

Wheeler Clinic, Inc.

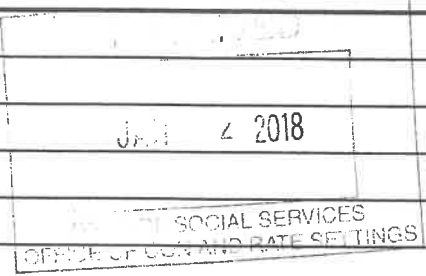
**Main Provider Number: 1396750840
Federally Qualified Health Center
Connecticut Medicaid Cost Report**

Year Ended June 30, 2017

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ Date Received: _____

| | | |
|-------------------------|-------------------------|--|
| 1. FQHC Name | Wheeler Clinic Inc |  |
| Street Address | 91 Northwest Drive | |
| City, State, ZIP | Plainville, CT 06062 | |
| Telephone Number | 860.793.4235 | |
| Contact Person | Athena Szczesniak | |
| Title | Chief Financial Officer | |

| | | | | | | | | | |
|---|-----------------------------|-----------|--------|-----------|---------------|-----------|---------------|-----------|---|
| 2. FQHC Medicaid Provider Number: | 3. Reporting Period: | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Medical</td> <td style="width: 20%;">008065431</td> </tr> <tr> <td>Dental</td> <td>008064502</td> </tr> <tr> <td>Mental Health</td> <td>008043074</td> </tr> <tr> <td>Other Medical</td> <td>008050220</td> </tr> </table> | Medical | 008065431 | Dental | 008064502 | Mental Health | 008043074 | Other Medical | 008050220 | From <u>07/01/16</u> To <u>06/30/17</u> |
| Medical | 008065431 | | | | | | | | |
| Dental | 008064502 | | | | | | | | |
| Mental Health | 008043074 | | | | | | | | |
| Other Medical | 008050220 | | | | | | | | |

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER

COUNTY CITY

5. FQHC Owned By:

Wheeler Clinic Inc
 91 Northwest Drive
 Plainville, CT 06062


CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

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

_____ Wheeler Clinic Inc 008065431

(FQHC Name)

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 |
|  | Athena Dellas, MBA |
| Title | Date |
| Chief Financial Officer | 12/28/17 |

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: | Wheeler Clinic 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. |
|----------------------|---|---------------------------|---------------------|
| Wheeler Clinic, Inc. | 10 North Main Street Bristol, CT 06010-8122 | Yes | 1396750840 |
| Wheeler Clinic, Inc. | 999 Asylum Avenue Hartford, CT 06105 | Yes | 1396750840 |
| Wheeler Clinic, Inc. | 75 North Mountain Road New Britain CT 06053 | Yes | 1396750840 |
| Wheeler Clinic, Inc. | 36 Race Street Bristol, CT 06010 | No | 1396750840 |
| Wheeler Clinic, Inc. | 225 North Main Street Bristol, CT 06010 | No | 1396750840 |
| Wheeler Clinic, Inc. | 41 Brewster Road Bristol, CT 06010 | No | 1396750840 |
| Wheeler Clinic, Inc. | 500 Clark Avenue Bristol, CT 06010 | Yes | 1396750840 |
| Wheeler Clinic, Inc. | 718 Pine Street Bristol, CT 06010 | Yes | 1396750840 |
| Wheeler Clinic, Inc. | 9 Moody Road, Suite #3 Enfield, CT 06082 | No | 1396750840 |
| Wheeler Clinic, Inc. | 30 Arbor Street Hartford, CT 06106 | No | 1396750840 |
| Wheeler Clinic, Inc. | 43 Woodland Street Hartford, CT 06105 | No | 1396750840 |
| Wheeler Clinic, Inc. | 590 Park Street Hartford, CT 06106 | No | 1396750840 |
| Wheeler Clinic, Inc. | 200 W Center Street Manchester, CT 06040 | No | 1396750840 |
| Wheeler Clinic, Inc. | 130 Research Parkway Meriden, CT 06450 | No | 1396750840 |
| Wheeler Clinic, Inc. | 20 Tuttle Place Middletown, CT 06457 | No | 1396750840 |
| Wheeler Clinic, Inc. | Russell Hall, 2 Vance Drive Middletown, CT 06457 | No | 1396750840 |
| Wheeler Clinic, Inc. | 400 Saybrook Road Middletown, CT 06457 | No | 1396750840 |
| Wheeler Clinic, Inc. | 36 Russell Street New Britain, CT 06052 | No | 1396750840 |
| Wheeler Clinic, Inc. | 180 Clinton Street New Britain, CT 06053 | No | 1396750840 |
| Wheeler Clinic, Inc. | 114 West Main Street New Britain, CT 06051 | No | 1396750840 |
| Wheeler Clinic, Inc. | 19 Franklin Square New Britain, CT 06051 | No | 1396750840 |
| Wheeler Clinic, Inc. | 458 Grand Avenue New Haven, CT 06513 | No | 1396750840 |
| Wheeler Clinic, Inc. | 464 Ocean Avenue New London, CT 06320 | No | 1396750840 |
| Wheeler Clinic, Inc. | 91 Northwest Drive Plainville, CT 06062 | No | 1396750840 |
| Wheeler Clinic, Inc. | 74 East Street Plainville, CT 06062 | No | 1396750840 |
| Wheeler Clinic, Inc. | 88 East Street Plainville, CT 06062 | No | 1396750840 |

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: Wheeler Clinic Inc | | | |
| Wheeler Clinic, Inc. | 334 Farmington Avenue Plainville, CT 06062 | No | 1396750840 |
| Wheeler Clinic, Inc. | 326 Highland Avenue Waterbury, CT 06708 | No | 1396750840 |
| Wheeler Clinic, Inc. | 50 Brookside Road Waterbury, CT 06708 | No | 1396750840 |
| Wheeler Clinic, Inc. | 21 Tuttle Road Bristol, CT 06010 | Yes | 1396750840 |
| Wheeler Clinic, Inc. | 551 Peacedale Street Bristol, CT 06010 | Yes | 1396750840 |
| 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 7/1/2016 To 6/30/2017
 FQHC Name: Wheeler Clinic Inc

Form A-1 (Direct Health 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) |
|---|--------------------|----------------|----------------|-------------------|---|---------------------------------|---------------------------|
| | | | | | | | |
| A. DIRECT HEALTH CARE COST | | | | | | | |
| <i>(Excluding Dental, Mental/Health & Other)</i> | | | | | | | |
| 1. Staff Cost | | | | | | | |
| a. Physician | 0 | 0 | 0 | 335,423 | 335,423 | 0 | 335,423 |
| b. Physician Assistant | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Nurse (APRN, Midwife, RN) | 0 | 0 | 0 | 748,563 | 748,563 | 0 | 748,563 |
| d. Other - Specify | | | | | | | |
| Other Nursing Staff | 0 | 0 | 0 | 202,869 | 202,869 | 0 | 202,869 |
| Dietitian | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 | 91,897 | 91,897 | 0 | 91,897 |
| Other Contracted HC Providers | 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 | 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 | 0 | 0 | 0 | 0 |
| _____ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Subtotal: Direct Health Care Cost | 0 | 0 | 0 | 1,378,752 | 1,378,752 | 0 | 1,378,752 |
| 2. Other: Direct Health Care Cost | | | | | | | |
| a. Medical Supplies | | 68,145 | 68,145 | 0 | 68,145 | 0 | 68,145 |
| b. Transportation | | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Depreciation - Medical Equipment | | 0 | 0 | 3,107 | 3,107 | 0 | 3,107 |
| d. Professional Liability Insurance | | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Laboratory | | 283,684 | 283,684 | (226,702) | 56,982 | 0 | 56,982 |
| f. Radiology | | 0 | 0 | 0 | 0 | 0 | 0 |
| g. Physician-Administered Drugs | | 0 | 0 | 0 | 0 | 0 | 0 |
| h. Other - Specify | | | | | | | |
| Continuing Medical Education | | 0 | 0 | 2,035 | 2,035 | 0 | 2,035 |
| Minor Medical Equipment | | 0 | 0 | 0 | 0 | 0 | 0 |
| _____ | | 0 | 0 | 0 | 0 | 0 | 0 |
| _____ | | 0 | 0 | 0 | 0 | 0 | 0 |
| _____ | | 0 | 0 | 0 | 0 | 0 | 0 |
| i. Subtotal: Other Direct Health Care Cost | 0 | 351,829 | 351,829 | (221,560) | 130,269 | 0 | 130,269 |
| 3. TOTAL DIRECT HEALTH CARE COST (1e & 2i) | 0 | 351,829 | 351,829 | 1,157,192 | 1,509,021 | 0 | 1,509,021 |

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: Wheeler Clinic Inc

Form A-2 (Direct Dental Care Cost)
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

| COST CENTER | I Salaried Personnel | II Other Costs | III Total | IV Reclassifications | V Reclassified Trial Balance (Col.3 & 4) | VI Adjustments Increase (Decrease) | VII Net Expenses (Col.5 & 6) |
|--|-------------------------|-------------------|--------------|-------------------------|---|---------------------------------------|---------------------------------|
| | | | | | | | |
| B. DIRECT DENTAL CARE COST | | | | | | | |
| 1. Staff Cost | | | | | | | |
| a. Dentist | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Dental Hygienist | 0 | 0 | 0 | 43,574 | 43,574 | 0 | 43,574 |
| c. Other - Specify | | | | | | | |
| Dental Assistant | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract Dental | 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 | 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 | 0 | 0 | 0 | 0 |
| d. Subtotal Direct Dental Care Cost | 0 | 0 | 0 | 43,574 | 43,574 | 0 | 43,574 |
| 2. Other Direct Dental Care Cost | | | | | | | |
| a. Dental Supplies | | | | | | | |
| b. Transportation | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Depreciation - Dental Equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Professional Liability Insurance | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Other - Specify | | | | | | | |
| Continuing Dental Education | 0 | 0 | 0 | 85 | 85 | 0 | 85 |
| Minor Dental Equipment | 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 |
| f. Subtotal Other Direct Dental Care Cost | 0 | 0 | 0 | 85 | 85 | 0 | 85 |
| 3 TOTAL DIRECT DENTAL CARE COST (1d & 2f) | 0 | 0 | 0 | 43,659 | 43,659 | 0 | 43,659 |

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: Wheeler Clinic Inc

| Form A-3 (Direct Mental Health Care Cost) | | | | | | | |
|--|--------------------|-------------|---------|-------------------|----------------------------|---------------------------------|--------------|
| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | | | | | | | |
| COST CENTER | | | | | | | |
| DIRECT MENTAL HEALTH CARE COST | | | | | | | |
| C. | Salaried Personnel | Other Costs | Total | Reclassifications | Reclassified Trial Balance | Adjustments Increase (Decrease) | Net Expenses |
| | I | II | III | IV | V | VI | Col. 5 & 6 |
| | | | | | | | Col. 5 & 6 |
| | | | | | | | Col. 5 & 6 |
| 1. Staff Cost | | | | | | | |
| a. Psychologist | | 0 | 0 | 0 | 52,965 | 0 | 52,965 |
| b. Social Worker | | 0 | 0 | 0 | 722,327 | 0 | 722,327 |
| c. Other - Specify | | 0 | 0 | 0 | 717,302 | 0 | 717,302 |
| Licensed Professional Counselor | | 0 | 0 | 0 | 211,121 | 0 | 211,121 |
| Licensed Marriage & Family Therapist | | 0 | 0 | 0 | 87,187 | 0 | 87,187 |
| Licensed Alcohol & Drug Counselor | | 0 | 0 | 0 | 211,464 | 0 | 211,464 |
| Other Mental Health Practitioners | | 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 Mental Health Care Cost | 0 | 0 | 0 | 0 | 2,002,366 | 0 | 2,002,366 |
| 2. Other Direct Mental Health Care Cost | | | | | | | |
| a. Medical Supplies | | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Transportation | | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Depreciation - Mental Health Equipment | | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Professional Liability Insurance | | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Other - Specify | | 0 | 0 | 0 | 0 | 0 | 0 |
| Laboratory | | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Subtotal Other Direct Mental Health Care Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f) | 0 | 0 | 0 | 0 | 2,002,366 | 0 | 2,002,366 |
| D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES | | | | | | | |
| | | 351,829 | 351,829 | 351,829 | 3,203,217 | | 3,555,046 |

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: Wheeler Clinic Inc

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

| COST CENTER | 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. Service | | | | | | | |
| a. Clinical Diagnostic Lab | 0 | 0 | 0 | 226,702 | 226,702 | 0 | 226,702 |
| b. Radiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Prescription Drugs/Pharmacy | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Battered Women | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Homeless | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| f. WIC | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| g. Non-FQHC Sites | 0 | 2,795,169 | 2,795,169 | 28,123,212 | 30,918,381 | 0 | 30,918,381 |
| h. Other - Specify | | | | | | | |
| Hospital | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Parents as Teachers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fundraising | 0 | 0 | 0 | 176,621 | 176,621 | 0 | 176,621 |
| Health Education | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 | 6,459 | 6,459 | 0 | 6,459 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| i. Total Non-Allowable Direct Other Service Cost | 0 | 2,795,169 | 2,795,169 | 28,532,994 | 31,328,163 | 0 | 31,328,163 |
| F. TOTAL DIRECT COST (D+E+I) | | 3,146,998 | 3,146,998 | 31,736,211 | 34,883,209 | | 34,883,209 |

Reporting Period: From 7/1/2016 To 6/30/2017
 FQHC Name: Wheeler Clinic Inc

Form A-5 (Overhead Cost)

| COST CENTER | Salaried Personnel | Other Costs | Total | Reclassifications | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | Net Expenses (Col 5 & 6) |
|---|--------------------|-------------------|-------------------|---------------------|--|---------------------------------|--------------------------|
| | | | | | | | |
| G. OVERHEAD - FACILITY COST | | | | | | | |
| a. Rent | | 1,553,205 | 1,553,205 | 0 | 1,553,205 | (7,408) | 1,545,797 |
| b. Insurance | | 203,439 | 203,439 | 0 | 203,439 | 0 | 203,439 |
| c. Interest on Mortgage or Loans | | 38,183 | 38,183 | 0 | 38,183 | (38,183) | 0 |
| d. Utilities | | 648,679 | 648,679 | 0 | 648,679 | 0 | 648,679 |
| e. Depreciation - Building | | 986,505 | 986,505 | (417,850) | 568,655 | 0 | 568,655 |
| f. Depreciation - Equipment | | 0 | 0 | 34,457 | 34,457 | 0 | 34,457 |
| g. Housekeeping & Maintenance | 0 | 1,547,428 | 1,547,428 | 148 | 1,547,576 | 0 | 1,547,576 |
| h. Other (Specify) Property Tax | | 93,288 | 93,288 | 0 | 93,288 | 0 | 93,288 |
| Minor Equipment | | 363,967 | 363,967 | 0 | 363,967 | 0 | 363,967 |
| | | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 |
| i. Subtotal Overhead - Facility Cost | 0 | 5,494,694 | 5,494,694 | (383,245) | 5,051,449 | (45,591) | 5,005,858 |
| H. OVERHEAD - ADMINISTRATIVE COST | | | | | | | |
| a. Office Salaries | 42,153,441 | 0 | 42,153,441 | (20,513,160) | 21,640,281 | (24,375) | 21,615,906 |
| b. Depreciation - Office Equipment | | 0 | 0 | 375,614 | 375,614 | 0 | 375,614 |
| c. Office Supplies | | 851,285 | 851,285 | 0 | 851,285 | (80,758) | 770,527 |
| d. Legal | | 126,214 | 126,214 | 0 | 126,214 | 0 | 126,214 |
| e. Accounting | | 89,720 | 89,720 | 0 | 89,720 | 0 | 89,720 |
| f. Insurance | | 97,608 | 97,608 | 0 | 97,608 | 0 | 97,608 |
| g. Telephone | | 825,949 | 825,949 | 0 | 825,949 | 0 | 825,949 |
| h. Advertising - Help Wanted | | 625,708 | 625,708 | 0 | 625,708 | (503,181) | 122,527 |
| i. Interest - Capital Loans | | 0 | 0 | 0 | 0 | 0 | 0 |
| j. Other (Specify) Travel & Seminar | | 768,673 | 768,673 | 17,338 | 786,011 | 0 | 786,011 |
| Miscellaneous | | 714,636 | 714,636 | 0 | 714,636 | (48,348) | 666,288 |
| Contracted Services | | 1,864,270 | 1,864,270 | 0 | 1,864,270 | 0 | 1,864,270 |
| Fringe Benefits & Payroll Taxes | | 11,232,758 | 11,232,758 | (11,232,758) | 0 | 0 | 0 |
| Recruiting, Dues, & Licenses | | 399,321 | 399,321 | 0 | 399,321 | 0 | 399,321 |
| k. Subtotal Overhead - Administrative Cost | 42,153,441 | 17,596,142 | 59,749,583 | (31,352,966) | 28,396,617 | (656,662) | 27,739,955 |
| l. TOTAL OVERHEAD COST (G+H+K) | 42,153,441 | 23,030,836 | 65,184,277 | (31,735,211) | 33,448,066 | (702,253) | 32,745,813 |
| J. GRAND TOTAL COSTS² (F+I) | 42,153,441 | 26,177,934 | 68,331,275 | (702,253) | 67,629,022 | | 67,629,022 |

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 7/1/2016 To 6/30/2017
 FQHC Name: Wheeler Clinic 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 (2080 hrs = 1 FTE) V |
| <i>Provide itemized de-identified list (e.g., Physician 1)</i> | General Practitioner | 125,000 | 1,500 | 1,040 | 0.50 |
| A. | | | | | |
| 1. <i>Please see form B4</i> | | | | | 0.00 |
| 2. | | | | | 0.00 |
| 3. | | | | | 0.00 |
| 4. | | | | | 0.00 |
| 5. | | | | | 0.00 |
| 6. | | | | | 0.00 |
| 7. | | | | | 0.00 |
| 8. | | | | | 0.00 |
| 9. | | | | | 0.00 |
| 10. | | | | | 0.00 |
| Total Physician Encounters, Staff Hours and FTEs | | 0 | 0 | 0 | 0.00 |
| B. | | | | | |
| PHYSICIAN ASSISTANT | | | | | |
| 1. <i>Please see form B4</i> | | | | | 0.00 |
| 2. | | | | | 0.00 |
| 3. | | | | | 0.00 |
| 4. | | | | | 0.00 |
| 5. | | | | | 0.00 |
| Total Physician Assistant Encounters, Hours and FTEs | | 0 | 0 | 0 | 0.00 |

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: Wheeler Clinic 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 (2080 hrs = 1 FTE) IV 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. Please see form B4 | | | | |
| 2. | | | | 0.00 |
| 3. | | | | 0.00 |
| 4. | | | | 0.00 |
| 5. | | | | 0.00 |
| Total Nurse Practitioner | | 0 | 0 | 0 0.00 |
| D. PHYSICIAN SERVICES UNDER CONTRACT | | | | |
| 1. Please see form B4 | | | | 0.00 |
| 2. | | | | 0.00 |
| 3. | | | | 0.00 |
| 4. | | | | 0.00 |
| 5. | | | | 0.00 |
| Total Physician Services Under Contract | | 0 | 0 | 0 0.00 |
| E. OTHER HEALTH CARE PRACTITIONER | | | | |
| 1. Please see form B4 | | | | 0.00 |
| 2. | | | | 0.00 |
| 3. | | | | 0.00 |
| Total Other Health Care Practitioner | | 0 | 0 | 0 0.00 |

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: Wheeler Clinic 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 (2080 hrs = 1 FTE) V |
| <i>Provide Itemized de-identified list (e.g., Dentist 1)</i> | | | | |
| A. DENTIST | | | | |
| 1. <i>Please see form B4</i> | | | | |
| 2. | | | | 0.00 |
| 3. | | | | 0.00 |
| 4. | | | | 0.00 |
| 5. | | | | 0.00 |
| Total Dentist Encounters, Staff Hours and FTEs | | | 0 | 0 |
| B. DENTAL HYGIENIST | | | | |
| 1. <i>Please see form B4</i> | | | | 0.00 |
| 2. | | | | 0.00 |
| 3. | | | | 0.00 |
| 4. | | | | 0.00 |
| 5. | | | | 0.00 |
| Total Dental Hygienist Encounters, Hours and FTEs | | | 0 | 0 |
| C. OTHER DENTAL PRACTITIONER | | | | |
| 1. <i>Please see form B4</i> | | | | 0.00 |
| 2. | | | | 0.00 |
| 3. | | | | 0.00 |
| 4. | | | | 0.00 |
| 5. | | | | 0.00 |
| Total Other Dental Practitioner Encounters, Hours and FTEs | | | 0 | 0 |

STATE OF CONNECTICUT
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| | | |
|-------------------|----------------------|---------------------|
| Reporting Period: | From <u>7/1/2016</u> | To <u>6/30/2017</u> |
| FQHC Name: | Wheeler Clinic 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 |
| Provide itemized de-identified list (e.g., Psychologist 1) | Total Hours | Total Hours | (2080 hrs = 1 FTE) |
| A. PSYCHOLOGIST | | | |
| 1. Please see form B4 | 125,000 | 1,500 | 1,040 0.50 |
| 2. | | | 0.00 |
| 3. | | | 0.00 |
| 4. | | | 0.00 |
| 5. | | | 0.00 |
| Total Psychologist Encounters, Staff Hours and FTEs | 0 | 0 | 0 0.00 |
| B. SOCIAL WORKER | | | |
| 1. Please see form B4 | | | 0.00 |
| 2. | | | 0.00 |
| 3. | | | 0.00 |
| 4. | | | 0.00 |
| 5. | | | 0.00 |
| Total Social Worker Encounters, Hours and FTEs | 0 | 0 | 0 0.00 |
| C. OTHER MENTAL HEALTH PRACTITIONER | | | |
| 1. Please see form B4 | | | 0.00 |
| 2. | | | 0.00 |
| 3. | | | 0.00 |
| 4. | | | 0.00 |
| 5. | | | 0.00 |
| Total Other Mental Health Practitioner Encounters, Hours and FTEs | 0 | 0 | 0 0.00 |

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

FQHC Name: Wheeler Clinic 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 (2,080 hrs = 1 FTE) | |
| A. HEALTH CARE PRACTITIONERS | 14 | 500,000 | 150,000 | 100,000 | 2 | 7 | 10,000 | 8,320 | 4.00 |
| 1. PHYSICIAN | 4 | 331,287 | 197,028 | 40,671 | 3 | 1 | 2,904 | 2,707 | 1.30 |
| 2. PHYSICIAN ASSISTANT | | | | | | | | | 0.00 |
| 3. NURSE (APRN, MIDWIFE, RN) | 12 | 568,085 | 116,557 | 144 | 6 | 3 | 8,111 | 12,234 | 5.88 |
| 4. PHYSICIAN SERVICES UNDER CONTRACT | 3 | 89,759 | | | | | 592 | | 0.00 |
| 5. OTHER HEALTH PROFESSIONALS | | | | | | | | | 0.00 |
| 6. OTHER ALLIED HEALTH PROFESSIONALS | | | | | | | | | 0.00 |
| 7. OTHER HEALTH CARE PRACTITIONERS | 11 | 241,207 | 39,583 | 7,656 | 5 | 5 | 11,607 | 13,719 | 6.60 |
| Total Health Care | 30 | 1,220,338 | | | 14 | 9 | 11,607 | 28,660 | 13.78 |
| B. DENTAL PRACTITIONERS | | | | | | | | | |
| 1. DENTIST | | | | | | | | | 0.00 |
| 2. DENTAL HYGIENIST | 1 | 35,657 | 38,166 | 38,166 | 1 | 0 | 133 | 930 | 0.45 |
| 3. OTHER DENTAL PRACTITIONERS | | | | | | | | | 0.00 |
| Total Dental | 1 | 35,657 | | | 1 | 0 | 133 | 930 | 0.45 |
| C. MENTAL HEALTH PRACTITIONERS | | | | | | | | | |
| 1. PSYCHIATRIST | | | | | | | | | 0.00 |
| 2. PSYCHOLOGIST | 2 | 43,341 | 36,374 | 6,967 | 0 | 0 | 76 | 120 | 0.06 |
| 3. LICENSED CLINICAL SOCIAL WORKER | 24 | 591,083 | 78,807 | 960 | 9 | 4 | 15,506 | 22,980 | 11.05 |
| 4. OTHER MENTAL HEALTH PRACTITIONERS | 31 | 1,004,118 | 73,689 | 160 | 4 | 5 | 19,727 | 33,045 | 15.89 |
| 5. | | | | | | | | | |
| Total Mental Health | 57 | 1,638,542 | | | 13 | 9 | 35,309 | 56,145 | 27.00 |

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|-------------------|--------------------|----------|----|-----------|
| Reporting Period: | From | 7/1/2016 | To | 6/30/2017 |
| FQHC Name: | Wheeler Clinic Inc | | | |

Form C (Cost Adjustment & Allocation)

| COST ADJUSTMENT AND ALLOCATION | | |
|--------------------------------|--|-------------|
| A. | Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII) | 3,555,046 |
| B. | Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII) | 31,328,163 |
| C. | Total Direct Costs (A+B) | 34,883,209 |
| D. | Portion of Title XIX Services (A/C) | 10.19% |
| E. | Total Overhead Cost (P7 - Form A-5, Line I, Col. VII) | 32,745,813 |
| F. | Overhead Cost Applicable to Title XIX Services (DxE) | 3,336,798 |
| G. | Total Title XIX Services Cost (A+F) | 6,891,844 |
| H. | Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30) | 2,067,553 |
| I. | Cost Adjustment (Lower of H-F or Zero) | (1,269,245) |
| J. | Allowable Title XIX Overhead Cost (F+I) | 2,067,553 |
| K. | Direct Costs | |
| | 1. Health Care Services (P3 - Form A-1, Line A3, Col. VII) | 1,509,021 |
| | 2. Dental Services (P4 - Form A-2, Line B3, Col. VII) | 43,659 |
| | 3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII) | 2,002,366 |
| | 4. Total Direct Costs (K1 thru K3) | 3,555,046 |
| L. | Direct Costs as a % of Total | |
| | 1. Health Care Services (K1/K4) | 42.45% |
| | 2. Dental Services (K2/K4) | 1.23% |
| | 3. Mental Health Services (K3/K4) | 56.32% |
| M. | Allocated Allowable Overhead Cost | |
| | 1. Health Care Services (JxL1) | 877,676 |
| | 2. Dental Services (JxL2) | 25,431 |
| | 3. Mental Health Services (JxL3) | 1,164,446 |
| | 4. Total Allowable Title XIX Overhead Cost (M1 thru M3) | 2,067,553 |

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| FQHC Name: | Wheeler Clinic 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) | 1,509,021 |
| B. | Allowable Overhead Cost (P13 - Form C, Line M1) | 877,676 |
| C. | Total Allowable Health Care Cost (A+B) | 2,386,697 |
| D. | Encounters (P12 - Form B-4, Health Care Total) | 11,607 |
| E. | Allowable Health Care Cost Per Encounter (C/D) | 205.63 |

II. Dental

| | | |
|----|--|--------|
| A. | Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII) | 43,659 |
| B. | Allowable Overhead Cost (P13 - Form C, Line M2) | 25,431 |
| C. | Total Allowable Dental Cost (A+B) | 69,090 |
| D. | Encounters (P12 - Form B-4, Dental Total) | 133 |
| E. | Allowable Dental Cost Per Encounter (C/D) | 519.47 |

III. Mental Health

| | | |
|----|---|-----------|
| A. | Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII) | 2,002,366 |
| B. | Allowable Overhead Cost (P13 - Form C, Line M3) | 1,164,446 |
| C. | Total Allowable Mental Health Cost (A+B) | 3,166,812 |
| D. | Encounters (P12 - Form B-4, Mental Health Total) | 35,309 |
| E. | Allowable Mental Health Cost Per Encounter (C/D) | 89.69 |

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 FQHC Name: Wheeler Clinic Inc

| | | I | II | III | IV | V |
|--|------------------------|---|--------|---------------|------------|------------------------|
| REVENUES | | Services Excluding Dental, Mental Health & Dental | Dental | Mental Health | Other | Total (Col. I thru IV) |
| A. Operating Revenue | | | | | | |
| 1. | Medicaid | 1,290,350 | 6,461 | 4,118,651 | 0 | 5,415,462 |
| 2. | Private | 84,559 | 529 | 333,005 | 0 | 418,093 |
| 3. | Medicare | 42,163 | 863 | 54,668 | 0 | 97,694 |
| 4. | Patient Cash/Self Pay | 143,537 | 0 | 204,958 | 0 | 348,495 |
| 5. | Other - Specify | 9,866 | 0 | 220,425 | 0 | 230,291 |
| 6. | State Probation (CSSD) | 1,570,475 | 7,853 | 4,931,707 | 0 | 6,510,035 |
| B. Other Revenue | | | | | | |
| 1. | Contributions | 117,100 | 0 | 0 | 0 | 343,622 |
| 2. | Grants | 812,362 | 35,000 | 629,106 | 226,522 | 38,477,944 |
| 3. | Interest | | | | | 0 |
| 4. | Donations | | | | | 0 |
| 5. | Other - Specify | | | 168,000 | 76,765 | 244,765 |
| 6. | Other - Specify | | | 1,350 | | 1,350 |
| 7. | Other - Specify | 63,750 | | | | 63,750 |
| 8. | Other - Specify | | | | 113,296 | 113,296 |
| 9. | Other - Specify | | | | 480,376 | 480,376 |
| 10. | Other - Specify | | | | | |
| 11. | Total (1 thru 10) | 993,212 | 35,000 | 798,456 | 3,872,552 | 3,872,552 |
| C. Other Revenue (Include revenue generated by non-approved FQHC sites) | | | | | | |
| 1. | Other - Specify | | | | 9,268,787 | 9,268,787 |
| 2. | Other - Specify | | | | 14,990,348 | 14,990,348 |
| 3. | Other - Specify | | | | 1,697,821 | 1,697,821 |
| 4. | Other - Specify | | | | 665,958 | 665,958 |
| 5. | Other - Specify | | | | | 0 |
| 6. | Other - Specify | | | | | 0 |
| 7. | Total (1 thru 7) | 0 | 0 | 0 | 26,622,914 | 26,622,914 |
| D. Total Revenue (A6+B11+C7) | | 2,563,667 | 42,853 | 5,730,163 | 68,393,901 | 76,730,604 |

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| Reporting Period: | From | 7/1/2016 | To | 6/30/2017 |
| FQHC Name: | Wheeler Clinic 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>) | 117,100 |
| | 2. Dental | 0 |
| | 3. Mental Health | 0 |
| | 4. Other - Specify <u>Temp Restricted - Nims Estate</u> | 80,662 |
| | Other - Specify <u>Temp Restricted - Other</u> | 500 |
| | Other - Specify <u>Unrestricted Contributions</u> | 145,360 |
| | Other - Specify _____ | |
| | Other - Specify _____ | |
| | 5. Total (1 thru 4) | 343,622 |

| B. | Grants (<i>Excluding PHS</i>) | |
|----|--|-------------------|
| | 1. Services (<i>Excluding Dental, Mental Health and Other</i>) | 111,466 |
| | 2. Dental | 0 |
| | 3. Mental Health | 604,106 |
| | 4. Other - Specify <u>DMHAS</u> | 2,809,238 |
| | Other - Specify <u>CSSD</u> | 6,909,309 |
| | Other - Specify <u>DCF</u> | 25,768,621 |
| | Other - Specify <u>DPH</u> | 41,655 |
| | Other - Specify <u>SAMSHA</u> | 109,873 |
| | Other - Specify <u>DOC</u> | 114,982 |
| | Other - Specify <u>DSS</u> | 111,466 |
| | Other - Specify <u>OEC</u> | 1,001,506 |
| | Other - Specify <u>DDS</u> | 9,610 |
| | Other - Specify <u>Other</u> | 83,833 |
| | 5. Total (1 thru 4) | 37,675,665 |

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| Reporting Period: | From | 7/1/2016 | To | 6/30/2017 |
| FQHC Name: | Wheeler Clinic Inc | | | |

Form G (Cost Disallowance and Offset)

| COST DISALLOWANCE AND OFFSET | | | |
|------------------------------|---|-----------|-----------|
| A. | Cost Disallowance | | |
| | 1. Entertainment | | |
| | 2. Fines and penalties | | |
| | 3. Bad debt | | |
| | 4. Cost of actions to collect receivables | | |
| | 5. Advertising, except for recruitment of personnel | (503,181) | |
| | 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 | (28,951) | |
| | 9. Amortization of goodwill | | |
| | 10. Directors fees | | |
| | 11. Contributions | (579) | |
| | 12. Membership dues for public relations | | |
| | 13. Cost not related to patient care | | |
| | 14. Interest | (38,183) | |
| | 15. Pass through expenses | | |
| | 16. Prior Year Adjustment | 0 | |
| | 17. Legal Settlement | 0 | |
| | 18. Outside Specialist | | |
| | 19. Total (1 thru 18) | | (570,894) |
| B. | Cost Offset (Expense Recovery) | | |
| | 1. Refunds - Medicaid Outreach | (24,375) | |
| | 2. Rent Income | (7,408) | |
| | 3. In-Kind Medical Supplies | | |
| | 4. In-Kind Dental Supplies | | |
| | 5. In-Kind Office Supplies | (76,765) | |
| | 6. In-Kind Advertising | | |
| | 7. Miscellaneous Income - Physician | | |
| | 8. Miscellaneous Income - Miscellaneous | (22,811) | |
| | 9. Medical Records | | |
| | 10. Total (1 thru 9) | | (131,359) |
| C. | Total Cost Disallowance and Offset (A16+B7) | | (702,253) |