

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: 12/30/2023 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 (Dellas) Szczesniak
	Title	Chief Financial Officer

2. FQHC Medicaid Provider Number: <table style="width: 100%;"><tr><td style="width: 30%;">Medical</td><td style="width: 30%;"><u>008065431</u></td></tr><tr><td>Dental</td><td><u>008064502</u></td></tr><tr><td>Mental Health</td><td><u>008043074</u></td></tr><tr><td>Other (Medical)</td><td><u>008050220</u></td></tr><tr><td> </td><td> </td></tr></table>	Medical	<u>008065431</u>	Dental	<u>008064502</u>	Mental Health	<u>008043074</u>	Other (Medical)	<u>008050220</u>			3. Reporting Period: From <u>7/1/2022</u> To <u>6/30/2023</u>
Medical	<u>008065431</u>										
Dental	<u>008064502</u>										
Mental Health	<u>008043074</u>										
Other (Medical)	<u>008050220</u>										

4.	Type of Control (Check One Only) <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> NONPROFIT ORGANIZATION</div><div><input type="checkbox"/> GOVERNMENT</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> STATE</div><div><input type="checkbox"/> DISTRICT</div><div><input type="checkbox"/> OTHER</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> COUNTY</div><div><input type="checkbox"/> CITY</div><div> </div></div>
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5.	FQHC Owned By:
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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 7/1/2022 and Ending 6/30/2023 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 Szczesniak
	Title	Date
	Chief Financial Officer	

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

Reporting Period: From 7/1/2022 To 6/30/2023
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	1548760119
Wheeler Clinic, Inc	43 Woodland Street Hartford, CT 06105	Yes	1518467174
Wheeler Clinic, Inc	49 Woodland Street Hartford, CT 06105	Yes	1518467174
Wheeler Clinic, Inc	75 North Mountain Road New Britain CT 06053	Yes	1285203612
Wheeler Clinic, Inc	36 Race Street Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	225 North Main Street Bristol, CT 06010	Yes	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	21 Tuttle Road Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	551 Peacedale Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	480 Wolcott Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	632 King Street Bristol, CT 06010	Yes	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	19 Franklin Square New Britain, CT 06051	No	1396750840
Wheeler Clinic, Inc	142 East Street Norwalk, CT 06851	No	1396750840
Wheeler Clinic, Inc	91 Northwest Drive Plainville, CT 06062	Yes	1396750840
Wheeler Clinic, Inc	74 East Street Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	88 East Street Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	334 Farmington Avenue Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	345 Mix Street Bristol CT 06010	Yes	1396750840
Wheeler Clinic, Inc	90 West Washington Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	530 Stevens Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	212 Louisiana Ave Bristol, CT 06010	Yes	1396750840

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

Reporting Period: From <u>7/1/2022</u>		To <u>6/30/2023</u>	
FQHC Name: <u>Wheeler Clinic Inc</u>			

Wheeler Clinic, Inc	326 Highland Avenue Waterbury, CT 06708	No	1396750840
Wheeler Clinic, Inc	1 Farm Hill Drive Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	655 Jerome Ave Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	855 Lakewood Road Waterbury, CT 06706	Yes	1144650144
Wheeler Clinic, Inc	210 Redstone Hill Road Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	Ivy Drive Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	70 Memorial Blvd Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	461 Cooke Street Farmington, CT 06032	No	
Wheeler Clinic, Inc	1435 State Street New Haven, CT 06	No	
Wheeler Clinic, Inc	1 Grove Place New Britain, CT 06053	No	
Wheeler Clinic, Inc	71 Vera Mountain View Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	1 Plains Road Moodus, CT 06469	No	
Wheeler Clinic, Inc	732 Slater Rd New Britain, CT 06053	Yes	1285203612
Wheeler Clinic, Inc (Wheeler Mobile Health & Wellness #1)	91 Northwest Drive Plainville, CT 06062	Yes	1396750840
Wheeler Clinic, Inc	40 Hart Street Britain, CT 06053	Yes	1285203612

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

Select One:

SELECT ONE OF THE FOLLOWING OPTIONS:	
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STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2022</u>	To <u>6/30/2023</u>
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	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A. DIRECT HEALTH CARE COST	I	II	III	IV	V	VI	VII
<i>(Excluding Dental, Mental Health & Other)</i>							
1. Staff Cost							
a. Physician	589,913	152,134	742,047	15,444	757,491		757,491
b. Physician Assistant			0		0		0
c. Nurse (APRN, Midwife, RN)	2,145,513	553,310	2,698,823	6,091	2,704,914		2,704,914
d. Other - Specify							
Other Healthcare Staff			0		0		0
Case Management	291,115	75,076	366,192		366,192		366,192
Medical Assistants	482,239	124,365	606,604		606,604		606,604
Chiropractor	234,999	60,604	295,604		295,604		295,604
Registered Dietician	68,759	17,732	86,491		86,491		86,491
Behavioral Health Consultant	449,868	116,017	565,885		565,885		565,885
LPN	60,420	15,582	76,002	25,777	101,779		101,779
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
e. Subtotal Direct Health Care Cost	4,322,827	1,114,821	5,437,649	47,312	5,484,961	0	5,484,961
2. Other Direct Health Care Cost							
a. Medical Supplies		434,749	434,749	(71,613)	363,136	(246,198)	116,938
b. Transportation			0		0		0
c. Depreciation - Medical Equipment			0	24,978	24,978		24,978
d. Professional Liability Insurance			0	13,673	13,673		13,673
e. Laboratory		69,114	69,114	(53,439)	15,675		15,675
f. Radiology			0		0		0
g. Physician-Administered Drugs			0		0		0
h. Other - Specify							
Continuing Medical Education			0	4,134	4,134		4,134
Minor Medical Equipment			0		0		0
Advertising-Help Wanted			0	4,890	4,890		4,890
Interpreter Services			0	33,580	33,580		33,580
Bio-Medical Waste Management			0	18,866	18,866		18,866
			0		0		0
i. Subtotal Other Direct Health Care Cost	0	503,863	503,863	(24,931)	478,932	(246,198)	232,734
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	4,322,827	1,618,685	5,941,512	22,381	5,963,893	(246,198)	5,717,695

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

Reporting Period:	From <u>7/1/2022</u>	To <u>6/30/2023</u>
FQHC Name: Wheeler Clinic Inc		

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	185,363	47,804	233,167	360	233,527		233,527
b. Dental Hygienist	69,031	17,802	86,833		86,833		86,833
c. Other - Specify							
Dental Assistant	72,694	18,747	91,441		91,441		91,441
			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	327,088	84,353	411,442	360	411,802	0	411,802
2 Other Direct Dental Care Cost							
a. Dental Supplies			0	29,881	29,881		29,881
b. Transportation			0		0		0
c. Depreciation - Dental Equipment			0		0		0
d. Professional Liability Insurance			0	1,160	1,160		1,160
e. Other - Specify							
Continuing Dental Education			0	2,000	2,000		2,000
Advertising-Help Wanted			0	286	286		286
Bio-Medical Waste Management			0	1,053	1,053		1,053
Interpreter Services			0	3,507	3,507		3,507
			0		0		0
f. Subtotal Other Direct Dental Care Cost	0	0	0	37,886	37,886	0	37,886
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	327,088	84,353	411,442	38,246	449,688	0	449,688

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

Reporting Period:

From 7/1/2022

To 6/30/2023

FQHC Name: Wheeler Clinic Inc

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	1,840	475	2,315		2,315		2,315
b. Social Worker	2,906,927	749,672	3,656,600		3,656,600		3,656,600
c. Other - Specify							
Licensed Professional Counselor	752,746	194,127	946,872		946,872		946,872
Licensed Marriage and Family Therapist	574,209	148,084	722,292		722,292		722,292
Licensed Alcohol & Drug Counselor			0		0		0
Other Mental Health Practitioners	3,183,939	821,111	4,005,050		4,005,050		4,005,050
Psychiatrist	445,629	114,924	560,553	89,751	650,304		650,304
Psychiatric APRN	1,731,188	446,459	2,177,648	246,220	2,423,868		2,423,868
Medical Assistant	346,205	89,283	435,488		435,488		435,488
			0		0		0
d. Subtotal Direct Mental Health Care Cost	9,942,683	2,564,136	12,506,818	335,971	12,842,789	0	12,842,789
2. Other Direct Mental Health Care Cost							
a. Medical Supplies			0	26,814	26,814		26,814
b. Transportation			0		0		0
c. Depreciation - Mental Health Equipment			0		0		0
d. Professional Liability Insurance			0	57,591	57,591		57,591
e. Other - Specify							
Continuing Medical Education			0	11,643	11,643		11,643
Laboratory			0	24,125	24,125		24,125
Advertising-Help Wanted			0	23,506	23,506		23,506
Interpreter Services			0	69,504	69,504		69,504
Bio-Medical Waste Management			0	847	847		847
			0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	0	0	214,031	214,031	0	214,031
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)							
	9,942,683	2,564,136	12,506,818	550,002	13,056,820	0	13,056,820
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES							
	14,592,598	4,267,174	18,859,772	610,629	19,470,401	(246,198)	19,224,203

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

Reporting Period: From 7/1/2022 To 6/30/2023
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	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service							
a. Clinical Diagnostic Lab			0	17,395	17,395		17,395
b. Radiology			0		0		0
c. Prescription Drugs/Pharmacy			0	950,115	950,115		950,115
d. Battered Women			0		0		0
e. Homeless			0		0		0
f. WIC			0		0		0
g. Non-FQHC Sites		2,625,859	2,625,859	32,129,980	34,755,839		34,755,839
h. Other - Specify							
Fundraising			0	121,432	121,432		121,432
Outreach			0		0		0
Laboratory (Non-FQHC Sites)			0	11,919	11,919		11,919
Medical Supplies (Non-FQHC Sites)			0	14,918	14,918		14,918
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
I. Total Non-Allowable Direct Other Service Cost	0	2,625,859	2,625,859	33,245,760	35,871,619	0	35,871,619
F. TOTAL DIRECT COST (D+E1I)	14,592,598	6,893,033	21,485,631	33,856,388	55,342,020	(246,198)	55,095,822

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

Reporting Period:	From <u>7/1/2022</u>	To <u>6/30/2023</u>
FQHC Name: <u>Wheeler Clinic Inc</u>		

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
G. OVERHEAD - FACILITY COST							
a. Rent		1,448,087	1,448,087		1,448,087	(188,260)	1,259,827
b. Insurance		200,320	200,320		200,320		200,320
c. Interest on Mortgage or Loans		84,519	84,519		84,519	(84,519)	(0)
d. Utilities		800,728	800,728	(5,449)	795,278		795,278
e. Depreciation - Building		1,856,556	1,856,556	(304,319)	1,552,237		1,552,237
f. Depreciation - Equipment			0	279,341	279,341		279,341
g. Housekeeping & Maintenance		2,245,678	2,245,678	(14,730)	2,230,948		2,230,948
h. Other (Specify)							
Property Tax		35,514	35,514		35,514		35,514
Minor Equipment		331,928	331,928		331,928		331,928
			0		0		0
			0		0		0
			0		0		0
I. Subtotal Overhead - Facility Cost	0	7,003,329	7,003,329	(45,158)	6,958,171	(272,779)	6,685,392
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	38,432,008		38,432,008	(25,441,323)	12,990,685	(20,000)	12,970,685
b. Depreciation - Office Equipment			0		0		0
c. Office Supplies		1,365,093	1,365,093	(707,412)	657,681		657,681
d. Legal		70,232	70,232		70,232		70,232
e. Accounting		122,619	122,619		122,619		122,619
f. Insurance		375,809	375,809	(206,563)	169,246		169,246
g. Telephone		816,146	816,146		816,146		816,146
h. Advertising-Help Wanted		1,695,811	1,695,811	(28,682)	1,667,129	(1,593,423)	73,706
i. Interest - Capital Loans			0		0		0
j. Other (Specify)							
Travel & Seminar		589,576	589,576	(17,777)	571,799		571,799
Miscellaneous		691,263	691,263	(586)	690,677	(21,856)	668,821
Contracted Services		2,211,953	2,211,953	(585,727)	1,626,227		1,626,227
Fringe Benefits & Payroll Taxes		9,911,296	9,911,296	(6,823,160)	3,088,136		3,088,136
Recruiting, Dues Licenses		923,188	923,188		923,188		923,188
			0		0		0
k. Subtotal Overhead - Administrative Cost	38,432,008	18,772,986	57,204,994	(33,811,230)	23,393,764	(1,635,279)	21,758,485
I. TOTAL OVERHEAD COST (GI+HK)	38,432,008	25,776,315	64,208,323	(33,856,388)	30,351,935	(1,908,058)	28,443,877
J. GRAND TOTAL COSTS² (F+I)							
	53,024,606	32,669,348	85,693,954	0	85,693,954	(2,154,256)	83,539,698

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
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Reporting Period:	From <u>7/1/2022</u>	To <u>6/30/2023</u>
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	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	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
A.	PHYSICIAN					
1.	Please see form B4					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.	Please see form B4					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
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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	Compensation	Encounters	Total Employee Hours and FTEs	
					Employee Total Hours	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.	Please see form B4					0.00
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)

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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	Encounters	Total Employee Hours and FTEs	
	II	III	Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>	125,000	1,500	1,040	0.50
A. DENTIST				
1. Please see form B4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. DENTAL HYGIENIST				
1. Please see form B4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER DENTAL PRACTITIONER				
1. Please see form B4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner 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 <u>7/1/2022</u>	To <u>6/30/2023</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	Employee Total Hours	FTEs (2080 hrs = 1 FTE)
	II	III	IV	V
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>	125,000	1,500	1,040	0.50
A. PSYCHOLOGIST				
1. Please see form B4				0.00
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

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

Reporting Period:	From <u>7/1/2022</u>	To <u>6/30/2023</u>
FQHC Name: <u>Wheeler Clinic Inc</u>		

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)
	I	II	III	IV	V	VI	VII	VIII	IX
	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00
A. HEALTH CARE PRACTITIONERS									
1. PHYSICIAN	4	589,913	322,920	250,944	0	1	4,698	7,221	3.47
2. PHYSICIAN ASSISTANT									0.00
3. NURSE (APRN, MIDWIFE, RN)	26	2,151,604	158,084	88,833	4	9	14,678	39,423	18.95
4. PHYSICIAN SERVICES UNDER CONTRACT	1	15,444	411,840	411,840	0	0	63	78	0.04
5. OTHER HEALTH PROFESSIONALS	2	234,999	183,983	183,983	0	0	3,144	2,766	1.33
6. OTHER ALLIED HEALTH PROFESSIONALS	1	68,759	69,206	69,206	0	0	446	2,080	1.00
7. OTHER HEALTH CARE PRACTITIONERS	7	449,868	97,807	68,299	0	0	4,482	11,440	5.50
Total Health Care	41	3,510,587			4	10	27,511	63,008	30.29
B. DENTAL PRACTITIONERS									
1. DENTIST	1	185,723	186,567	186,567	0	0	827	2,084	1.00
2. DENTAL HYGIENIST	1	69,031	72,985	72,985	0	1	566	1,980	0.95
Total Dental	2	254,754			0	1	1,393	4,064	1.95
C. MENTAL HEALTH PRACTITIONERS									
1. PSYCHIATRIST	3	535,380	380,800	324,471	1	0	1,466	3,355	1.61
2. PSYCHOLOGIST	1	1,840	104,000	104,000	0	1	0	37	0.02
3. LICENSED CLINICAL SOCIAL WORKER	28	2,906,927	93,576	73,787	1	3	33,185	73,102	35.15
4. PSYCHIATRIC APRN	16	1,977,408	161,651	125,549	3	2	14,443	27,210	13.08
5. OTHER MENTAL HEALTH PRACTITIONERS	98	4,510,893	91,935	53,907	17	22	44,776	141,911	68.23
Total Mental Health	146	9,932,449			22	28	93,870	245,615	118.09

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

Reporting Period:	From	7/1/2022	To	6/30/2023
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)	19,224,203
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.I, Col. VII)	35,871,619
C.	Total Direct Costs (A+B)	55,095,822
D.	Portion of Title XIX Services (A/C)	34.89%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	28,443,877
F.	Overhead Cost Applicable to Title XIX Services (DxE)	9,924,069
G.	Total Title XIX Services Cost (A+F)	29,148,272
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	8,744,481
I.	Cost Adjustment (Lower of H-F or Zero)	(1,179,588)
J.	Allowable Title XIX Overhead Cost (F+I)	8,744,481
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	5,717,695
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	449,688
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	13,056,820
	4. Total Direct Costs (K1 thru K3)	19,224,203
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	29.74%
	2. Dental Services (K2/K4)	2.34%
	3. Mental Health Services (K3/K4)	67.92%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	2,600,609
	2. Dental Services (JxL2)	204,621
	3. Mental Health Services (JxL3)	5,939,251
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	8,744,481

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

Reporting Period: From 7/1/2022 To 6/30/2023
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)	5,717,695
B. Allowable Overhead Cost (P13 - Form C, Line M1)	2,600,609
C. Total Allowable Health Care Cost (A+B)	8,318,304
D. Encounters (P12 - Form B-4, Health Care Total)	27,511
E. Allowable Health Care Cost Per Encounter (C/D)	302.36

II. Dental

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	449,688
B. Allowable Overhead Cost (P13 - Form C, Line M2)	204,621
C. Total Allowable Dental Cost (A+B)	654,309
D. Encounters (P12 - Form B-4, Dental Total)	1,393
E. Allowable Dental Cost Per Encounter (C/D)	469.71

III. Mental Health

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	13,056,820
B. Allowable Overhead Cost (P13 - Form C, Line M3)	5,939,251
C. Total Allowable Mental Health Cost (A+B)	18,996,071
D. Encounters (P12 - Form B-4, Mental Health Total)	93,870
E. Allowable Mental Health Cost Per Encounter (C/D)	202.37

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

Reporting Period:

From 7/1/2022

To 6/30/2023

FQHC Name:

Wheeler Clinic 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	4,030,312	218,343	15,421,410		19,670,064
2.	Private	587,179	(477)	3,574,078		4,160,780
3.	Medicare	142,844	(188)	839,036		981,692
4.	Patient Cash/Self Pay	116,713	10,287	337,746		464,746
5.	Other - Specify <u>State Prob/HRSA/Allowance for Doubtful Accts</u>	(42,460)	(3,795)	45,936		(319)
6.	Total (1 thru 5)	4,834,587	224,170	20,218,205	0	25,276,963
B.	Other Revenue					
1.	Contributions	102,800		40,972	278,058	421,830
2.	Grants	1,372,551	26,700	6,685,092	39,551,280	47,635,623
3.	Interest					0
4.	Donations					0
5.	Other - Specify <u>Misc-Health Admin/Testing Services</u>	89,702		270,953		360,654
6.	Other - Specify <u>Unrealized Gains/(Losses) & Investments</u>				4,061,699	4,061,699
7.	Other - Specify <u>Fundraising Events</u>				92,592	92,592
8.	Other - Specify <u>In-Kind</u>					0
9.	Other - Specify <u>CARES Act Funding</u>					0
10.	Other - Specify <u>ARPA Funding</u>					0
11.	Total (1 thru 10)	1,565,053	26,700	6,997,017	43,983,629	52,572,398
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)					
1.	Other - Specify <u>Patient Service Revenue</u>				2,493,246	2,493,246
2.	Other - Specify <u>Tuition</u>				9,881,416	9,881,416
3.	Other - Specify <u>Evaluation, EAP & Consultation</u>				736,791	736,791
4.	Other - Specify <u>Rental Income/(Loss)</u>				192,220	192,220
5.	Other - Specify <u>Pharmacy</u>				1,562,621	1,562,621
6.	Other - Specify					0
7.	Total (1 thru 7)	0	0	0	14,866,294	14,866,294
D.	Total Revenue (A6+B11+C7)	6,399,640	250,870	27,215,222	58,849,924	92,715,656

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

Reporting Period: From 7/1/2022 To 6/30/2023

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>)	102,800
2.	Dental	0
3.	Mental Health	33,400
4.	Other - Specify Temp Restricted - LGBTQ	8,072
	Other - Specify Temp Restricted - Innovation Fund	9,677
	Other - Specify Temp Restricted - Basic Needs Funds	3,316
	Other - Specify Temp Restricted - H&W Family Support	108,174
	Other - Specify Temp Restricted - Other	36,948
	Other - Specify Unrestricted Contributions	252,326
	Other - Specify	
5.	Total (1 thru 4)	554,713
B.	Grants (<i>Excluding PHS</i>)	
1.	Services (<i>Excluding Dental, Mental Health and Other</i>)	454,088
2.	Dental	
3.	Mental Health	6,545,892
4.	Other - Specify CSSD	6,200,908
	Other - Specify DCF	24,892,759
	Other - Specify DDS	120,000
	Other - Specify DMHAS	5,548,738
	Other - Specify DOC	155,691
	Other - Specify DPH	18,193
	Other - Specify DOE	16,579
	Other - Specify OEC	844,406
	Other - Specify HHS	10,000
	Other - Specify SAMHSA	1,006,885
	Other - Specify HRSA	400,000
	Other - Specify Other	271,621
	Other - Specify	
5.	Total (1 thru 4)	46,485,760

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

Reporting Period: From 7/1/2022 To 6/30/2023

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	(1,593,423)	
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	(21,456)	
9. Amortization of goodwill		
10. Directors fees		
11. Contributions		
12. Membership dues for public relations		
13. Cost not related to patient care		
14. Interest	(84,519)	
15. Pass through expenses		
16. Total (1 thru 15)		(1,699,398)
B. Cost Offset (<i>Expense Recovery</i>)		
1. Refunds - Medicaid Outreach	(20,000)	
2. Rent Income	(188,260)	
3. In-Kind Medical Supplies	(246,198)	
4. In-Kind Dental Supplies		
5. In-Kind Computer Supplies		
6. In-Kind Advertising		
7. Miscellaneous	(400)	
8. Total (1 thru 7)		(454,858)
C.	Total Cost Disallowance and Offset (A16+B7)	(2,154,256)