

Charter Oak Health Center, Inc.


**State of Connecticut
Annual Report
Federally Qualified Health Center (FQHC)**

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 <u>Charter Oak Health Center, Inc.</u>	
Street Address <u>21 Grand Street</u>	
City, State, ZIP <u>Hartford, CT 06106</u>	
Telephone Number <u>860-550-7524</u>	
Contact Person <u>Nichelle A. Mullins, Esq.</u>	
Title <u>President & CEO</u>	
2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical _____ Dental _____ Mental Health _____ Other (Specify) _____	From <u>7/1/2016</u> To <u>6/30/2017</u>
4. Type of Control (Check One Only)	
<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> STATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY <input type="checkbox"/> OTHER	
5. FQHC Owned By:	
CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC	
I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By <u>Charter Oak Health Center, Inc.</u> (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
	Nichelle A. Mullins
Title	Date
President & CEO	<u>8/28/18</u>

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:	Charter Oak Health Center, 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.
Charter Oak Health Center, Inc.	21 Grand Street Hartford	Yes	
Charter Oak Health Center, Inc.	401 New Britain Avenue Hartford	Yes	
Charter Oak Health Center, Inc. - Mercy H	118 Main Street Hartford	Yes	
Charter Oak Health Center, Inc. - House of	27 Chestnut Street Hartford	Yes	
Charter Oak Health Center, Inc. - Open He	437 Sheldon Street Hartford	Yes	
Charter Oak Health Center, Inc. - YWC	135 Broad Street Hartford	Yes	
Charter Oak Health Center, Inc. - ImmaC	560 Park Street Hartford	Yes	
Charter Oak Health Center, Inc. - South F	75 Main Street Hartford	Yes	
Charter Oak Health Center, Inc. - Al Prince	401 Flatbush Avenue Hartford	Yes	
Charter Oak Health Center, Inc. - Parkville S	1755 Park Avenue Hartford	Yes	
Charter Oak Health Center, Inc. - Mobile V	21 Grand Street Hartford	Yes	

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:

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: Charter Oak Health Center, Inc.		

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	460,516	205,408	665,924		665,924		665,924
b. Dental Hygienist	198,120	33,893	232,013		232,013		232,013
c. Other - Specify							
Dental Assistant	184,079	31,491	215,570		215,570		215,570
			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	842,715	270,792	1,113,507	0	1,113,507	0	1,113,507
2. Other Direct Dental Care Cost							
a. Dental Supplies		110,279	110,279		110,279		110,279
b. Transportation			0		0		0
c. Depreciation - Dental Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Other - Specify							
			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	110,279	110,279	0	110,279	0	110,279
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	842,715	381,071	1,223,786	0	1,223,786	0	1,223,786

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Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name:	Charter Oak Health Center, 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)
C.	I	II	III	IV	V	VI	VII
1. Staff Cost							
a. Psychologist			0		0		0
b. Social Worker		830,757	830,757		830,757		830,757
c. Other - Specify			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	830,757	830,757	0	830,757	0	830,757
2. Other Direct Mental Health Care Cost							
a. Medical Supplies			0		0		0
b. Transportation			0		0		0
c. Depreciation - Mental Health Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Other - Specify			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	830,757	830,757	0	830,757	0	830,757
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	5,375,128	2,675,865	8,050,993	(227,190)	7,823,803	-	7,823,803

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FQHC Name: Charter Oak Health Center, 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		0		0
b. Radiology			0		0		0
c. Prescription Drugs/Pharmacy	185,995	31,819	217,814		217,814		217,814
d. Battered Women			0		0		0
e. Homeless			0		0		0
f. WIC			0		0		0
g. Non-FQHC Sites			0		0		0
h. Other - Specify			0		0		0
Medications		516,130	516,130		516,130		516,130
In-kind vaccines		274,671	274,671		274,671	(274,671)	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
i. Total Non-Allowable Direct Other Service Cost	185,995	822,620	1,008,615	0	1,008,615	(274,671)	733,944
F. TOTAL DIRECT COST (D+E1i)	5,561,123	3,498,485	9,059,608	(227,190)	8,832,418	(274,671)	8,557,747

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FQHC Name:	Charter Oak Health Center, Inc.	

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclass- ifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
G. OVERHEAD - FACILITY COST							
a. Rent			0		0		0
b. Insurance		75,032	75,032		75,032		75,032
c. Interest on Mortgage or Loans		168,387	168,387		168,387		168,387
d. Utilities		274,284	274,284		274,284		274,284
e. Depreciation - Building		847,811	847,811		847,811		847,811
f. Depreciation - Equipment		312,356	312,356		312,356		312,356
g. Housekeeping & Maintenance		229,534	229,534		229,534		229,534
h. Other (Specify)							
Security Guard, Maintenance Worker, Director of Facilities	331,654	56,737	388,391		388,391		388,391
Repairs and Maintenance		94,417	94,417		94,417		94,417
Occupancy		107,228	107,228		107,228		107,228
Maintenance Contracts		489,902	489,902		489,902		489,902
			0		0		0
I. Subtotal Overhead - Facility Cost	331,654	2,665,888	2,997,542	0	2,997,542	0	2,997,542
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	3,099,597	530,260	3,629,857	227,190	3,857,047		3,857,047
b. Depreciation - Office Equipment			0		0		0
c. Office Supplies		117,295	117,295		117,295		117,295
d. Legal		28,941	28,941		28,941		28,941
e. Accounting	291,796	118,867	410,663		410,663		410,663
f. Insurance			0		0		0
g. Telephone		148,361	148,361		148,361		148,361
h. Advertising-Help Wanted		6,165	6,165		6,165		6,165
i. Interest - Capital Loans			0		0		0
j. Other (Specify)							
Billing Services		334,792	334,792		334,792		334,792
Contracted Services		220,318	220,318		220,318		220,318
Professional Fees		105,463	105,463		105,463		105,463
Other Expenses		503,417	503,417		503,417		411,250
			0		0	(92,167)	0
k. Subtotal Overhead - Administrative Cost	3,391,383	2,119,878	5,505,262	227,190	5,732,452	(92,167)	5,640,286
l. TOTAL OVERHEAD COST (G+Hk)	3,723,037	4,785,867	8,492,604	227,190	8,719,794	(92,167)	8,627,627
J. GRAND TOTAL COSTS² (F+l)	8,284,180	8,268,052	17,552,212	-	17,552,212	(368,938)	17,183,274

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

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Reporting Period:	From <u>7/1/2016</u>	To <u>6/30/2017</u>
FQHC Name:	Charter Oak Health Center, 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
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	125,000	1,500		1,040	0.50
A. PHYSICIAN						
1. Chief Medical Officer	Internal Medicine	293,376	483		2,249	1.08
2. Emergency MD	Urgent Care	165,573	4,457		1,746	0.84
3. Infectious Disease Doctor	Internal Medicine	52,223	1,182		594	0.29
4. Pediatrician	Pediatrics	278,956	4,510		3,034	1.46
5. Physician	Internal Medicine	610,617	10,209		6,538	3.14
6. Podiatrist	Podiatry	289,354	5,390		3,744	1.80
7.						0.00
8.						0.00
9.						0.00
10.						0.00
Total Physician Encounters, Staff Hours and FTEs		1,690,099	26,231		17,905	8.61
B. PHYSICIAN ASSISTANT						
1. Physician Assistant	Internal Medicine	100,888	3,226		2,075	1.00
2. Physician Assistant	Pediatrics	120,455	2,386		2,080	1.00
3.						0.00
4.						0.00
5.						0.00
Total Physician Assistant Encounters, Hours and FTEs		221,343	5,612		4,155	2.00

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FQHC Name:	Charter Oak Health Center, 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
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
C. NURSE (APRN, MIDWIFE, RN)					
1. APRN	Various	752,358	19,703	16,298	7.84
2. Director Of Nursing	Internal Medicine	157,748	0	3,402	1.64
3. Infectious Control Registered Nurse	Internal Medicine	35,131	0	972	0.47
4. Nurse Midwife	Women's Health	82,557	2,187	1,664	0.80
5. Registered Nurse	Various	396,401	0	12,127	5.83
Total Nurse Practitioner		1,424,195	21,890	34,463	16.58
D. PHYSICIAN SERVICES UNDER CONTRACT					
1. Internal Medicine	Internal Medicine	50,610	390	819	0.39
2. OBGYN	OBGYN	153,030	2,251	1,189	0.57
3. Pediatrician	Pediatric	105,700	0	705	0.34
4. Cardiology and Urology	Various	37,000	457	340	0.16
5. Optometry and Pain Mgmt	Various	152,150	1,551	1,220	0.59
Total Physician Services Under Contract		498,490	4,649	4,273	2.05
E. OTHER HEALTH CARE PRACTITIONER					
1. LPN	Various	32,876	0	1,670	0.80
2. Medical Assistants	Various	629,947	0	37,955	18.25
3. Registered Dietician and Diabetes Educator	Nutrition Services	162,351	2,202	4,160	2.00
Total Other Health Care Practitioner		825,174	2,202	43,785	21.05

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FQHC Name:	Charter Oak Health Center, 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>	II	III	IV	V
A. DENTIST				
1. Dental Director	140,039	1,964	2,080	1.00
2. Dentist	320,477	5,126	4,964	2.39
3. Contract Dentist	126,626	1,830	1,024	0.49
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	587,142	8,920	8,068	3.88
B. DENTAL HYGIENIST				
1. Dental Hygienist	198,120	5,231	4,955	2.38
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	198,120	5,231	4,955	2.38
C. OTHER DENTAL PRACTITIONER				
1. Dental Assistant	184,079	0	10,722	5.15
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	184,079	0	10,722	5.15

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FQHC Name:	Charter Oak Health Center, 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	
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
A. PSYCHOLOGIST		125,000	1,500	1,040	0.50
1.					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.	Clinician - Social Worker	830,757	6,037	15,304	7.36
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Social Worker Encounters, Hours and FTEs		830,757	6,037	15,304	7.36
C. OTHER MENTAL HEALTH PRACTITIONER					
1.	Staff Psychiatrist				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

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FQHC Name:	Charter Oak Health Center, 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)
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00
1. PHYSICIAN	14	1,690,099	262,677	152,894			26,231	17,905	8.61
2. PHYSICIAN ASSISTANT	3	221,343	116,600	91,998			5,612	4,155	2.00
3. NURSE (APRN, MIDWIFE, RN)	41	1,424,195	123,626	60,179			21,890	34,463	16.57
4. PHYSICIAN SERVICES UNDER CONTRACT	9	498,490	374,198	93,600			4,649	4,273	2.05
5. OTHER HEALTH PROFESSIONALS									0.00
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00
7. OTHER HEALTH CARE PRACTITIONERS	44	825,174	81,408	27,140			2,202	43,785	21.05
Total Health Care	111	4,659,301			0	0	60,584	104,581	50.28
B. DENTAL PRACTITIONERS									
1. DENTIST	4	587,142	135,558	128,000			8,920	8,068	3.88
2. DENTAL HYGIENIST	3	198,120	84,024	76,506			5,231	4,955	2.38
3. OTHER DENTAL PRACTITIONERS	8	184,079	41,506	29,123			0	10,722	5.15
Total Dental	15	969,341			0	0	14,151	23,745	11.41
C. MENTAL HEALTH PRACTITIONERS									
1. PSYCHIATRIST									0.00
2. PSYCHOLOGIST									0.00
3. LICENSED CLINICAL SOCIAL WORKER	1	830,757	112,910	112,910			6,037	15,304	7.36
4. PSYCHIATRIC APRN									0.00
5. OTHER MENTAL HEALTH PRACTITIONERS									0.00
Total Mental Health	1	830,757			0	0	6,037	15,304	7.36

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Reporting Period:	From	7/1/2016	To	6/30/2017
FQHC Name:	Charter Oak Health Center, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	7,823,803
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	733,944
C.	Total Direct Costs (A+B)	8,557,747
D.	Portion of Title XIX Services (A/C)	91.42%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	8,627,627
F.	Overhead Cost Applicable to Title XIX Services (DxE)	7,887,377
G.	Total Title XIX Services Cost (A+F)	15,711,180
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	4,713,354
I.	Cost Adjustment (Lower of H-F or Zero)	(3,174,023)
J.	Allowable Title XIX Overhead Cost (F+I)	4,713,354
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	5,769,260
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,223,786
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	830,757
	4. Total Direct Costs (K1 thru K3)	7,823,803
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	73.74%
	2. Dental Services (K2/K4)	15.64%
	3. Mental Health Services (K3/K4)	10.62%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	3,475,627
	2. Dental Services (JxL2)	737,169
	3. Mental Health Services (JxL3)	500,558
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	4,713,354

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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:	Charter Oak Health Center, 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)	5,769,260
B. Allowable Overhead Cost (P13 - Form C, Line M1)	3,475,627
C. Total Allowable Health Care Cost (A+B)	9,244,887
D. Encounters (P12 - Form B-4, Health Care Total)	60,584
E. Allowable Health Care Cost Per Encounter (C/D)	152.60
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,223,786
B. Allowable Overhead Cost (P13 - Form C, Line M2)	737,169
C. Total Allowable Dental Cost (A+B)	1,960,955
D. Encounters (P12 - Form B-4, Dental Total)	14,151
E. Allowable Dental Cost Per Encounter (C/D)	138.57
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	830,757
B. Allowable Overhead Cost (P13 - Form C, Line M3)	500,558
C. Total Allowable Mental Health Cost (A+B)	1,331,315
D. Encounters (P12 - Form B-4, Mental Health Total)	6,037
E. Allowable Mental Health Cost Per Encounter (C/D)	220.53

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Form E (Revenues)

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health &	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	6,162,690	1,258,859	570,256		7,991,805
2.	Private	692,148	81,156	37,176		810,480
3.	Medicare	1,031,031	0	105,765		1,136,796
4.	Patient Cash/Self Pay	242,408	128,499	4,758		375,665
5.	Other - Specify <u>Bad Debt</u>	(423,525)	(89,761)	(61,742)		(575,028)
6.	Total (1 thru 5)	7,704,752	1,378,753	656,213	0	9,739,718
B.	Other Revenue					
1.	Contributions					0
2.	Grants	4,330,631	613,149	72,744	2,764,132	7,780,656
3.	Interest		849	80	14,515	15,444
4.	Donations					0
5.	Other - Specify _____					0
6.	Other - Specify _____					0
7.	Other - Specify _____					0
8.	Other - Specify _____					0
9.	Other - Specify _____					0
10.	Other - Specify _____					0
11.	Total (1 thru 10)	4,330,631	613,998	72,824	2,778,647	7,796,100
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)					
1.	Other - Specify <u>Pharmacy</u>				1,648,315	1,648,315
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	1,648,315	1,648,315
D.	Total Revenue (A6+B11+C7)	12,035,383	1,992,751	729,037	4,426,962	19,184,133

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Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)		
A.	Contributions	ACTUAL
	1. Services (<u>Excluding</u> Dental, Mental Health and Other)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	0
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0
B.	Grants (Excluding PHS)	
	1. Services (<u>Excluding</u> Dental, Mental Health and Other)	455,489
	2. Dental	10,349
	3. Mental Health	22,651
	4. Other - Specify _____ Administrative	1,575,868
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	2,064,357

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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	0
	6. Contingent reserves	
	7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner	
	8. Fundraising	
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	
	12. Membership dues for public relations	
	13. Cost not related to patient care	
	14. Interest	
	15. Pass through expenses	
	16. Total (1 thru 15)	0
B.	Cost Offset (<i>Expense Recovery</i>)	
	1. Refunds - Medicaid Outreach	
	2. Rent Income	0
	3. In-Kind Medical Supplies	0
	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)	0