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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

JAN 30 2022

DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTINGS

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: 1/25/2023 **Date Received:**

1. **FQHC Name** Optimus Health Care, Inc.
   Street Address 982 East Main Street
   City, State, ZIP Bridgeport, CT 06608
   Telephone Number (475) 422-2206
   Contact Person Thomas DePascale
   Title Controller

2. **FQHC Medicaid Provider Number:**

Medical	4234788
Dental	4234770
Mental Health	4235926
Other (Specify)	

3. **Reporting Period:** From 7/1/2021 To 6/30/2022

4. **Type of Control (Check One Only)**

X NONPROFIT ORGANIZATION

GOVERNMENT

__ STATE
__ COUNTY
__ DISTRICT
__ 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 Optimus Health Care, Inc. 4234788

For the Reporting Period Beginning 7/1/2021 and Ending 6/30/2022 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
	Karen Daley
Title	**Date**
CEO	1/25/2023

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

Reporting Period:	From	7/1/2021	To	6/30/2022
FQHC Name:	Optimus Health Care, Inc.			

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

Provider Name	Location	FQHC Certified Yes/*No*	Clinic/Provider No.
Optimus Bridgeport Community Health Center	982 East Main Street Bridgeport, CT 06608-2409	Yes	07-1810
Optimus Health Center, Inc.	471 Barnum Avenue Bridgeport, CT 06608-2409	Yes	07-1800
Optimus Ralphola Taylor Community Center	790 Central Avenue Bridgeport, CT 06607	Yes	07-1812
Optimus Stamford Community Health Center	805 Atlantic Street Stamford, CT 06902	Yes	07-1822
Optimus Fairgate Community Health Center	138 Stillwater Avenue Stamford, CT 06902	Yes	07-1890
Optimus On The Boulevard	1351 Washington Boulevard Stamford, CT 06902	Yes	07-1837
Optimus Hollow Community Health Center	82-88 George Street Bridgeport, CT 06604	Yes	07-1879
Optimus Park City Primary Care Center	64 Black Rock Avenue Bridgeport, CT 06605	Yes	07-1880
Optimus Homeless Program	597 Pacific Street Stamford, CT 06902	Yes	07-1891
Optimus Chase Wellness Center	1071 East Main Street Bridgeport, CT 06608-2409	Yes	07-1885
Optimus Woodland Health & Wellness Center	8 Woodland Place Stamford, CT 06902	Yes	07-1889
Optimus Bridges Health Center, Inc.	949 Bridgeport Avenue Milford, CT 06460-3142	Yes	07-1912
Barnum/Waltersville School Based Health Center	495 Waterview Avenue Bridgeport, CT 06608-2409	Yes	
Main Street Pediatrics	3715 Main Street, Suite G1 Bridgeport, CT 06606	Yes	
Columbus School Based Health Center	275 George Street Bridgeport, CT 06604	Yes	
Harding High School Based Health Center	1734 Central Avenue Bridgeport, CT 06607	Yes	
John F. Kennedy School Based Health Center	700 Palisade Avenue Bridgeport, CT 06608	Yes	
Luis Muñoz Marin School Based Health Center	479 Helen Street Bridgeport, CT 06608	Yes	
Bullard Havens School Based Health Center	500 Palisade Avenue Bridgeport, CT 06610	Yes	
Optimus Health Care WIC Program	1450 Barnum Avenue Bridgeport, CT 06610	Yes	

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

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

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

Reporting Period:	From	7/1/2021	To	6/30/2022
FQHC Name:	Optimus Health Care, Inc.			

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

Provider Name	Location	FQHC Certified Yes/*No*	Clinic/Provider No.
Optimus Bond Street Transitional Clinic	480 Bond Street Bridgeport, CT 06610	Yes	
Optimus at Kinsella	1862 Commerce Drive Bridgeport, CT 06605	Yes	
Hospital Services Bridgeport	Bridgeport Hospital Bridgeport, CT 06607	Yes	
Hospital Services Stamford	Stamford Hospital Stamford, CT 06701	Yes	
Dunbar/Ralphola Taylor SB	445 Union Avenue Bridgeport, CT 06607	Yes	
Fairchild Wheeler Multi-Magnet HS	840 Old Town Road Bridgeport, CT 06606	Yes	
Harry B. Flood Middle School	490 Chapel Street Stratford, CT 06614	Yes	
Housatonic Community College Health Center	900 Lafayette Blvd Bridgeport, CT 06610	Yes	
Johnson House Academy	719 Birdseye Street Stratford, CT 06615	Yes	
Platt Technical High School	600 Orange Avenue Milford, CT 06461	Yes	
Jettie S. Tisdale Elementary School	250 Hollister Avenue Bridgeport, CT 06607	Yes	
Wooster Middle School	150 Lincoln Street Stratford, CT 06615	Yes	
Optimus Health Care WIC Program	888 Washington Blvd 8th Floor Stamford, CT 06701	Yes	
Bank of America	975 East Main Street Bridgeport, CT 06606	Yes	
Optimus Health Care Administration	305 Boston Avenue Stratford, CT 06615	Yes	
Optimus at 30 Freeman Street	30 Freeman Street Bridgeport, CT 06608	Yes	
Community Center for Integrated Health	1438 Park Avenue Bridgeport, CT 06604	Yes	
Hall Neighborhood House	52 George E. Pipkin's Way Bridgeport, CT06608	Yes	
Hospital Services Norwalk	Norwalk Hospital Norwalk, CT 06701	Yes	
Chapel Street School	380 Chapel Street Stratford, CT 06614	Yes	
West Haven High School	1 McDonough Place West Haven, CT 06516	Yes	

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

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

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaries Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A. DIRECT HEALTH CARE COST (Excluding Dental, Mental Health & Other)	I	II	III	IV	V	VI	VII
1. Staff Cost							
a. Physician	2,992,323	750,933	3,743,256		3,743,256		3,743,256
b. Physician Assistant	1,250,060	313,368	1,563,428		1,563,428		1,563,428
c. Nurse (APRN, Midwife, RN)	5,428,868	1,361,515	6,790,383		6,790,383		6,790,383
d. Total Physician Services Under Contract		2,010,817	2,010,817		2,010,817		2,010,817
e. Total Other Health Care Practitioner		0	0		0		0
f. Total Medical Assistant	3,893,115	976,357	4,869,472		4,869,472		4,869,472
Patient Support	746,772	187,374	934,147		934,147		934,147
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
g. Subtotal Direct Health Care Cost	14,311,138	5,600,365	19,911,503	0	19,911,503	0	19,911,503
2. Other Direct Health Care Cost							
a. Rent and Interest		485,726	485,726		485,726		485,726
b. Utilities and Maintenance		516,596	516,596		516,596		516,596
c. Depreciation Building		89,908	89,908		89,908		89,908
d. Depreciation Med Equip		118,216	118,216		118,216		118,216
e. Depreciation Building		551,089	551,089		551,089		551,089
f. Transportation		8,884	8,884		8,884		8,884
g. Supplies		2,414,880	2,414,880		2,414,880		2,414,880
h. Contractual		770,385	770,385		770,385		770,385
i. Professional Liability Insurance		116,951	116,951		116,951		116,951
j. Bad debt		1,148,134	1,148,134	(1,148,134)	0		0
k. Other		544,298	544,298		544,298		544,298
			0		0		0
			0		0		0
			0		0		0
l. Subtotal Other Direct Health Care Cost	0	6,765,069	6,765,069	(1,148,134)	5,616,934	0	5,616,934
3. TOTAL DIRECT HEALTH CARE COST (1g & 2l)	14,311,138	12,365,434	26,676,572	(1,148,134)	25,528,437	0	25,528,437

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

Form A-2 (Direct Dental Care 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
B.	DIRECT DENTAL CARE COST							
1.	Staff Cost							
a.	Dentist	727,601	169,878	897,479		897,479		897,479
b.	Dental Hygienst	318,606	72,805	391,411		391,411		391,411
c.	Other - Dentist Services Under Contract		0	0		0		0
d.	Total Dental Assistant	854,511	237,829	1,092,340		1,092,340		1,092,340
e.	Dental Support	164,798		164,798		164,798		164,798
				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
f.	Subtotal Direct Dental Care Cost	2,065,516	480,512	2,546,028	0	2,546,028	0	2,546,028
2	Other Direct Dental Care Cost							
a.	Rent and Interest		29,747	29,747	0	29,747		29,747
b.	Utilities and Maintenance		47,834	47,834		47,834		47,834
c.	Depreciation Buildings		27,388	27,388		27,388		27,388
d.	Depreciation Med Equip		8,053	8,053		8,053		8,053
e.	other depreciation		48,895	48,895		48,895		48,895
f.	Transportation		2,326	2,326		2,326		2,326
g.	Supplies		386,436	386,436		386,436		386,436
h.	Contractual		49,665	49,665		49,665		49,665
i.	Professional Liability Insurance		12,658	12,658		12,658		12,658
j.	Bad debt		42,107	42,107	(42,107)	0		0
k.	Other		15,148	15,148		15,148		15,148
r.	Subtotal Other Direct Dental Care Cost	0	670,256	670,256	(42,107)	628,149	0	628,149
3	TOTAL DIRECT DENTAL CARE COST (1e & 2r)	2,065,516	1,150,768	3,216,284	(42,107)	3,174,177	0	3,174,177

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
		I	II	III	IV	V	VI	VII
C.	DIRECT MENTAL HEALTH CARE COST							
1.	Staff Cost							
a.	**Psychiatrist**	308,788	85,490	394,278		394,278		394,278
b.	**Psychologist**	120,102	24,932	145,034		145,034		145,034
c.	**Nurses**	39,406	8,180	47,586		47,586		47,586
d.	**Social Worker**	3,761,056	1,041,275	4,802,331		4,802,331		4,802,331
e.	**Other - APRNs**	0	0	0		0		0
f.	**Other Mental Health support**	978,974	(78,687)	900,287		900,287		900,287
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
z.	Subtotal Direct Mental Health Care Cost	5,208,325	1,081,190	6,289,515	0	6,289,515	0	6,289,515
2.	Other Direct Mental Health Care Cost							
a.	**Rent and Interest**		142,568	142,568	0	142,568		142,568
b.	**Utilities and Maintenance**		75,301	75,301		75,301		75,301
d.	**Depreciation Med Equip**		0	0		0		0
e.	**other depreciation**		0	0		0		0
f.	**Transportation**		1,471	1,471		1,471		1,471
g.	**Supplies**		12,229	12,229		12,229		12,229
h.	**Contractual**		364,763	364,763		364,763		364,763
i.	**Professional Liablity Insurance**		20,195	20,195		20,195		20,195
j.	**Bad debt**		144,814	144,814	(144,814)	0		0
k.	**Other**		80,355	80,355		80,355		80,355
r.	Subtotal Other Direct Mental Health Care Cost	0	841,697	841,697	(144,814)	696,883	0	696,883
3.	TOTAL DIRECT MENTAL HEALTH CARE COST (1z & 2r)	5,208,325	1,922,887	7,131,212	(144,814)	6,986,398	0	6,986,398
D.	TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	21,584,979	15,439,089	37,024,067	(1,335,055)	35,689,012	-	35,689,012

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, 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	III	IV	V	VI	VII
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service WIC, Pharmacy & Bad Debt							
a. **Non-Clinical Support - WIC**	761,261	334,759	1,096,020		1,096,020		1,096,020
b. **WIC - Benefits - Supplies**		5,424,035	5,424,035		5,424,035		5,424,035
c. **WIC - Supplies - Rent**		29,747	29,747		29,747		29,747
d. **WIC - Rent - Utilities & Maintenance**		47,834	47,834		47,834		47,834
e. **WIC - Contracted Service**		706,652	706,652		706,652		706,652
f. **WIC - Other**		91,171	91,171		91,171		91,171
g. **Pharmaceutical Supplies**		2,115,617	2,115,617		2,115,617		2,115,617
h. **Other Pharmaceutical Costs**		4,869	4,869		4,869		4,869
i. **Bad debt**			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
1. Total Non-Allowable Direct Other Service Cost	761,261	8,754,686	9,515,947	0	9,515,947	0	9,515,947
F. TOTAL DIRECT COST (D+E1ₜ)	22,346,240	24,193,775	46,540,014	(1,335,055)	45,204,959	-	45,204,959

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

Form A-5 (Overhead 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
G.	OVERHEAD - FACILITY COST							
a.	Rent and Interest		828,850	828,850	0	828,850		828,850
b.	Utilities and Maintenance		1,841,227	1,841,227		1,841,227		1,841,227
c.	Transportation		22,364	22,364		22,364		22,364
d.	Depreciation Expense		919,015	919,015		919,015		919,015
e.			0	0		0		0
f.			0	0		0		0
g.			0	0		0		0
h.				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
i.	Subtotal Overhead - Facility Cost	0	3,611,457	3,611,457	0	3,611,457	0	3,611,457
H.	OVERHEAD - ADMINISTRATIVE COST							
a.	Office Salaries	9,800,719	1,841,078	11,641,797		11,641,797		11,641,797
b.	Supplies		202,942	202,942		202,942		202,942
c.	Contractual and Consultant Prof Services		3,009,865	3,009,865		3,009,865		3,009,865
d.	Professional Liability Insurance		153,655	153,655		153,655		153,655
e.	Bad debt		0	0	1,335,055	1,335,055		1,335,055
f.	Other		(1,760,032)	(1,760,032)		(1,760,032)		(1,760,032)
g.				0		0		0
h.				0		0		0
i.				0		0		0
j.				0		0		0
k.				0		0		0
l.				0		0		0
l.				0		0		0
				0		0		0
				0		0		0
k.	Subtotal Overhead - Administrative Cost	9,800,719	3,447,508	13,248,226	1,335,055	14,583,281	0	14,583,281
l.	TOTAL OVERHEAD COST (G_I+H_K)	9,800,719	7,058,965	16,859,683	1,335,055	18,194,738	-	18,194,738
J.	GRAND TOTAL COSTS[2] (F+I)	32,146,958	31,252,740	63,399,698	-	63,399,698	-	63,399,698

[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

FQHC Name: Optimus Health Care, Inc.

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty
	Provide itemized de-identified list (e.g., Physician 1)	*General Practitioner*
A.	PHYSICIAN	
1		Director of Practice Operations
2		Director of Practice Operations
3		Infectious Disease Physician
4		Director of Practice Operations
5		Internal Medicine Physician
6		Internal Medicine Physician
7		Family Medicine Physician
8		Family Medicine Physician
9		Family Practitioner
10		Physician OB-GYN
11		Associate Medical Director
12		Physician OB-GYN
13		Podiatrist
14		Clin Leader, Adult Med/Infectious Dis
15		Pediatrician
16		Pediatrician
17		Pediatrician
18		Clinical Leader-Pediatrics
19		Pediatrician
20		Pediatrician
21		Physician OB-GYN
22		Medical Director
23		Pediatrician
		Podiatrist

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

Reporting Period: From

FQHC Name: Optimus Health Care, Inc.

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty
		Medical Director
		Internal Medicine Physician
		Physician OB-GYN
		Interim Medical Director
		Pediatrician
		Pediatrician
	Total Physician Encounters, Staff Hours and FTEs	

B.	PHYSICIAN ASSISTANT	
1		Physician Assistant
2		Physician Assistant
3		Physician Assistant
4		Physician Assistant
5		Physician Assistant
6		Physician Assistant
7		Physician Assistant
8		Physician Assistant
9		Physician Assistant
10		Physician Assistant
11		Physician Assistant
12		Physician Assistant
13		
14		
15		

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

Reporting Period: From

FQHC Name: Optimus Health Care, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty
Total Physician Assistant Encounters, Hours and FTEs	

7/1/2021	To 6/30/2022

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

		Total Employee Hours and FTEs	
Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE)
II	III	IV	V
125,000	***1,500***	***1,040***	***0.50***
122,912	0	2,047	0.86
81,096	0	1,144	0.55
4,000	0	25	0.01
93,586	1	2,112	1.09
21,202	152	156	0.08
15,183	178	194	0.09
55,917	420	644	0.31
59,625	965	660	0.32
109,780	972	1,729	0.83
106,731	1,074	740	0.36
97,413	1,151	4,296	0.56
100,192	1,367	840	0.41
163,196	1,427	1,867	0.90
150,799	1,511	1,560	0.74
108,588	1,587	13	0.01
98,192	1,695	1,104	0.53
101,488	2,277	1,178	0.56
172,733	2,440	1,872	0.91
172,187	2,567	1,986	0.95
203,560	2,702	1,688	0.81
207,885	2,868	1,840	0.88
273,145	2,871	2,520	1.07
170,797	2,952	4,069	0.74
158,364	3,071	2,080	1.00

7/1/2021	To 6/30/2022

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

		Total Employee Hours and FTEs	
Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE)
191,932	3,388	2,080	1.01
176,492	3,430	2,078	0.91
247,101	3,768	2,080	1.01
212,970	4,144	4,712	1.09
181,094	4,317	2,080	1.02
184,064	4,751	2,080	1.02
4,042,222	58,046	51,471	20.61
9,856	4	175	0.08
33,592	789	560	0.27
98,341	971	1,857	0.90
98,943	977	1,828	0.88
80,541	1,338	1,500	0.72
112,415	1,363	2,102	1.03
126,871	1,514	2,337	1.12
115,094	2,359	1,594	0.77
130,829	4,001	2,112	1.02
146,448	4,079	2,128	1.04
121,005	4,197	2,109	1.03
154,477	4,751	2,140	1.07

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

Compensation	Encounters	Total Employee Hours and FTEs	
		Employee Total Hours	FTEs (2080 hrs = 1 FTE)
1,228,410	26,343	20,442	9.95

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
		I	II	III	IV	V
	Provide itemized de-identified list (e.g., Physician 1)	***General Practitioner***	***125,000***	***1,500***	***1,040***	***0.50***
C.	**NURSE (APRN, MIDWIFE, RN)**					
1		License Practical Nurse	2,088	0	80	0.04
2		Nurse Manager	7,947	0	184	0.09
3		Nurse Manager	26,119	0	520	0.25
4		Practice Manager - Onsite	71,365	0	2,080	1.02
5		Practice Manager - Onsite	50,701	0	1,622	0.78
6		Practice Manager - Onsite	68,557	0	2,080	1.02
7		Practice Manager - Onsite	500	0	0	0.01
8		Practice Manager - Onsite	73,846	0	2,080	0.98
9		Practice Manager - Onsite	67,646	0	2,045	1.00
10		Practice Manager - Onsite	59,673	0	1,840	0.82
11		Practice Manager - Onsite	34,377	0	872	0.42
12		Registered Nurse-Per Diem	2,231	0	61	0.03
13		License Practical Nurse	2,863	1	82	0.04
14		License Practical Nurse	2,437	1	104	0.03
15		License Practical Nurse	4,937	2	195	0.09
16		Nurse Manager	112,750	2	2,576	1.10
17		License Practical Nurse	5,520	2	184	0.09
18		License Practical Nurse	2,634	2	110	0.05
19		License Practical Nurse	8,968	3	272	0.13
20		Nurse Manager	112,908	4	2,080	1.01
21		Registered Nurse	2,181	4	58	0.03
22		Registered Nurse-Per Diem	6,390	4	142	0.07
23		Registered Nurse	6,662	4	159	0.08

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
24		Adherence Nurse (LPN)	68,218	5	2,088	0.96
25		License Practical Nurse	14,403	7	637	0.31
26		Registered Nurse	2,636	7	64	0.03
27		License Practical Nurse	49,668	8	3,060	1.19
28		License Practical Nurse	71,992	8	2,095	1.00
29		Nurse Manager	97,238	9	2,080	0.99
30		Registered Nurse-Per Diem	4,420	11	164	0.06
31		License Practical Nurse	10,755	13	358	0.20
32		Registered Nurse	17,595	20	435	0.21
33		License Practical Nurse	16,620	30	570	0.27
34		Advance Practice Registered Nurse	12,692	35	200	0.10
35		License Practical Nurse	22,301	40	782	0.38
36		License Practical Nurse	14,205	46	598	0.29
37		License Practical Nurse	17,295	49	692	0.33
38		Nurse Manager	83,111	60	2,080	1.01
39		Advance Practice Registered Nurse	3,010	61	43	0.02
40		LPN Site Coordinator	85,278	67	3,451	1.17
41		License Practical Nurse	27,524	69	1,043	0.48
42		Nurse Manager	110,000	70	2,080	1.00
43		Registered Nurse	53,549	76	1,386	0.67
44		License Practical Nurse	18,717	92	719	0.35
45		License Practical Nurse	55,751	103	1,697	0.83
46		License Practical Nurse	67,437	107	2,081	0.99
47		Advance Practice Registered Nurse	15,300	108	265	0.13
48		Registered Nurse	71,087	110	1,888	0.92

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
49		Registered Nurse-Float	49,185	126	1,408	0.68
50		Registered Nurse-Per Diem	32,109	128	1,314	0.63
51		Registered Nurse	81,905	144	2,098	1.01
52		License Practical Nurse	55,931	166	1,683	0.80
53		License Practical Nurse-Per Diem	48,360	169	1,589	0.76
54		License Practical Nurse	67,693	186	2,121	1.02
55		Advance Practice Registered Nurse	35,297	187	623	0.29
56		License Practical Nurse	48,565	202	1,984	0.95
57		License Practical Nurse	91,959	205	2,356	1.19
58		Registered Nurse	60,145	209	1,666	0.80
59		Registered Nurse	72,432	224	1,831	0.88
60		Registered Nurse	63,797	230	1,745	0.85
61		License Practical Nurse	18,875	230	843	0.36
62		License Practical Nurse	74,940	232	2,127	1.03
63		License Practical Nurse-Per Diem	50,815	239	1,882	0.90
64		License Practical Nurse	52,486	247	2,107	1.03
65		Advance Practice Registered Nurse	36,279	254	510	0.25
66		License Practical Nurse	52,593	260	2,174	1.03
67		License Practical Nurse	52,258	261	2,130	1.03
68		License Practical Nurse	51,904	278	2,096	0.99
69		Registered Nurse	84,729	292	2,140	1.03
70		Advance Practice Registered Nurse	28,103	294	518	0.25
71		Registered Nurse	52,682	303	1,477	0.71
72		Registered Nurse	87,585	324	2,484	1.29
73		RN Care Coordinator-PCMH+	96,780	326	2,113	1.03

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
74		RN Care Coordinator-PCMH+	94,716	335	1,987	0.97
75		Registered Nurse-Per Diem	28,993	337	667	0.32
76		Advance Practice Registered Nurse	22,200	348	449	0.23
77		License Practical Nurse	22,797	352	731	0.35
78		Registered Nurse	86,261	364	2,106	1.05
79		Advance Practice Registered Nurse	48,058	380	840	0.40
80		License Practical Nurse	20,374	382	790	0.39
81		License Practical Nurse	70,461	401	2,141	1.04
82		Advance Practice Registered Nurse	52,192	501	920	0.44
83		Advance Practice Registered Nurse	45,115	502	805	0.39
84		RN Care Coordinator-PCMH+	84,118	562	2,181	1.06
85		LPN Site Coordinator	75,009	639	2,152	1.11
86		Advance Practice Registered Nurse	46,353	654	920	0.44
87		Advance Practice Registered Nurse	143,006	659	2,135	1.06
88		LPN Site Coordinator	72,990	799	2,152	1.06
89		APRN-Nutrition Services	72,788	916	1,312	0.63
90		Advance Practice Registered Nurse	95,248	1,063	1,846	0.90
91		Advance Practice Registered Nurse	109,878	1,076	2,118	1.05
92		Advance Practice Registered Nurse	97,144	1,161	1,844	0.92
93		Advance Practice Registered Nurse	96,437	1,256	1,851	0.91
94		Advance Practice Registered Nurse	97,867	1,294	1,828	0.90
95		Advance Practice Registered Nurse	66,843	1,359	1,024	0.49
96		Advance Practice Registered Nurse	96,813	1,388	1,841	0.89
97		Advance Practice Registered Nurse	155,347	1,897	2,236	1.09
98		Advance Practice Registered Nurse	115,867	2,296	1,831	0.90

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
99		Advance Practice Registered Nurse	109,450	2,569	1,816	0.88
100		Certified Nurse Mid-Wife	100,181	2,574	1,664	0.80
101		Certified Nurse Mid-Wife	97,051	2,927	1,820	0.92
102		Advance Practice Registered Nurse	123,455	2,948	2,108	1.03
103		License Practical Nurse	40,509	2,999	1,386	0.63
104		Advance Practice Registered Nurse	131,613	3,190	1,787	0.92
105		License Practical Nurse	40,791	3,749	1,513	0.73
249	**Total Nurse Practioner**		5,751,431	48,833	143,793	68.74
D.	**SERVICES**					
1		Family Medicine Physician		1		
2		Internal Medicine Physician		1		
3		License Practical Nurse		1		
4		License Practical Nurse		1		
5		OB Ultrasound		1		
		Resident (FP)		1		
6		Resident (FP)		1		
7		Resident (FP)		1		
8		Resident (FP)		1		
9		Resident (FP)		1		
10		Resident (FP)		1		

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
11	Resident (IM)		1		
12	Resident (IM)		1		
13	Resident (IM)		1		
14	Resident (IM)		1		
15	Resident (IM)		1		
16	Resident (IM)		1		
17	Resident (OB)		1		
18	Advance Practice Registered Nurse		2		
19	Family Medicine Physician		2		
20	Family Medicine Physician		2		
21	License Practical Nurse		2		
22	Resident (FP)		2		
23	Resident (IM)		2		
24	License Practical Nurse		3		
25	Resident (FP)		3		
26	Resident (IM)		3		
27	Resident (OB)		3		
28	Family Medicine Physician		4		
29	Internal Medicine Physician		4		
30	Resident (IM)		4		
31	Resident (IM)		4		
32	Resident (FP)		5		
33	License Practical Nurse		6		
34	Family Medicine Physician		7		
35	Family Medicine Physician		7		

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
36	Internal Medicine Physician		7		
37	Acupuncture		8		
38	Internal Medicine Physician		13		
39	Advance Practice Registered Nurse		15		
40	Pediatrician		16		
41	Resident (OB)		22		
42	Resident (OB)		34		
43	Resident (OB)		40		
44	Physician Assistant		44		
45	Resident (OB)		49		
46	Resident (OB)		51		
47	Resident (OB)		52		
48	Resident (OB)		57		
49	Resident (OB)		59		
50	Family Medicine Physician		61		
51	Resident (OB)		64		
52	License Practical Nurse		66		
53	Resident (OB)		66		
54	Resident (OB)		72		
55	Resident (OB)		73		
56	Resident (OB)		78		
57	Resident (FP)		106		
58	Resident (IM)		107		
59	Resident (FP)		110		
60	Family Medicine Physician		111		

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
61		Resident (OB)		121		
62		Resident (IM)		122		
63		Resident (FP)		125		
64		Resident (IM)		126		
65		Resident (IM)		127		
66		Resident (IM)		128		
67		Resident (IM)		133		
68		Resident (IM)		134		
69		Resident (IM)		136		
70		Resident (IM)		137		
71		Resident (IM)		139		
72		Resident (IM)		139		
73		Resident (IM)		142		
74		Resident (FP)		143		
75		Resident (IM)		143		
76		Resident (IM)		145		
77		Resident (FP)		153		
78		Resident (IM)		161		
		Resident (IM)		165		
		Resident (IM)		168		
		Resident (IM)		173		
		Resident (IM)		176		
		Physician OB-GYN		179		
		Resident (IM)		180		
		Resident (IM)		190		

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
	Resident (IM)		190		
	Resident (IM)		203		
	Resident (FP)		326		
	Resident (FP)		547		
	Resident (FP)		559		
	Resident (FP)		587		
	Resident (FP)		594		
	Resident (FP)		602		
	Family Medicine Physician		624		
	Physician OB-GYN		856		
	Resident (FP)		894		
	Resident (FP)		955		
	Resident (FP)		999		
	Resident (FP)		1,009		
	Resident (FP)		1,014		
	Chiropractor		1,028		
	Internal Medicine Physician		1,605		
	Acupuncture		2,240		
	Advance Practice Registered Nurse		2,416		
	Chiropractor		2,511		
Total Physician Services Under Contract		0	24,908	0	0
E. OTHER HEALTH CARE PRACTITIONER					
1	Nutritionist/Dietician	42,697	586	1,080	0.51
2					
3					
4					
5					
6					
7					

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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	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
8						
9						
10						
11						
12						
14						
	Total Other Health Care Practitioner		42,697	586	1,080	0.51
F.	**OTHER/MEDICAL ASSISTANT**					
1		Front Office Registrar	8,738	-	450	0.21
2		Front Office Registrar	1,400	-	78	0.04
3		Medical Assistant	4,422	-	239	0.11
4		Medical Assistant	11,258	-	589	0.28
5		Medical Assistant	10,611	-	587	0.28
6		Medical Assistant	5,634	-	313	0.15
7		Medical Assistant/Front Office Registrar	2,521	-	136	0.07
8		Medical Assistant/Front Office Registrar	10,293	-	564	0.27
9		Registered Medical Assistant	18,840	-	871	0.43
10		Registered Medical Assistant	2,857	-	142	0.07
11		Registered Medical Assistant	11,685	-	584	0.28
12		Registered Medical Assistant	972	-	54	0.03
13		Front Office Registrar	38,585	-	2,007	0.95
14		Front Office Registrar	38,683	-	2,090	1.00
15		Front Office Registrar	50,141	-	2,134	1.03
16		Front Office Registrar	37,685	-	2,089	1.07
17		Front Office Registrar	40,765	-	2,049	1.01
18		Front Office Registrar	37,658	-	2,072	1.01
19		Front Office Registrar	38,980	-	2,160	1.04
20		Front Office Registrar	37,269	-	1,992	0.92
21		Front Office Registrar	36,499	-	1,920	0.92
22		Front Office Registrar	22,250	-	1,152	0.55
23		Front Office Registrar	8,228	-	455	0.22
24		Medical Assistant	41,061	-	2,150	1.04
25		Medical Assistant	31,073	-	1,778	0.81
26		Medical Assistant	38,824	-	2,106	1.04
27		Medical Assistant	26,668	-	1,372	0.66
28		Medical Assistant	15,865	-	704	0.34
29		Medical Assistant	17,129	-	956	0.46

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	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
30		Medical Assistant	19,643	-	1,083	0.52
31		Medical Assistant	2,266	-	89	0.04
32		Registered Medical Assistant	39,094	-	1,990	0.99
33		Registered Medical Asst-Per Diem	2,122	-	97	0.04
34		Registered Medical Asst-Per Diem	26,822	-	1,227	0.57
35		Front Office Registrar	39,275	-	2,069	0.99
36		Front Office Registrar	50,169	-	2,103	1.01
37		Front Office Registrar	35,394	-	1,844	0.89
38		Front Office Registrar	27,460	-	1,478	0.71
39		Front Office Registrar	38,345	-	2,126	0.99
40		Front Office Registrar	33,290	-	1,858	0.89
41		Front Office Registrar	29,259	-	1,629	0.78
42		Front Office Registrar	12,566	-	697	0.34
43		Medical Assistant	15,543	-	805	0.39
44		Medical Assistant	53,887	-	2,214	1.10
45		Medical Assistant	27,507	-	1,474	0.70
46		Medical Assistant	38,070	-	2,554	1.02
47		Medical Assistant	20,063	-	1,029	0.49
48		Registered Medical Assistant	45,435	-	2,108	1.03
49		Registered Medical Assistant	52,229	-	2,080	1.00
50		Registered Medical Assistant	42,050	-	2,089	0.98
51		Registered Medical Assistant	41,780	-	2,090	1.00
52		Registered Medical Assistant	17,557	-	900	0.43
53		Front Office Registrar	22,276	-	1,180	0.56
54		Front Office Registrar	43,899	-	2,119	1.04
55		Front Office Registrar	7,329	-	412	0.19
56		Front Office Registrar	55,554	-	2,634	1.17
57		Front Office Registrar	24,978	-	1,377	0.65
58		Front Office Registrar	37,973	-	2,102	1.01
59		Front Office Registrar	13,440	-	747	0.36
60		Medical Assistant	32,142	-	1,861	0.79
61		Medical Assistant	30,194	-	1,664	0.81
62		Medical Assistant	37,568	-	2,056	1.00
63		Medical Assistant	31,026	-	1,477	0.71
64		Medical Assistant	11,612	-	636	0.31
65		Medical Assistant	5,533	-	276	0.13
66		Medical Assistant	2,930	-	162	0.08
67		Medical Assistant	2,825	-	149	0.07
68		Medical Assistant/Front Office Registrar	21,557	-	1,116	0.53
69		Registered Medical Assistant	35,310	-	1,659	0.80

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
70		Registered Medical Assistant	3,886	-	181	0.09
71		Surgical Coordinator	46,884	-	2,196	1.11
72		Front Office Registrar	44,336	-	2,095	1.02
73		Front Office Registrar	39,724	-	2,086	1.00
74		Front Office Registrar	38,123	-	2,083	0.99
75		Front Office Registrar	37,157	-	2,085	0.99
76		Front Office Registrar	38,569	-	2,175	1.03
77		Front Office Registrar	38,172	-	2,088	1.02
78		Front Office Registrar	19,139	-	1,084	0.52
79		Front Office Registrar	8,721	-	484	0.23
80		Medical Assistant	40,428	-	2,144	1.07
81		Medical Assistant	35,795	-	2,076	0.92
82		Medical Assistant	38,242	-	2,044	0.94
83		Medical Assistant	39,028	-	2,133	1.04
84		Medical Assistant	29,379	-	1,604	0.77
85		Medical Assistant	25,248	-	1,398	0.67
86		Medical Assistant/Front Office Registrar	39,121	-	1,918	0.92
87		Medical Assistant/Front Office Registrar	37,341	-	1,882	0.89
88		Medical Assistant/Front Office Registrar	17,792	-	864	0.41
89		Medical Assistant/Front Office Registrar	43,787	-	1,832	0.88
90		Medical Assistant/Front Office Registrar	38,329	-	1,847	0.90
91		Medical Assistant/Front Office Registrar	35,782	-	1,820	0.88
92		Medical Assistant/Front Office Registrar	28,410	-	1,387	0.68
93		Medical Assistant/Front Office Registrar	38,791	-	2,112	0.98
94		Medical Assistant/Front Office Registrar	41,278	-	2,072	1.01
95		Medical Assistant/Front Office Registrar	34,829	-	1,829	0.88
96		Medical Assistant/Front Office Registrar	16,744	-	881	0.42
97		Medical Assistant/Front Office Registrar	500	-	28	0.01
98		Registered Medical Assistant	41,591	-	2,125	1.02
99		Registered Medical Assistant	41,471	-	2,083	1.02
100		Registered Medical Assistant	41,384	-	2,087	1.02
101		Financial Counselor	494	-	24	0.01
102		Front Office Registrar	19,342	-	986	0.48
103		Front Office Registrar	7,173	-	378	0.18
104		Front Office Registrar	3,731	-	196	0.09
105		Front Office Registrar	9,971	-	553	0.27
106		Front Office Registrar	21,876	-	1,215	0.58
107		Front Office Registrar	9,210	-	482	0.23
108		Health Screener	1,237	-	73	0.03
109		Medical Assistant	876	-	47	0.02

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

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

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

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	FTEs (2080 hrs = 1 FTE)
110		Front Office Registrar	42,752	-	2,126	1.02
111		Front Office Registrar	1,119	-	181	0.03
112		Front Office Registrar	565	-	30	0.01
113		Front Office Registrar	25,631	-	1,397	0.68
114		Front Office Registrar	15,501	-	883	0.41
115		Front Office Registrar	276	-	15	0.01
116		Medical Assistant/Front Office Registrar	5,387	-	292	0.14
117		Scanner	680	-	40	0.02
118		Medical Assistant	40,159	3.00	2,076	1.02
119						
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STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

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

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
Total Medical Assistant		2,998,522	3	154,762	73.99

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

Reporting Period:	From 7/1/2021	6/30/2022
FQHC Name: Optimus Health Care, Inc.		

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs		Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
			II	III	IV	V
	Provide Itemized		*125,000*	*1,500*	*1,040*	*0.50*
A.	**DENTIST**					
1		Dentist	24,102	139	288	0.14
2		Dentist	15,790	243	184	0.09
3		Dentist	85,991	1,107	1,306	0.64
4		Dental Clinical Coordinator	93,606	1,115	2,080	0.99
5		Dental Director	193,568	1,470	1,676	0.81
6		Dentist	75,154	1,532	920	0.44
7		Dentist	150,654	2,730	2,000	1.00
8		Dentist	174,388	2,980	2,080	1.02
9		Dentist	164,162	2,984	2,080	1.02
10						
11						
12						
13						
	Total Dentist Encounters, Staff Hours and FTEs		977,415	14,300	12,614	6.15
B.	**DENTAL HYGIENIST**					
1.		Dental Hygienist	26,885	518	600	0.29
2.		Dental Hygienist	31,223	675	792	0.38
3.		Dental Hygienist	73,245	1,389	1,864	0.87
4.		Dental Hygienist	81,108	1,590	2,256	1.04
5.		Dental Hygienist	89,785	1,616	2,080	1.01
	Total Dental Hygienist Encounters, Hours and FTEs		302,247	5,788	7,592	3.59

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RTMENT OF SOCIAL SERVICES
ANNUAL REPORT
QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From 7/1/2021	6/30/2022
FQHC Name: Optimus Health Care, Inc.		

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs		Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
C.	OTHER DENTAL PRACTITIONER					
1						
2						
3						
4						
5						
	Total Other Dental Practitioner Encounters, Hours and FTEs		0	0	0	0.00
D.	OTHER/DENTAL					
1		Dental Assistant	43,004	-	2,010	0.93
2		Dental Assistant	35,181	-	1,680	0.82
3		Dental Assistant	20,157	-	956	0.47
4		Dental Assistant	48,902	-	2,015	0.96
5		Dental Assistant	50,381	-	2,077	0.99
6		Dental Assistant	39,187	-	2,176	0.96
7		Dental Assistant	25,923	-	1,169	0.52
8		Dental Assistant	30,956	-	1,087	0.52
9		Dental Assistant	19,125	-	928	0.45
10		Dental Front Office Registrar	19,829	-	1,098	0.53
11		Dental Front Office Registrar	41,873	-	2,119	1.03
12		Dental Front Office Registrar	16,438	-	911	0.44
13		Dental Front Office Registrar	14,168	-	791	0.38
14		Dental Front Office Registrar	12,342	-	686	0.33
15		Dental Front Office Registrar	20,219	-	1,107	0.53
16		Dental Front Office Registrar	18,862	-	1,040	0.50
17		Dental Front Office Registrar	1,147	-	62	0.03
18		Dental Front Office Registrar	9,422	-	474	0.23
19		Dental Front Office Registrar	1,460	-	81	0.04
20		Dental Front Office Registrar	576	-	32	0.02
21		Dental Mobile Van Driver	5,694	-	237	0.11
22		Accounts Receivable Specialist	55,485	-	2,345	1.19
23		Accounts Receivable Specialist	40,212	-	2,086	1.02
		Dental Front Office Supervisor	46,456	-	2,410	1.03
		Dental Mobile Van Driver	10,819	-	433	0.21
		Dental SBHC Mobile Services C	51,979	-	4,196	1.04
	Total Dental Assistant		679,796	0	34,205	15.28

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
		II	III	IV	V
	Provide itemized de-identified list (e.g., Psychologist 1)	*125,000*	*1,500*	*1,040*	*0.50*
A.	**PSYCHIATRIST**				
1	Child Psychiatrist	246,754	800	2,064	0.77
2	Family Psychiatric NP	188,956	2,062	2,080	1.02
3	Family Psychiatric NP	136,058	2,251	1,976	0.95
4	Psychiatrist	233,944	3,100	2,080	1.00
5	Psychiatrist	250,739	2,082	2,080	0.99
6	Director- Behavioral Health Services	253,941	1,533	1,664	0.81
7	Director of BH Practice Management	149,228	0	2,120	1.02
8					
9					
10					
	Total Psychologist Encounters, Staff Hours and FTEs	1,459,621	11,828	14,064	6.56
B.	**SOCIAL WORKER**				
1	BH Community Health Worker	45,062	0	2,080	1.04
2	BH Community Health Worker	5,015	0	232	0.11
3	Care Manager	54,028	0	2,035	0.96
4	Care Manager	48,646	0	2,090	0.97
5	Care Manager	58,010	0	2,347	1.21
6	Care Manager	19,490	0	745	0.36
7	Case Manager - Stamford	7,482	0	248	0.12
8	Community Health Worker	4,581	0	219	0.11
9	Front Office Clerk	38,060	0	1,560	0.75
10	Front Office Registrar	5,473	0	303	0.15
11	Front Office Registrar	10,915	0	597	0.28
12	Front Office Registrar	39,079	0	2,052	0.99
13	Front Office Registrar	39,397	0	2,084	1.00
14	Front Office Registrar	41,663	0	2,146	1.05
15	Front Office Registrar	29,358	0	1,644	0.79
16	Front Office Registrar	21,435	0	1,104	0.53
17	Front Office Registrar	20,753	0	1,064	0.51
18	Front Office Registrar	20,144	0	1,030	0.50
19	Front Office Registrar	9,063	0	504	0.24
20	Front Office Registrar	10,485	0	604	0.29
21	Front Office Registrar	7,198	0	400	0.19
22	HIV Lead Case Manager	62,935	0	2,095	1.00

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
23	HIV Medical Case Manager	40,283	0	1,856	0.89
24	HIV Medical Case Manager	47,460	0	2,076	0.99
25	HIV Medical Case Manager	50,821	0	2,090	1.01
26	HIV Medical Case Manager	44,242	0	1,841	0.88
27	HIV Medical Case Manager/Adolesc	49,039	0	2,074	1.01
28	Insurance Verification Authorization	43,122	0	2,111	1.06
29	Licensed Clinical Social Worker	15,795	0	437	0.21
30	Ryan White Social Worker	71,696	0	2,084	1.01
31	CBITS School Based Assistant	52,379	0	2,182	1.01
32	HIV Program Coordinator	69,107	0	2,080	0.99
33	Lead Care Manager	70,849	0	2,080	1.02
34	Practice Manager - Behavior Health	56,481	0	1,320	0.63
35	SBHC & Program Services Coordina	53,784	0	2,916	0.98
36	Soc Serv Integrated Care Programs	95,034	0	1,567	0.77
37	Licensed Clinical Social Worker		1		
38	Masters Social Worker		2		
39	Masters Social Worker		8		
40	Licensed Master Social Worker	2,181	11	72	0.03
41	Masters Social Worker		33		
42	Licensed Master Social Worker	19,673	43	600	0.29
43	Licensed Clinical Social Worker		53		
44	Masters Social Worker		56		
45	Masters Social Worker		74		
46	Licensed Clinical Social Worker	81,993	75	2,080	0.98
47	Care Manager	43,837	81	1,879	0.88
48	Masters Social Worker		87		
49	Masters Social Worker		89		
50	Masters Social Worker		91		
51	Masters Social Worker		93		
52	Masters Social Worker		96		
53	BH Admissions/Crisis Evaluator	5,577	129	200	0.10
54	MSW Intern Field Coordinator	73,750	142	1,960	0.94
55	Masters Social Worker		153		
56	Licensed Clinical Social Worker		326		
57	Licensed Master Social Worker	30,250	328	805	0.39
58	Licensed Clinical Social Worker	37,110	366	1,127	0.52
59	Licensed Clinical Social Worker		370		
60	Licensed Clinical Social Worker		431		

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
61	Licensed Clinical Social Worker	64,825	471	1,757	0.85
62	Program Mgr & Lead LCSW	87,308	511	1,680	0.81
63	Licensed Clinical Social Worker	59,539	524	1,470	0.71
64	Licensed Clinical Social Worker	44,250	634	1,155	0.56
65	Licensed Professional Counselor	62,000	643	1,520	0.73
66	Licensed Clinical Social Worker	52,096	729	1,240	0.60
67	Licensed Clinical Social Worker	64,272	843	1,820	0.86
68	Licensed Clinical Social Worker	73,061	860	1,840	0.88
69	Sr. LCSW	78,061	868	1,820	0.86
70	Masters Social Worker	48,727	913	1,640	0.79
71	Licensed Clinical Social Worker	85,562	988	2,080	0.99
72	Licensed Clinical Social Worker	81,679	1,020	2,080	0.94
73	Licensed Clinical Social Worker	81,087	1,113	1,471	0.80
74	Licensed Clinical Social Worker	75,000	1,263	2,080	1.00
75	Licensed Master Social Worker	63,803	1,296	2,080	0.98
76	BH Admissions Lead Crisis Evaluato	72,381	1,297	2,080	1.00
77	Licensed Professional Counselor	70,158	1,304	2,800	1.06
78	Licensed Master Social Worker	60,397	1,307	2,740	1.04
79	Licensed Master Social Worker	62,649	1,356	2,800	1.05
80	Clinical Leader Social Service	129,800	1,436	2,112	1.02
81	Licensed Clinical Social Worker	89,840	1,644	2,080	1.08
82	Licensed Clinical Social Worker	88,869	1,682	2,080	1.06
83	Licensed Clinical Social Worker	97,020	1,975	2,080	1.12
84	Licensed Clinical Social Worker	106,191	2,172	2,080	1.23
	Total Social Worker Encounters, Hours and FTEs	3,451,312	29,987	109,201	51.77

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs			Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
C.	PSYCHOLOGIST						
1			Psychologist		778		
2			Psychologist	123,085	1,318	1,954	0.67
3							
4							
5							
6							
7							
8							
	Total Other Mental Health Practitioner Encounters, Hours and FTEs			123,085	2,096	1,954	0.67

D.	OTHER MENTAL						
1			APRN-Psych	40,385	105	525	0.25
2							
3							
4							
5							
6							
7							
8							
	Total Other Mental			40,385	105	525	0.25

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

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

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

	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Encounters	Employee Hours and FTEs	
				High	Low	Hires	Departures		Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
		4	*500,000*	*150,000*	*100,000*	*2*	*1*	*10,000*	*8,320*	*4.00*
A.	**HEALTH CARE PRACTITIONERS**									
1.	Physician	25	3,743,256					58,046	51,471	24.75
2.	Physician Assistant	10	1,563,428					26,343	20,442	9.83
3.	Nurse (APRN, Midwife, RN)	69	6,790,383					48,833	143,793	69.13
4.	Total Physician Services Under Contract	0	2,010,817					24,908	0	0.00
5.	Total Other Health Care Practitioner	1	0					586	1,080	0.52
6.	Total Medical Assistant	74	4,869,472					3	154,762	74.40
7.										
	Total Health Care	179	18,977,356			0	0	158,719	371,547	178.63
B.	**DENTAL PRACTITIONERS**									
1.	Dentist	6	897,479					14,300	12,614	6.06
2.	Dental Hygienst	4	391,411					5,788	7,592	3.65
	Other - Dentist Services Under Contract	0	0					0	0	0.00
3.	Total Dental Assistant	16	1,092,340					0	34,205	16.44
	Total Dental	26	2,381,230			0	0	20,088	54,411	26.15

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

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

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

	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Encounters	Employee Hours and FTEs	
				High	Low	Hires	Departures		Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
C.	**MENTAL HEALTH PRACTITIONERS**									
1.	Psychiatrist	7	394,278					11,828	14,064	6.76
2.	Psychologist	1	145,034					2,096	1,954	0.94
3.	Nurses	0	47,586					105	525	0.25
4.	Social Worker	53	4,802,331					29,987	109,201	52.50
5.	Other - APRNs		0							
	Total Mental Health	60	5,389,228			0	0	44,016	125,744	60.45

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	7/1/2021	To	To	6/30/2022
FQHC Name:	Optimus Health Care, Inc.				

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	35,689,012
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	9,515,947
C.	Total Direct Costs (A+B)	45,204,959
D.	Portion of Title XIX Services (A/C)	78.95%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	18,194,738
F.	Overhead Cost Applicable to Title XIX Services (DxE)	14,364,746
G.	Total Title XIX Services Cost (A+F)	50,053,758
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	15,016,128
I.	Cost Adjustment (Lower of H-F or Zero)	-
J.	Allowable Title XIX Overhead Cost (F+I)	14,364,746
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	25,528,437
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	3,174,177
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	6,986,398
	4. Total Direct Costs (K1 thru K3)	35,689,012
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	71.53%
	2. Dental Services (K2/K4)	8.89%
	3. Mental Health Services (K3/K4)	19.58%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	10,275,103
	2. Dental Services (JxL2)	1,277,026
	3. Mental Health Services (JxL3)	2,812,617
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	14,364,746

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

Reporting Period:	From	07/01/21	To	6/30/2022
FQHC Name:	Optimus Health Care, Inc.			

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER

I.	Health Care Cost (Excluding Dental and Mental Health)	
A.	Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	25,528,437
B.	Allowable Overhead Cost (P13 - Form C, Line M1)	10,275,103
C.	Total Allowable Health Care Cost (A+B)	35,803,540
D.	Encounters (P12 - Form B-4, Health Care Total)	158,719
E.	Allowable Health Care Cost Per Encounter (C/D)	225.58
II.	Dental	
A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	3,174,177
B.	Allowable Overhead Cost (P13 - Form C, Line M2)	1,277,026
C.	Total Allowable Dental Cost (A+B)	4,451,203
D.	Encounters (P12 - Form B-4, Dental Total)	20,088
E.	Allowable Dental Cost Per Encounter (C/D)	221.59
III.	Mental Health	
A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	6,986,398
B.	Allowable Overhead Cost (P13 - Form C, Line M3)	2,812,617
C.	Total Allowable Mental Health Cost (A+B)	9,799,015
D.	Encounters (P12 - Form B-4, Mental Health Total)	44,016
E.	Allowable Mental Health Cost Per Encounter (C/D)	222.62

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 07/01/21 To 6/30/2022

FQHC Name: Optimus Health Care, Inc.

Form E (Revenues)

	REVENUES		I	II	III	IV	V
A.	Operating Revenue		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
1.	Medicaid		16,001,879	1,596,919	5,797,486		23,396,284
2.	Private		1,807,122	321,406	1,131,915		3,260,444
3.	Medicare		2,934,877	555	621,047		3,556,478
4.	Patient Cash/Self Pay		1,157,423	244,308	18,094		1,419,825
5.	Other - Specify	Grants	25,959	14,755	1,170		41,884
6.	Total (1 thru 5)		21,927,260	2,177,944	7,569,712	0	31,674,916
B.	Other Revenue						
1.	Contributions						0
2.	Grants		15,540,460	501,691	2,596,174	1,839,428	20,477,754
3.	Interest					0	0
4.	Donations					11,243	11,243
5.	Other - Specify	Pharmacy Income				6,427,054	6,427,054
6.	Other - Specify	In-Kind Vaccines & Food				7,014,991	7,014,991
7.	Other - Specify	Contracted Services				10,428	10,428
8.	Other - Specify	Quality Incentive Payments				112,173	112,173
9.	Other - Specify	Fundraising				29,086	29,086
	Other - Specify	Testing Revenue				196,062	196,062
10.	Other - Specify	Other Income		125		235,479	235,605
11.	Total (1 thru 10)		15,540,460	501,817	2,596,174	15,875,946	34,514,397
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)		37,467,720	2,679,760	10,165,886	15,875,946	66,189,313

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

Reporting Period:	From	7/1/2021	To	6/30/2022
FQHC Name:	Optimus Health Care, Inc.			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS *(EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)*

A.	Contributions	ACTUAL
	1. Services *(Excluding Dental, Mental Health and Other)*	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0

B.	Grants *(Excluding PHS)*	
	1. Services *(Excluding Dental, Mental Health and Other)*	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	7/1/2021	To	6/30/2022
FQHC Name:	Optimus Health Care, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

A.	**Cost Disallowance**		
1.	Entertainment		
2.	Fines and penalties		
3.	Bad debt	0	
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel	127,966	
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	6,056	
9.	Amortization of goodwill		
10.	Directors fees		
11.	Contributions	94,567	
12.	Membership dues for public relations		
13.	Cost not related to patient care		
14.	Interest	192,586	
15.	Pass through expenses		
16.	Total (1 thru 15)		421,175
B.	**Cost Offset *(Expense Recovery)***		
1.	Refunds - Medicaid Outreach		
2.	Rent Income		
3.	In-Kind Medical Supplies		
4.	In-Kind Dental Supplies		
5.	In-Kind Computer Supplies		
6.	In-Kind Advertising		
7.	Total (1 thru 6)		0
C.	Total Cost Disallowance and Offset (A16+B7)		421,175