | 288 | 0.16 |
| 3. DENTIST 3 | | 1,614 | 1,744 | 0.96 |
| 4. DENTIST 4 | | 2,203 | 1,744 | 0.96 |
| 5. DENTIST 5 | | 1,474 | 1,055 | 0.58 |
| 6. DENTIST 6 | | 152 | 128 | 0.07 |
| 7. DENTIST 7 | | 2,459 | 1,820 | 1.00 |
| Total Dentist Encounters, Staff Hours and FTEs | 0 | 11,092 | 8,599 | 4.73 |
| B. | | | | |
| DENTAL HYGIENIST | | | | |
| 1. HYGIENIST 1 | | 1,344 | 1,820 | 1.00 |
| 2. HYGIENIST 2 | | 1,232 | 1,820 | 1.00 |
| 3. HYGIENIST 3 | | 1,438 | 1,820 | 1.00 |
| 4. HYGIENIST 4 | | 1,005 | 1,484 | 0.82 |
| 5. HYGIENIST 5 | | 1,184 | 1,634 | 0.90 |
| Total Dental Hygienist Encounters, Hours and FTEs | 0 | 6,203 | 8,578 | 4.72 |
| C. | | | | |
| OTHER DENTAL PRACTITIONER | | | | |
| 1. DENTIST CONTRACTED | | 2,644 | 1,672 | 0.92 |
| 2. DENTIST CONTRACTED | | 1,561 | 1,209 | 0.66 |
| Total Other Dental Practitioner Encounters, Hours and FTEs | 0 | 4,205 | 2,881 | 1.58 |

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

| | | |
|-------------------|----------------------|---------------------|
| Reporting Period: | From <u>8/1/2014</u> | To <u>7/31/2015</u> |
| FQHC Name: | SOUTHWEST CHC INC. | |

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

| MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | |
|--|--------------------|-------------------|-------------------------------|---------------------------------|
| MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs | Compensation ii | Encounters iii | Total Employee Hours and FTEs | |
| | | | Employee Total Hours iv | FTEs (1820 hrs = 1 FTE) v |
| <i>Provide itemized de-identified list (e.g., Psychologist 1)</i> | 125,000 | 1,500 | 1,040 | 0.50 |
| A. PSYCHOLOGIST | | | | |
| 1. Psychiatrist 1 | | 1,299 | 691 | 0.38 |
| 2. Psychiatrist 2 | | 2,413 | 1,393 | 0.77 |
| 5. | | | | 0.00 |
| Total Psychologist Encounters, Staff Hours and FTEs | 0 | 3,712 | 2,084 | 1.15 |
| B. SOCIAL WORKER | | | | |
| 1. PSYC APRN 1 | | 1,762 | 1,163 | 0.64 |
| 2. PSYC APRN 2 | | 3,670 | 2,154 | 1.18 |
| 3. PSYC APRN 3 | | 35 | 294 | 0.16 |
| 4. PSYC APRN 4 | | 663 | 1,624 | 0.89 |
| 5. SOCIAL WORKER 1 | | 924 | 1,820 | 1.00 |
| 6. SOCIAL WORKER 2 | | 662 | 1,820 | 1.00 |
| 7. SOCIAL WORKER 3 | | 160 | 333 | 0.18 |
| 8. SOCIAL WORKER 4 | | 1,226 | 1,820 | 1.00 |
| 9. SOCIAL WORKER 5 | | 691 | 1,575 | 0.87 |
| 10. SOCIAL WORKER 6 | | 863 | 1,820 | 1.00 |
| 11. SOCIAL WORKER 7 | | 909 | 1,820 | 1.00 |
| 12. SOCIAL WORKER 8 | | 801 | 1,820 | 1.00 |
| 13. SOCIAL WORKER 9 | | 856 | 1,646 | 0.90 |
| 14. SOCIAL WORKER 10 | | 1,078 | 1,820 | 1.00 |
| 15. SOCIAL WORKER 11 | | 1,422 | 1,820 | 1.00 |
| 16. SOCIAL WORKER 12 | | 101 | 364 | 0.20 |
| 17. SOCIAL WORKER 13 | | 873 | 1,820 | 1.00 |
| 18. SOCIAL WORKER 14 | | 327 | 1,112 | 0.61 |
| 19. SOCIAL WORKER 15 | | 801 | 1,820 | 1.00 |
| 20. SOCIAL WORKER 16 | | 487 | 1,477 | 0.81 |
| 21. SOCIAL WORKER 17 | | 730 | 1,820 | 1.00 |
| 22. SOCIAL WORKER 18 | | 72 | 180 | 0.10 |
| 23. SOCIAL WORKER 19 | | 966 | 1,820 | 1.00 |
| 24. SOCIAL WORKER 20 | | 731 | 1,820 | 1.00 |
| 25. SOCIAL WORKER 21 | | 289 | 1,449 | 0.80 |
| 26. SOCIAL WORKER 22 | | 874 | 1,820 | 1.00 |
| 27. SOCIAL WORKER 23 | | 410 | 1,820 | 1.00 |
| Total Social Worker Encounters, Hours and FTEs | 0 | 22,363 | 40,671 | 22.34 |
| C. OTHER MENTAL HEALTH PRACTITIONER | | | | |
| 1. SAC 1 | | 1,372 | 1,820 | 1.00 |
| 2. SAC 2 | | 875 | 1,624 | 0.89 |
| 3. SAC 3 | | 437 | 679 | 0.37 |
| 4. SAC 4 | | 1,933 | 1,820 | 1.00 |
| 5. SAC 5 | | 444 | 939 | 0.52 |
| 6. SAC 6 | | 1,153 | 1,743 | 0.96 |
| 7. SAC 7 | | 655 | 1,470 | 0.81 |
| 8. SAC 8 | | 1,726 | 1,820 | 1.00 |
| 9. SAC 9 | | 760 | 1,820 | 1.00 |
| 10. SAC 10 | | 901 | 1,820 | 1.00 |
| 11. SAC 11 | | 619 | 1,820 | 1.00 |
| 12. SAC 12 | | 623 | 1,820 | 1.00 |
| Total Other Mental Health Practitioner Encounters, Hours and FTEs | 0 | 11,498 | 19,195 | 10.55 |

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

Reporting Period: From 8/1/2017 To 7/31/2018

FQHC Name: **SOUTHWEST CHC INC.**

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE

| SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE | Number of Practitioners | Total Compensation | Compensation Range | | Turnover | | Employee Hours and FTEs | | |
|--|-------------------------|--------------------|--------------------|----------------|----------|------------|-------------------------|--------------------------|--------------|
| | | | High | Low | Hires | Departures | Employee Total Hours | FTEs (1,820 hrs = 1 FTE) | |
| A. HEALTH CARE PRACTITIONERS | 4 | 500,000 | 150,000 | 100,000 | 2 | 1 | 10,000 | 8,320 | 4.00 |
| 1. PHYSICIAN | 16 | 2,268,282 | 286,400 | 155,000 | 3 | 2 | 38,168 | 19,306 | 10.61 |
| 2. PHYSICIAN ASSISTANT | 3 | 329,188 | 138,000 | 120,000 | 7,843 | | 7,843 | 4,053 | 2.23 |
| 3. NURSE (APRN, MIDWIFE,) | 13 | 1,064,056 | 140,000 | 92,000 | 4 | 4 | 23,872 | 18,971 | 10.42 |
| 4. PHYSICIAN SERVICES UNDER CONTRACT | 1 | 330,791 | 127,400 | 127,400 | | | 4,256 | 2,820 | 1.55 |
| 5. OTHER HEALTH PROFESSIONALS | | | | | | | | | 0.00 |
| 6. OTHER ALLIED HEALTH PROFESSIONALS | 1 | 64,270 | 70,314 | 70,314 | | | 1,254 | 1,820 | 1.00 |
| 7. OTHER HEALTH CARE PRACTITIONERS | | | | | | | | | 0.00 |
| Total Health Care | 34 | 4,056,587 | | | 7 | 6 | 75,393 | 46,970 | 25.81 |
| B. DENTAL PRACTITIONERS | | | | | | | | | |
| 1. DENTIST | 5 | 680,813 | 150,000 | 130,000 | 2 | 3 | 11,092 | 8,599 | 4.72 |
| 2. DENTAL HYGIENIST | 5 | 309,050 | 70,000 | 64,000 | | | 6,203 | 8,578 | 4.71 |
| 3. OTHER DENTAL PRACTITIONERS | 2 | 296,730 | 158,000 | 158,000 | | | 4,205 | 2,881 | 1.58 |
| Total Dental | 12 | 1,286,593 | | | 2 | 3 | 21,500 | 20,058 | 11.01 |
| C. MENTAL HEALTH PRACTITIONERS | | | | | | | | | |
| 1. PSYCHIATRIST | 3 | 360,951 | 260,000 | 230,000 | | | 3,712 | 2,084 | 1.15 |
| 2. PSYCHOLOGIST | 0 | | | | | | | | 0.00 |
| 3. LICENSED CLINICAL SOCIAL WORKER | 7 | 428,741 | 78,000 | 68,000 | 4 | 8 | 5,900 | 11,846 | 6.51 |
| 4. PSYCHIATRIC APRN | 3 | 381,644 | 163,800 | 145,000 | | | 2,834 | 4,803 | 2.64 |
| 5. OTHER MENTAL HEALTH PRACTITIONERS | 29 | 1,526,458 | 74,000 | 60,000 | 2 | 2 | 25,268 | 41,616 | 22.87 |
| Total Mental Health | 42 | 2,697,794 | | | 6 | 10 | 37,714 | 60,349 | 33.17 |

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

| | | | | |
|-------------------|--------------------|----------|----|-----------|
| Reporting Period: | From | 8/1/2017 | To | 7/31/2018 |
| FQHC Name: | SOUTHWEST CHC INC. | | | |

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

| | | |
|----|--|-------------------|
| A. | Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII) | 14,624,236 |
| B. | Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII) | - |
| C. | Total Direct Costs (A+B) | 14,624,236 |
| D. | Portion of Title XIX Services (A/C) | 100.00% |
| E. | Total Overhead Cost (P7 - Form A-5, Line I, Col. VII) | 9,336,153 |
| F. | Overhead Cost Applicable to Title XIX Services (DxE) | 9,336,153 |
| G. | Total Title XIX Services Cost (A+F) | 23,960,389 |
| H. | Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30) | 7,188,117 |
| I. | Cost Adjustment (Lower of H-F or Zero) | (2,148,036) |
| J. | Allowable Title XIX Overhead Cost (F+I) | 7,188,117 |
| K. | Direct Costs | |
| | 1. Health Care Services (P3 - Form A-1, Line A3, Col. VII) | 8,763,585 |
| | 2. Dental Services (P4 - Form A-2, Line B3, Col. VII) | 2,188,573 |
| | 3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII) | 3,672,078 |
| | 4. Total Direct Costs (K1 thru K3) | 14,624,236 |
| L. | Direct Costs as a % of Total | |
| | 1. Health Care Services (K1/K4) | 59.93% |
| | 2. Dental Services (K2/K4) | 14.97% |
| | 3. Mental Health Services (K3/K4) | 25.11% |
| M. | Allocated Allowable Overhead Cost | |
| | 1. Health Care Services (JxL1) | 4,307,839 |
| | 2. Dental Services (JxL2) | 1,076,061 |
| | 3. Mental Health Services (JxL3) | 1,804,936 |
| | 4. Total Allowable Title XIX Overhead Cost (M1 thru M3) | 7,188,836 |

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

| | | |
|-------------------|----------------------|---------------------|
| Reporting Period: | From <u>8/1/2017</u> | To <u>7/31/2018</u> |
| FQHC Name: | SOUTHWEST CHC INC. | |

Form D (Allowable Cost per Encounter)

| ALLOWABLE COST PER ENCOUNTER | |
|--|------------|
| I. Health Care Cost (Excluding Dental and Mental Health) | |
| A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII) | 8,763,585 |
| B. Allowable Overhead Cost (P13 - Form C, Line M1) | 4,307,839 |
| C. Total Allowable Health Care Cost (A+B) | 13,071,424 |
| D. Encounters (P12 - Form B-4, Health Care Total) | 75,393 |
| E. Allowable Health Care Cost Per Encounter (C/D) | 173.38 |
| II. Dental | |
| A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII) | 2,188,573 |
| B. Allowable Overhead Cost (P13 - Form C, Line M2) | 1,076,061 |
| C. Total Allowable Dental Cost (A+B) | 3,264,634 |
| D. Encounters (P12 - Form B-4, Dental Total) | 21,500 |
| E. Allowable Dental Cost Per Encounter (C/D) | 151.84 |
| III. Mental Health | |
| A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII) | 3,672,078 |
| B. Allowable Overhead Cost (P13 - Form C, Line M3) | 1,804,936 |
| C. Total Allowable Mental Health Cost (A+B) | 5,477,014 |
| D. Encounters (P12 - Form B-4, Mental Health Total) | 37,714 |
| E. Allowable Mental Health Cost Per Encounter (C/D) | 145.22 |

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

Reporting Period: From 8/1/2017 To 7/31/2018
 FQHC Name: **SOUTHWEST CHC INC.**

| REVENUES | | I | II | III | IV | V |
|-----------|---|---|-----------|---------------|-----------|------------------------|
| | | Excluding Dental, Mental Health & Other | Dental | Mental Health | Other | Total (Col. I thru IV) |
| A. | Operating Revenue | | | | | |
| 1. | Medicaid | 7,473,446 | 1,638,272 | 4,232,015 | | 13,343,733 |
| 2. | Private | 516,466 | 242,705 | 134,226 | | 893,397 |
| 3. | Medicare | 1,047,742 | | 693,412 | | 1,741,154 |
| 4. | Patient Cash/Self Pay | 624,572 | 408,631 | 67,826 | | 1,101,029 |
| 5. | Other - Specify DHMAS, State Judiciary | | | 154,954 | | 154,954 |
| 6. | Total (1 thru 5) | 9,662,226 | 2,289,608 | 5,282,433 | 0 | 17,234,267 |
| B. | Other Revenue | | | | | |
| 1. | Contributions | | | | | 0 |
| 2. | Grants | 2,328,770 | 1,226,126 | 248,529 | 175,559 | 3,978,984 |
| 3. | Interest | | | | 696 | 696 |
| 4. | Donations | | | | 15,040 | 15,040 |
| 5. | Other - Specify Contracts | 944,974 | 81,796 | 359,975 | 1,548,361 | 2,935,106 |
| 6. | Other - Specify Private Foundation Grants | 84,684 | 25,196 | 44,120 | | 154,000 |
| 7. | Other - Specify Pharmacy | | | | 1,175,147 | 1,175,147 |
| 8. | Other - Specify | | | | | 0 |
| 9. | Other - Specify QI Incentives | | | | 53,539 | 53,539 |
| 10. | Other - Specify | | | | | 0 |
| 11. | Total (1 thru 10) | 3,358,428 | 1,333,118 | 652,624 | 2,968,342 | 8,312,512 |
| 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) | 13,020,654 | 3,622,726 | 5,935,057 | 2,968,342 | 25,546,779 |

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

| | | | | |
|-------------------|--------------------|----------|----|-----------|
| Reporting Period: | From | 8/1/2017 | To | 7/31/2018 |
| FQHC Name: | SOUTHWEST CHC INC. | | | |

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)

| A. | Contributions | ACTUAL |
|----|--|----------------|
| | 1. Services (<i>Excluding Dental, Mental Health and Other</i>) | |
| | 2. Dental | |
| | 3. Mental Health | |
| | 4. Other - Specify <u>Pharmaceuticals/Vaccines</u> | 877,429 |
| | Other - Specify <u>Occupancy/Shelters</u> | 37,986 |
| | Other - Specify _____ | |
| | Other - Specify _____ | |
| | Other - Specify _____ | |
| | 5. Total (1 thru 4) | 915,415 |

| B. | Grants (<i>Excluding PHS</i>) | |
|----|--|----------------|
| | 1. Services (<i>Excluding Dental, Mental Health and Other</i>) | 444,021 |
| | 2. Dental | |
| | 3. Mental Health | |
| | 4. Other - Specify <u>CHN Grant</u> | 154,000 |
| | Other - Specify _____ | |
| | Other - Specify _____ | |
| | Other - Specify _____ | |
| | Other - Specify _____ | |
| | 5. Total (1 thru 4) | 598,021 |

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

Reporting Period: From 8/1/2017 To 7/31/2018

FQHC Name: SOUTHWEST CHC INC.

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

| A. | Cost Disallowance | | |
|----|---|-----------|------------------|
| | 1. Entertainment | | |
| | 2. Fines and penalties | | |
| | 3. Bad debt | 462,475 | |
| | 4. Cost of actions to collect receivables | | |
| | 5. Advertising, except for recruitment of personnel | | |
| | 6. Contingent reserves | | |
| | 7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner | | |
| | 8. Fundraising | | |
| | 9. Amortization of goodwill | | |
| | 10. Directors fees | | |
| | 11. Contributions | | |
| | 12. Membership dues for public relations | | |
| | 13. Cost not related to patient care | | |
| | 14. Interest | | |
| | 15. Pass through expenses (WIC Food Benefits) | 2,691,503 | |
| | 16. Total (1 thru 15) | | 3,153,978 |
| B. | Cost Offset (Expense Recovery) | | |
| | 1. Refunds - Medicaid Outreach and Non-Billable Services | 1,855,720 | |
| | 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) | | 1,855,720 |
| C. | Total Cost Disallowance and Offset (A16+B7) | | 5,009,698 |



TRIAL BALANCE AS OF 7/31/2018

Reported on FORM A

| Account | Description | Balance | Reported on FORM A | | | | | |
|---------|--|-----------|--------------------|---------------|---------------|---------------|-----|---------------|
| | | | A-1 | A-2 | A-3 | A-4 | A-5 | |
| 5010 | Physicians/Medical | 2,268,282 | Row 1a Col I | | | | | |
| 5010 | Physicians/Psych | 360,951 | | | Row 1a Col I | | | |
| 5015 | APRN | 997,387 | Row 1c Col I | | | | | |
| 5015 | Phys. Asst | 329,188 | Row 1b Col I | | | | | |
| 5020 | Nurses | 2,221,635 | Row 1c Col I | | | | | |
| 5030 | Medical Assistants | 506,996 | Row 1d Col I | | | | | |
| 5035 | Dentists | 680,813 | | Row 1a Col I | | | | |
| 5040 | Dental Hygienists | 309,050 | | Row 1b Col I | | | | |
| 5041 | Dental asst. | 363,299 | | Row 1c Col I | | | | |
| 5042 | Dental admin. | | | | | | | Row Ha Col I |
| 5045 | Psychiatric APRN | 381,644 | | | Row 1c Col I | | | |
| 5050 | Certified Dietician | 64,270 | Row 1d Col I | | | | | |
| 5050 | Nutrition (WIC) | 304,569 | | | | Row 1e Col I | | |
| 5055 | Social service professionals | 1,458,516 | | | Row 1b Col I | | | |
| 5056 | Substance Abuse Cnslrs | 521,240 | | | Row 1c Col I | | | |
| 5057 | Case Managers /BH | 300,583 | | | Row 1c Col I | | | |
| 5057 | Case Managers /PCMH+ | 172,548 | | | | Row 1h Col I | | |
| 5057 | Case Managers / Medical | 184,521 | Row 1d Col I | | | | | |
| 5058 | Enabling / ACA Outreach | 81,861 | | | | Row 1h Col I | | |
| 5058 | Enabling /SW | 45,462 | | | | | | Row Ha Col I |
| 5058 | Enabling /SNAP | 8,493 | | | | Row 1h Col I | | |
| 5058 | Enabling / CSSD | 76,571 | | | | Row 1h Col I | | |
| 5058 | Enabling / Part D | 32,200 | | | | Row 1h Col I | | |
| 5058 | Enabling / Medicaid Outreach | 21,381 | | | | Row 1h Col I | | |
| 5058 | Enabling /AIDS Test & Educ. | 75,691 | | | | Row 1h Col I | | |
| 5060 | Fiscal | 333,159 | | | | | | Row Ha Col I |
| 5065 | Administrative, Patient Support | 1,235,262 | | | | | | Row Ha Col I |
| 5065 | Administrative, Patient Support /AIDS T & E | 16,544 | | | | Row 1e Col I | | |
| 5065 | Administrative, clerical,other WIC | 110,785 | | | | Row 1e Col I | | |
| 5066 | Administrative, Patient Billing & Other Services | 918,963 | | | | | | Row Ha Col I |
| 5067 | Administration | 1,662,967 | | | | | | Row Ha Col I |
| 5075 | Maintenance | 104,909 | | | | | | Row Gg Col I |
| 5110 | Fica | 1,128,166 | | | | | | Row Hh Col II |
| 5115 | State unemployment insurance | 103,986 | | | | | | Row Hh Col II |
| 5120 | Workers Compensation | 129,812 | | | | | | Row Hh Col II |
| 5125 | Disability insurance | 45,625 | | | | | | Row Hh Col II |
| 5130 | Health insurance | 1,580,115 | | | | | | Row Hh Col II |
| 5131 | Health insurance /Medical Waiver | 53,445 | | | | | | Row Hh Col II |
| 5135 | Life insurance | 15,677 | | | | | | Row Hh Col II |
| 5190 | Other | 15,942 | | | | | | Row Hh Col II |
| 5210 | Consult fees - Internist,Ped,Ob/Gyn | 328,391 | Row 1a Col II | | | | | |
| 5212 | Consult fees - Med.Spcl.Podiatry | 2,400 | Row 1a Col II | | | | | |
| 5212 | Consult fees - Med.Spcl.Optomtrist | 27,702 | | | | Row 1e Col II | | |
| 5213 | Consult fees - Fam.Nurse Practitioner | 19,295 | Row 1c Col II | | | | | |
| 5215 | Consult fees - UCONN Dentists | 295,947 | | Row 1a Col II | | | | |
| 5219 | Consult fees - UCONN Psych.APRN | 30,245 | | | Row 1c Col II | | | |
| 5220 | Contract - Staff | 12,284 | | | | | | Row Gg Col II |
| 5220 | Contract - Staff | 29,027 | | | | | | Row Ha Col II |
| 5230 | Contract svc - Cleaning/main. | 222,724 | | | | | | Row Gg Col II |
| 5230 | Contract svc - Cleaning/maint WIC | 15,034 | | | | Row 1f Col II | | |
| 5231 | Contract svc - Security | 375,760 | | | | | | Row Gh Col II |
| 5231 | Contract svc - Security WIC | 7,757 | | | | Row 1f Col II | | |
| 5232 | Contract svc - Medical and Trash Removal | 35,747 | | | | | | Row Gh Col II |
| 5232 | Contract svc - Trash Removal WIC | 1,042 | | | | Row 1f Col II | | |



TRIAL BALANCE AS OF 7/31/2018

Reported on FORM A

| Account | Description | Balance | Reported on FORM A | | | | |
|---------|---|---------|--------------------|---------------|---------------|---------------|---------------|
| | | | A- 1 | A- 2 | A- 3 | A- 4 | A- 5 |
| 5240 | Professional fees - legal | 61,937 | | | | | Row Hd Col II |
| 5250 | Professional fees - accounting | 46,272 | | | | | Row He Col II |
| 5250 | Professional fees - accounting / WIC | 3,784 | | | | Row 1f Col II | |
| 5265 | Professional fees - Interpreting | 74,813 | Row 1d Col II | | | | |
| 5270 | Professional fees/Admin | 39,700 | | | | | Row Ha Col II |
| 5310 | Laboratory/ Offsite BH | 17,967 | | | Row 2a Col II | | |
| 5310 | Laboratory /Dental Lab | 54,294 | | Row 2a Col II | | | |
| 5320 | Pharmacy/ 340b | 435,253 | | | | Row 1c Col II | |
| 5322 | Pharmacy fees | 222,891 | | | | Row 1c Col II | |
| 5410 | Medical Supplies | 149,847 | Row 2a Col II | | | | |
| 5410 | Medical Supplies | 1,985 | | | Row 2a Col II | | |
| 5420 | Pharmaceutical Supplies (Adm.to Patients) | 101,921 | Row 2g Col II | | | | |
| 5430 | Diagnostic supplies | 102,959 | Row 2e Col II | | | | |
| 5440 | Dental supplies | 156,922 | | Row 2a Col II | | | |
| 5460 | Admin. and other supplies | 65,699 | | | | | Row Hc Col II |
| 5460 | Admin. and other supplies /WIC | 3,410 | | | | Row 1f Col II | |
| 5470 | Housekeeping supplies | 46,397 | | | | | Row Gg Col II |
| 5475 | Maintenance supplies | 10,503 | | | | | Row Gg Col II |
| 5480 | Minor Medical equipment purchases | 9,400 | Row 2a Col II | | | | |
| 5480 | Minor Dental equipment purchases | 1,936 | | Row 2a Col II | | | |
| 5480 | Minor BH equipment purchases | - | | | Row 2a Col II | | |
| 5480 | Minor equipment purchases | 103,219 | | | | | Row Hc Col II |
| 5490 | Programmatic supplies | 825 | Row 2a Col II | | | | |
| 5490 | Programmatic supplies | 2,377 | | | | | Row Hc Col II |
| 5510 | Equipment Repairs & Maint / Medical | 2,718 | Row 2h Col II | | | | |
| 5510 | Equipment Repairs & Maint /Dental | 30,756 | | Row 2e Col II | | | |
| 5510 | Equipment Repairs & Maint / Other | 49,188 | | | | | Row Hj Col II |
| 5520 | Office Equip.Rental/Lease | 85,225 | | | | | Row Hj Col II |
| 5620 | Other insurance /D&O | 7,135 | | | | | Row Hf Col II |
| 5620 | Other insurance / Prop.& Gen.Liab. | 127,026 | | | | | Row Gb Col II |
| 5620 | Other insurance /WIC | 2,400 | | | | Row 1f Col II | |
| 5710 | Rent | 167,301 | | | | | Row Ga Col II |
| 5710 | Rent WIC | 36,385 | | | | Row 1f Col II | |
| 5720 | Utilities | 228,597 | | | | | Row Gd Col II |
| 5720 | Utilities WIC | 5,935 | | | | Row 1f Col II | |
| 5730 | Repairs and maintenance / Building | 122,439 | | | | | Row Gg Col II |
| 5730 | Repairs and maintenance / Building WIC | 872 | | | | Row 1f Col II | |
| 5810 | Telephone | 149,604 | | | | | Row Hg Col II |
| 5810 | Telephone/ WIC | 2,914 | | | | Row 1f Col II | |
| 5910 | Postage | 22,245 | | | | | Row Hj Col II |
| 5910 | Postage / WIC | 373 | | | | Row 1f Col II | |
| 5911 | Federal express | 504 | | | | | Row Hj Col II |
| 6010 | Personnel recruitment /Medical | 23,756 | Row 2h Col II | | | | |
| 6020 | Public information | 44,945 | | | | | Row Hj Col II |
| 6110 | Books and subscriptions | 7,647 | | | | | Row Hj Col II |
| 6120 | License and fees / Medical | 11,664 | Row 2h Col II | | | | |
| 6120 | License and fees / Dental | 5,228 | | Row 2e Col II | | | |
| 6120 | License and fees | 33,565 | | | | | Row Hj Col II |
| 6130 | Organization dues | 33,706 | | | | | Row Hj Col II |
| 6210 | Printing and publications | 32,817 | | | | | Row Hj Col II |
| 6310 | Interest / Capital Leases | 7,712 | | | | | Row Hi Col II |
| 6310 | Interest /Mortgage | 273,673 | | | | | Row Gc Col II |
| 6410-30 | Travel - meeting & conf fees WIC | 3,914 | | | | Row 1f Col II | |
| 6410-30 | Travel - meeting & conf fees Med | 3,567 | Row 2h Col II | | | | |



TRIAL BALANCE AS OF 7/31/2018

| | | | Reported on FORM A | | | | |
|-----------------------|--|-------------------|--------------------|---------------|------|---------------|---------------|
| Account | Description | Balance | A- 1 | A- 2 | A- 3 | A- 4 | A- 5 |
| 6410-30 | Travel - meeting & conf fees Part D | 1,000 | | | | | Row 1h Col II |
| 6410-30 | Travel - meeting & conf fees AIDS Educ | 12,009 | | | | | Row 1h Col II |
| 6410-30 | Travel - meeting & conf fees BH | 1,681 | | | | | Row 2e Col II |
| 6410-30 | Travel - meeting & conf fees Admin | 32,147 | | | | | Row Hj Col II |
| 6510 | Staff training /Medical | 6,686 | Row 2h Col II | | | | |
| 6510 | Staff training / BH | 22,101 | | | | Row 2e Col II | |
| 6510 | Staff training / Dental | 1,000 | | Row 2e Col II | | | |
| 6510 | Staff training | 15,405 | | | | | Row Hj Col II |
| 6610 | Uniform service / Medical | 30,066 | Row 2h Col II | | | | |
| 6610 | Uniform service / Dental | 7,516 | | Row 2e Col II | | | |
| 6710 | IT Costs | 262,834 | | | | | Row Hj Col II |
| 6720 | Payroll service | 59,446 | | | | | Row Hj Col II |
| 6720 | Payroll service WIC | 1,040 | | | | Row 1f Col II | |
| 6730 | Electronic Billing Fees | 62,895 | | | | | Row Hj Col II |
| 9610 | Patient transportation | 12,250 | Row 2b Col II | | | | |
| 9810 | Bank charges | 11,690 | | | | | Row Hj Col II |
| 9890 | Staff Development and Appreciation Costs | 75,155 | | | | | Row Hj Col II |
| 9920-40 | Depr exp - building | 685,114 | | | | | Row Ge Col II |
| 9950 | Depr exp - furn & fixtures | 6,553 | | | | | Row Hb Col II |
| 9960 | Depr exp - office equipment | 4,739 | | | | | Row Hb Col II |
| 9961 | Depr exp - computer equipment | 273,769 | | | | | Row Hb Col II |
| 9962 | Depr exp - Medical equipment | 47,300 | Row 2d Col II | | | | |
| 9963 | Depr exp - Other equipment | 17,102 | | | | | Row Hb Col II |
| 9964 | Depr exp - Med.Cap.lease equipm. | 12,958 | Row 2d Col II | | | | |
| 9965 | Depr exp - dental equip | 18,816 | | Row 2c Col II | | | |
| 9966 | Depr exp - comp.software | 265,318 | | | | | Row Hb Col II |
| Total Expenses | | 25,810,575 | | | | | |

| EXPENSES REPORTED on AUDITED FS | | |
|---------------------------------|------------------|-------------------|
| | \$ | 29,879,968 |
| RECONCILING ITEMS | | |
| Bad Debt | 462,475 | Non-allowable |
| Donated Materials & Services | 915,415 | Non-allowable |
| WIC Food Benefits | 2,691,503 | Offsetting entry |
| | <u>4,069,393</u> | |
| RECONCILED TB | | 29,879,968 |

COST REPORT

TRIAL BALANCE AS OF 7/31/2018

COLUMN III
GROUPED

Sub-Total

| | | Account | Description | Balance | | |
|-----|---------------|---------|---|-----------|------------------|-----------|
| A-1 | Row 1a Col I | 5010 | Physicians/Medical | 2,268,282 | 2,268,282 | |
| A-1 | Row 1b Col I | 5015 | Phys. Asst | 329,188 | 329,188 | |
| A-1 | Row 1c Col I | 5015 | APRN | 997,387 | | |
| A-1 | Row 1c Col I | 5020 | Nurses | 2,221,635 | 3,219,022 | |
| A-1 | Row 1d Col I | 5030 | Medical Assistants | 506,996 | | |
| A-1 | Row 1d Col I | 5050 | Certified Dietician | 64,270 | | |
| A-1 | Row 1d Col I | 5057 | Case Managers / Medical | 184,521 | 755,787 | 6,572,279 |
| A-1 | Row 1a Col II | 5210 | Consult fees - Internist,Ped,Ob/Gyn | 328,391 | | |
| A-1 | Row 1a Col II | 5212 | Consult fees - Med.Spcl.Podiatry | 2,400 | 330,791 | |
| A-1 | Row 1c Col II | 5213 | Consult fees - Fam.Nurse Practitioner | 19,295 | 19,295 | |
| A-1 | Row 1d Col II | 5265 | Professional fees - Interpreting | 74,813 | 74,813 | 424,899 |
| A-1 | Row 2a Col II | 5410 | Medical Supplies | 149,847 | | |
| A-1 | Row 2a Col II | 5490 | Programmatic supplies | 825 | | |
| A-1 | Row 2a Col II | 5480 | Minor Medical equipment purchases | 9,400 | 160,072 | |
| A-1 | Row 2b Col II | 9610 | Patient transportation | 12,250 | 12,250 | |
| A-1 | Row 2d Col II | 9962 | Depr exp - Medical equipment | 47,300 | | |
| A-1 | Row 2d Col II | 9964 | Depr exp - Med.Cap.lease equipm. | 12,958 | 60,258 | |
| A-1 | Row 2e Col II | 5430 | Diagnostic supplies | 102,959 | 102,959 | |
| A-1 | Row 2g Col II | 5420 | Pharmaceutical Supplies (Adm.to Patients) | 101,921 | 101,921 | |
| A-1 | Row 2h Col II | 5510 | Equipment Repairs & Maint / Medical | 2,718 | | |
| A-1 | Row 2h Col II | 6010 | Personnel recruitment /Medical | 23,756 | | |
| A-1 | Row 2h Col II | 6120 | License and fees / Medical | 11,664 | | |
| A-1 | Row 2h Col II | 6410-30 | Travel / Medical | 3,567 | | |
| A-1 | Row 2h Col II | 6510 | Staff training /Medical | 6,686 | | |
| A-1 | Row 2h Col II | 6610 | Uniform service / Medical | 30,066 | 78,457 | 515,917 |
| | | | | | 7,513,095 | |
| A-2 | Row 1a Col I | 5035 | Dentists | 680,813 | 680,813 | |
| A-2 | Row 1b Col I | 5040 | Dental Hygienists | 309,050 | 309,050 | |
| A-2 | Row 1c Col I | 5041 | Dental asst. | 363,299 | 363,299 | 1,353,162 |
| A-2 | Row 1a Col II | 5215 | Consult fees - UCONN Dentists | 301,481 | 301,481 | 301,481 |
| A-2 | Row 2a Col II | 5310 | Laboratory /Dental Lab | 54,294 | | |
| A-2 | Row 2a Col II | 5440 | Dental supplies | 156,922 | | |
| A-2 | Row 2a Col II | 5480 | Minor Dental equipment purchases | 1,936 | 213,152 | |
| A-2 | Row 2c Col II | 9965 | Depr exp - dental equip | 18,816 | 18,816 | |
| A-2 | Row 2e Col II | 5510 | Equipment Repairs & Maint /Dental | 30,756 | | |
| A-2 | Row 2e Col II | 6120 | License and fees / Dental | 5,228 | | |
| A-2 | Row 2e Col II | 6510 | Staff training / Dental | 1,000 | | |
| A-2 | Row 2e Col II | 6610 | Uniform service / Dental | 7,516 | 44,500 | 276,468 |
| | | | | | 1,931,111 | |
| A-3 | Row 1a Col I | 5010 | Physicians/Psych | 360,951 | 360,951 | |
| A-3 | Row 1b Col I | 5055 | Social service professionals | 1,458,516 | 1,458,516 | |
| A-3 | Row 1c Col I | 5045 | Psychiatric APRN | 381,644 | | |
| A-3 | Row 1c Col I | 5056 | Sub.Abuse Cnslrs | 521,240 | | |
| A-3 | Row 1c Col I | 5057 | Case Managers /BH | 300,583 | 1,203,467 | 3,022,934 |
| A-3 | Row 1c Col II | 5219 | Consult fees - UCONN Psych.APRN | 30,245 | 30,245 | 30,245 |
| A-3 | Row 2a Col II | 5410 | Clinical Supplies | 1,985 | | |
| A-3 | Row 2a Col II | 5310 | Laboratory/ DrugTesting Offsite BH | 17,967 | 19,952 | |
| A-3 | Row 2e Col II | 6410-30 | Travel - meeting & conf fees / BH | 1,681 | | |
| A-3 | Row 2e Col II | 6510 | Staff training / BH | 22,101 | 23,782 | 43,734 |
| | | | | | 3,096,913 | |
| A-4 | Row 1e Col I | 5050 | Nutrition (WIC) | 304,569 | | |
| A-4 | Row 1e Col I | 5065 | Administrative, clerical,other WIC | 110,785 | 415,354 | |
| A-4 | Row 1h Col I | 5057 | Case Mngrs PCMH+ | 172,548 | | |
| A-4 | Row 1h Col I | 5058 | Enabling / ACA Outreach | 81,861 | | |
| A-4 | Row 1h Col I | 5058 | Enabling /SNAP | 8,493 | | |
| A-4 | Row 1h Col I | 5058 | Enabling / CSSD | 76,571 | | |
| A-4 | Row 1h Col I | 5058 | Enabling / Part D | 32,200 | | |
| A-4 | Row 1h Col I | 5058 | Enabling / Medicaid Outreach | 21,381 | | |
| A-4 | Row 1h Col I | 5058 | Enabling /AIDS Test & Educ. | 75,691 | | |
| A-4 | Row 1h Col I | 5065 | Administrative /AIDS Test & Educ. | 16,544 | 485,289 | 900,643 |
| A-4 | Row 1c Col II | 5320 | Pharmacy/ 340b | 435,253 | | |
| A-4 | Row 1c Col II | 5322 | Pharmacy fees | 222,891 | 658,144 | |
| A-4 | Row 1c Col II | 5212 | Consult fees - Med.Spcl.Optomtrist | 27,702 | 27,702 | |
| A-4 | Row 1f Col II | 5230 | Contract svc - Cleaning/maint WIC | 15,034 | | |
| A-4 | Row 1f Col II | 5231 | Contract svc - Security WIC | 7,757 | | |
| A-4 | Row 1f Col II | 5232 | Contract svc - facility /WIC | 1,042 | | |
| A-4 | Row 1f Col II | 5250 | Professional fees - accounting / WIC | 3,784 | | |
| A-4 | Row 1f Col II | 5460 | Admin. and other supplies /WIC | 3,410 | | |
| A-4 | Row 1f Col II | 5620 | Other insurance /WIC | 2,400 | | |
| A-4 | Row 1f Col II | 5710 | Rent WIC | 36,385 | | |
| A-4 | Row 1f Col II | 5720 | Utilities WIC | 5,935 | | |
| A-4 | Row 1f Col II | 5730 | Repairs and maintenance / WIC | 872 | | |

| | | | | | | |
|-----|---------------|---------|--|-----------|-------------------|-------------------|
| A-4 | Row 1f Col II | 5810 | Telephone/ WIC | 2,914 | | |
| A-4 | Row 1f Col II | 5910 | Postage / WIC | 373 | | |
| A-4 | Row 1f Col II | 6420 | Travel - Conf.& Meetings / WIC | 3,914 | | |
| A-4 | Row 1f Col II | 6720 | Payroll serviceWIC | 1,040 | 84,860 | |
| A-4 | Row 1h Col II | 6420 | Travel - Conf.& Meetings / PART D | 1,000 | | |
| A-4 | Row 1h Col II | 6420 | Travel - Conf.& Meetings / AIDS Test & Educ | 12,009 | 13,009 | 783,715 |
| | | | | | 1,684,358 | |
| A-5 | Row Gg Col I | 5075 | Maintenance | 104,909 | 104,909 | 104,909 |
| A-5 | Row Ha Col I | 5058 | Enabling | 45,462 | | |
| A-5 | Row Ha Col I | 5060 | Fiscal | 333,159 | | |
| A-5 | Row Ha Col I | 5065 | Administrative, Patient Support | 1,235,262 | | |
| A-5 | Row Ha Col I | 5066 | Administrative, Patient Billing & Other Services | 918,963 | | |
| A-5 | Row Ha Col I | 5067 | Administration | 1,662,967 | 4,195,813 | 4,195,813 |
| A-5 | Row Ga Col II | 5710 | Rent | 167,301 | 167,301 | |
| A-5 | Row Gb Col II | 5620 | Other insurance / Prop.& Gen.Liab. | 127,026 | 127,026 | |
| A-5 | Row Gc Col II | 6310 | Interest /Mortgage | 273,673 | 273,673 | |
| A-5 | Row Gd Col II | 5720 | Utilities | 228,597 | 228,597 | |
| A-5 | Row Ge Col II | 9920-40 | Depr exp - building | 685,114 | 685,114 | |
| A-5 | Row Gg Col II | 5230 | Contract svc - cleaning/main. | 222,724 | | |
| A-5 | Row Gg Col II | 5220 | Contract svc - Repair | 12,284 | | |
| A-5 | Row Gg Col II | 5470 | Housekeeping supplies | 46,397 | | |
| A-5 | Row Gg Col II | 5475 | Maintenance supplies | 10,503 | | |
| A-5 | Row Gg Col II | 5730 | Repairs and maintenance / Building | 122,439 | 414,347 | |
| A-5 | Row Gh Col II | 5231 | Contract svc - Security | 375,760 | | |
| A-5 | Row Gh Col II | 5232 | Contract svc - Medical and Trash Removal | 35,747 | 411,507 | 2,307,565 |
| A-5 | Row Ha Col II | 5270 | Professional fees/Admin- IT | 39,700 | | |
| A-5 | Row Ha Col II | 5220 | Temp Help. Admin | 29,027 | 68,727 | |
| A-5 | Row Hb Col II | 9950 | Depr exp - furn & fixtures | 6,553 | | |
| A-5 | Row Hb Col II | 9960 | Depr exp - office equipment | 4,739 | | |
| A-5 | Row Hb Col II | 9961 | Depr exp - computer equipment | 273,769 | | |
| A-5 | Row Hb Col II | 9963 | Depr exp - Other equipment | 17,102 | | |
| A-5 | Row Hb Col II | 9966 | Depr exp - comp.software | 265,318 | 567,481 | |
| A-5 | Row Hc Col II | 5460 | Admin. and other supplies | 65,699 | | |
| A-5 | Row Hc Col II | 5480 | Minor equipment purchases | 103,219 | | |
| A-5 | Row Hc Col II | 5490 | Programmatic supplies | 2,377 | 171,295 | |
| A-5 | Row Hd Col II | 5240 | Professional fees - legal | 61,937 | 61,937 | |
| A-5 | Row He Col II | 5250 | Professional fees - accounting | 46,272 | 46,272 | |
| A-5 | Row Hf Col II | 5620 | Other insurance /D&O | 7,135 | 7,135 | |
| A-5 | Row Hg Col II | 5810 | Telephone | 149,604 | 149,604 | |
| A-5 | Row Hh Col II | 5110 | Fica | 1,128,166 | | |
| A-5 | Row Hh Col II | 5115 | State unemployment insurance | 103,986 | | |
| A-5 | Row Hh Col II | 5120 | Workers Compensation | 129,812 | | |
| A-5 | Row Hh Col II | 5125 | Disability insurance | 45,625 | | |
| A-5 | Row Hh Col II | 5130 | Health insurance | 1,580,115 | | |
| A-5 | Row Hh Col II | 5131 | Health insurance /Medical Waiver | 53,445 | | |
| A-5 | Row Hh Col II | 5135 | Life insurance | 15,677 | | |
| A-5 | Row Hh Col II | 5190 | Other | 15,942 | 3,072,768 | |
| A-5 | Row Hi Col II | 6310 | Interest / Capital Leases | 7,712 | 7,712 | |
| A-5 | Row Hj Col II | 5510 | Equipment Repairs & Maint / Other | 49,188 | | |
| A-5 | Row Hj Col II | 5520 | Office Equip.Rental/Lease | 85,225 | | |
| A-5 | Row Hj Col II | 5910 | Postage | 22,245 | | |
| A-5 | Row Hj Col II | 5911 | Federal express | 504 | | |
| A-5 | Row Hj Col II | 6020 | Public information | 44,945 | | |
| A-5 | Row Hj Col II | 6110 | Books and subscriptions | 7,647 | | |
| A-5 | Row Hj Col II | 6120 | License and fees | 33,565 | | |
| A-5 | Row Hj Col II | 6130 | Organization dues | 33,706 | | |
| A-5 | Row Hj Col II | 6210 | Printing and publications | 32,817 | | |
| A-5 | Row Hj Col II | 6410-30 | Travel,Conf.Meetings/Other | 32,147 | | |
| A-5 | Row Hj Col II | 6510 | Staff training | 15,405 | | |
| A-5 | Row Hj Col II | 6710 | IT Costs | 262,834 | | |
| A-5 | Row Hj Col II | 6720 | Payroll service | 59,446 | | |
| A-5 | Row Hj Col II | 6730 | Electronic Billing Fees | 62,895 | | |
| A-5 | Row Hj Col II | 9810 | Bank charges | 11,690 | | |
| A-5 | Row Hj Col II | 9890 | Staff Development and Appreciation Costs | 75,155 | 829,414 | 4,982,345 |
| | | | | | 11,590,632 | |
| | | | | | 25,816,109 | 25,816,109 |

FRINGE BENEFIT ALLOCATION

| | |
|---|---------------------|
| <i>Fica</i> | 1,128,166.00 |
| <i>State unemployment insurance</i> | 103,986.00 |
| <i>Workers Compensation</i> | 129,812.00 |
| <i>Disability insurance</i> | 45,625.00 |
| <i>Health insurance</i> | 1,580,115.00 |
| <i>Health insurance /Medical Waiver</i> | 53,445.00 |
| <i>Life insurance</i> | 15,677.00 |
| <i>Other</i> | 15,942.00 |
| | 3,072,768.00 |

| SALARIES | | F.BENEFIT ALLOCATION | | RECLASSIFICATION CLMN IV | |
|----------------------------|--------------|----------------------|-------------|--------------------------|-----|
| | | | | FORM | ROW |
| Physician | 2,268,282.00 | 14.0% | 431,580 | A-1 | 1a |
| Physician Asst | 329,188.00 | 2.0% | 62,634 | A-1 | 1b |
| Nurse | 3,219,022.00 | 19.9% | 612,475 | A-1 | 1c |
| Med.Assistants | 506,996.00 | 3.1% | 96,465 | A-1 | 1d |
| Case Managers / Medical | 184,521.00 | 1.1% | 35,108 | A-1 | 1d |
| Nutrition | 64,270.00 | 0.4% | 12,228 | A-1 | 1d |
| Dentist | 680,813.00 | 4.2% | 129,536 | A-2 | 1a |
| Dental Hygienist | 309,050.00 | 1.9% | 58,802 | A-2 | 1b |
| Dental Assistants | 363,299.00 | 2.2% | 69,124 | A-2 | 1c |
| Psychiatrist | 360,951.00 | 2.2% | 68,677 | A-3 | 1-a |
| Social Worker | 1,458,516.00 | 9.0% | 277,508 | A-3 | 1-b |
| Psych.APRN | 381,644.00 | 2.4% | 72,614 | A-3 | 1-c |
| Sub.Abuse Cnslrs | 521,240.00 | 3.2% | 99,175 | A-3 | 1-c |
| Case Managers /BH | 300,583.00 | 1.9% | 57,191 | A-3 | 1-c |
| WIC | 415,354.00 | 2.6% | 79,028 | A-4 | 1-f |
| PCMH+ | 172,548.00 | 1.1% | 32,830 | A-5 | 1-h |
| PART D Enabling | 32,200.00 | 0.2% | 6,127 | A-4 | 1-h |
| Medicaid Outreach | 21,381.00 | 0.1% | 4,068 | A-4 | 1-h |
| SNAP | 8,493.00 | 0.1% | 1,616 | A-4 | 1-h |
| ACA Outreach | 81,861.00 | 0.5% | 15,575 | A-4 | 1-h |
| CSSD Enabling | 76,571.00 | 0.5% | 14,569 | A-4 | 1-h |
| AIDS Testing & Educator | 92,235.00 | 0.6% | 17,549 | A-4 | 1-h |
| Housekeeping & Maintenance | 104,909.00 | 0.6% | 19,961 | A-5 | G-g |
| Office Salaries | 4,195,813.00 | 26.0% | 798,327 | A-5 | H-a |
| Fringe Benefit and Taxes | | | (3,072,768) | | |

16,149,740.00

ADJUSTMENTS

COLUMN VI

| | | | |
|-----------------------------|--------------------------|------------------------|--------------------------------------|
| Prescription Drugs/Pharmacy | \$ (658,144.00) | Offset Cost by Revenue | Non-Billable/ Program specific costs |
| Homeless | \$ (27,702.00) | Offset Cost by Revenue | Non-Billable/ Program specific costs |
| WIC | \$ (579,242.00) | Offset Cost by Revenue | Non-Billable/ Program specific costs |
| ACA Outreach | \$ (97,436.00) | Offset Cost by Revenue | Non-Billable/ Program specific costs |
| SNAP | \$ (10,109.00) | Offset Cost by Revenue | Non-Billable/ Program specific costs |
| CSSD/Judicial Branch | \$ (91,140.00) | Offset Cost by Revenue | Non-Billable/ Program specific costs |
| Medicaid Outreach /DSS | \$ (25,449.00) | Offset Cost by Revenue | Non-Billable/ Program specific costs |
| AIDS Testing and Educ | \$ (109,784.00) | Offset Cost by Revenue | Non-Billable/ Program specific costs |
| PCMH + | \$ (205,378.00) | | |
| EIS PART D | \$ (51,336.00) | Offset Cost by Revenue | Non-Billable/ Program specific costs |
| | \$ (1,855,720.00) | | |