

First Choice Health Centers, Inc.

Main Provider Number: 1215923131
Federally Qualified Health Center
Connecticut Medicaid Cost Report

Year Ended June 30, 2017

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ Date Received: _____

| | |
|-------------------------|--|
| 1. FQHC Name | First Choice Health Centers, Inc. |
| Street Address | 94 Connecticut Boulevard |
| City, State, ZIP | East Hartford, CT 06108-3013 |
| Telephone Number | 860.528.1359 |
| Contact Person | Eugene Market |
| Title | Chief Executive Officer |

| | |
|--|---|
| 2. FQHC Medicaid Provider Number: | 3. Reporting Period: |
| Medical 4191425 | From <u>07/01/16</u> To <u>06/30/17</u> |
| Dental 4222931 | |
| Mental Health N/A | |
| Other (Specify) _____ | |

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE **DISTRICT** **OTHER**

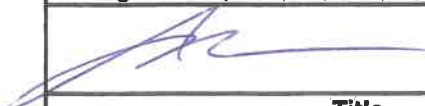
COUNTY **CITY**

5. FQHC Owned By:
First Choice Health Centers, Inc.
94 Connecticut Boulevard
East Hartford, CT 06108-3013

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By
First Choice Health Centers, Inc. 4191425
(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 |
|  | <i>Eugene Market</i> |
| Title | Date |
| <i>President & CEO</i> | <i>11.28.2017</i> |

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: | First Choice Health Centers, 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. |
|---|---|---------------------------|---------------------|
| East Hartford Community Health Care, Inc. | 94/110 Connecticut Boulevard East Hartford, CT 06108 | Yes | 1215923131 |
| Manchester Community Dental Services | 150 North Main Street Manchester, CT 06040 | Yes | 1699732206 |
| Vernon Community Health Services | 3 Prospect Street Vernon, CT 06066 | Yes | 1396930459 |
| First Choice Health Centers, Inc. | 265 Ellington Road East Hartford, CT 06108 | Yes | 1891101473 |
| First Choice at Howell Cheney Technical High School | 791 West Middle Turnpike Manchester, CT 06040 | Yes | 1992111579 |
| First Choice Health Centers, Inc. | 70 Loveland Hill Road Vernon, CT 06066 | Yes | 1669874087 |
| First Choice Health Centers, Inc. | 20 Maple Street Vernon, CT 06066 | Yes | 1669874855 |
| First Choice Health Centers, Inc. | 587 Middle Turnpike East Manchester, CT 06040 | Yes | 1962884395 |
| First Choice Health Centers, Inc. | 92 Connecticut Boulevard East Hartford, CT 06108 | Yes | 1770932642 |
| First Choice Health Centers, Inc. | 94 Union Street Floor 2 Vernon, CT 06066 | Yes | 1558804070 |
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8. Related Parties: Related party information is reported on the following, which accompanies this cost report submission:

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

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

Reporting Period: From 7/1/2016 To 6/30/2017
 FQHC Name: First Choice Health Centers, Inc.

Form A-1 (Direct Health Care Cost)

| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | | | | | | | |
|---|-------------|----------------|-------------------|--|---------------------------------|--------------------------|------------------|
| COST CENTER | I | II | III | IV | V | VI | VII |
| Salaried Personnel | Other Costs | Total | Reclassifications | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | Net Expenses (Col 5 & 6) | |
| A. DIRECT HEALTH CARE COST | | | | | | | |
| <i>(Excluding Dental, Mental Health & Other)</i> | | | | | | | |
| 1. Staff Cost | | | | | | | |
| a. Physician | 0 | 0 | 1,535,361 | 1,535,361 | 0 | 1,535,361 | |
| b. Physician Assistant | 0 | 0 | 710,375 | 710,375 | 0 | 710,375 | |
| c. Nurse (APRN, Midwife, RN) | 0 | 0 | 1,115,483 | 1,115,483 | (4,470) | 1,111,013 | |
| d. Other - Specify | 0 | 0 | 1,671,009 | 1,671,009 | 0 | 1,671,009 | |
| Other Nursing Staff | 0 | 0 | 0 | 0 | 0 | 0 | |
| Dietitian | 0 | 0 | 0 | 0 | 0 | 0 | |
| Case Management | 0 | 0 | 0 | 0 | 0 | 0 | |
| Other Contracted HC Providers | 0 | 178,630 | 178,630 | 68,225 | 0 | 68,225 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | |
| e. Subtotal Direct Health Care Cost | 0 | 178,630 | 178,630 | 4,921,923 | (4,470) | 5,100,453 | 5,095,983 |
| 2. Other Direct Health Care Cost | | | | | | | |
| a. Medical Supplies | 0 | 788,361 | 788,361 | 0 | (485,267) | 303,094 | |
| b. Transportation | 0 | 0 | 0 | 0 | 0 | 0 | |
| c. Depreciation - Medical Equipment | 0 | 0 | 0 | 84,014 | 0 | 84,014 | |
| d. Professional Liability Insurance | 0 | 0 | 0 | 0 | 0 | 0 | |
| e. Laboratory | 0 | 0 | 0 | 0 | 0 | 0 | |
| f. Radiology | 0 | 0 | 0 | 0 | 0 | 0 | |
| g. Physician-Administered Drugs | 0 | 0 | 0 | 0 | 0 | 0 | |
| h. Other - Specify | 0 | 0 | 0 | 0 | 0 | 0 | |
| Continuing Medical Education | 0 | 0 | 0 | 0 | 0 | 0 | |
| Minor Medical Equipment | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | |
| i. Subtotal Other Direct Health Care Cost | 0 | 788,361 | 788,361 | 84,014 | (485,267) | 387,108 | |
| 3. TOTAL DIRECT HEALTH CARE COST (1e & 2i) | 0 | 966,991 | 966,991 | 5,005,937 | (489,737) | 5,483,051 | |

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

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

FQHC Name: First Choice Health Centers, 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 | 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 | 0 | 0 | 0 | 881,063 | 881,063 | 0 | 881,063 |
| b. Dental Hygienist | 0 | 0 | 0 | 449,263 | 449,263 | 0 | 449,263 |
| c. Other - Specify | 0 | 0 | 0 | 382,639 | 382,639 | 0 | 382,639 |
| Dental Assistant | 6,947 | 0 | 6,947 | 36,217 | 43,164 | 0 | 43,164 |
| Contract Dental | | | | | | | |
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| | | | | | | | |
| d. Subtotal Direct Dental Care Cost | 6,947 | 0 | 6,947 | 1,749,182 | 1,756,129 | 0 | 1,756,129 |
| 2 Other Direct Dental Care Cost | | | | | | | |
| a. Dental Supplies | | 322,574 | 322,574 | 0 | 322,574 | 0 | 322,574 |
| b. Transportation | | 0 | 0 | 40,480 | 40,480 | 0 | 40,480 |
| c. Depreciation - Dental Equipment | | 0 | 0 | 86,593 | 86,593 | 0 | 86,593 |
| d. Professional Liability Insurance | | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Other - Specify | | 0 | 0 | 5,544 | 5,544 | 0 | 5,544 |
| Continuing Dental Education | | 0 | 0 | 0 | 0 | 0 | 0 |
| Minor Dental Equipment | | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| f. Subtotal Other Direct Dental Care Cost | 0 | 322,574 | 322,574 | 132,617 | 455,191 | 0 | 455,191 |
| 3 TOTAL DIRECT DENTAL CARE COST (1d & 2f) | | | | | | | |
| | 6,947 | 322,574 | 329,521 | 1,881,799 | 2,211,320 | 0 | 2,211,320 |

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

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

FQHC Name: First Choice Health Centers, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

| | 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 |
|--|-------------------------|-------------------|------------------|-------------------------|--|--|------------------------------------|
| C. DIRECT MENTAL HEALTH CARE COST | | | | | | | |
| 1. Staff Cost | | | | | | | |
| a. Psychologist | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Social Worker | 0 | 0 | 0 | 495,439 | 495,439 | 0 | 495,439 |
| c. Other - Specify | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Psychiatric APRN | 0 | 0 | 0 | 67,357 | 67,357 | 0 | 67,357 |
| Alcohol & Drug Counselor | 0 | 0 | 0 | 29,153 | 29,153 | 0 | 29,153 |
| Other Contracted Mental Health Providers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Subtotal Direct Mental Health Care Cost | 0 | 0 | 0 | 591,949 | 591,949 | 0 | 591,949 |
| 2. Other Direct Mental Health Care Cost | | | | | | | |
| a. Medical Supplies | | | | | | | |
| b. Transportation | | | | | | | |
| c. Depreciation - Mental Health Equipment | | | | | | | |
| d. Professional Liability Insurance | | | | | | | |
| e. Other - Specify | | | | | | | |
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| | | | | | | | |
| f. Subtotal Other Direct Mental Health Care Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f) | 0 | 0 | 0 | 591,949 | 591,949 | 0 | 591,949 |
| D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES | 6,947 | 1,289,565 | 1,296,512 | 7,479,585 | 8,776,097 | (489,737) | 8,286,360 |

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

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

FQHC Name: First Choice Health Centers, Inc.

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

| COST CENTER | Salaried Personnel I | Other Costs II | Total III | Reclassifications IV | Reclassified Trial Balance (Col 3 & 4) V | Adjustments Increase (Decrease) VI | Net Expenses (Col 5 & 6) VII |
|---|-------------------------|-------------------|------------------|-------------------------|--|--|------------------------------------|
| E. NON-ALLOWABLE DIRECT OTHER SERVICE COST | | | | | | | |
| 1. Service | | | | | | | |
| a. Clinical Diagnostic Lab | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Radiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Prescription Drugs/Pharmacy | 0 | 156,520 | 156,520 | 0 | 156,520 | 0 | 156,520 |
| d. Battered Women | | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Homeless | | 0 | 0 | 0 | 0 | 0 | 0 |
| f. WIC | | 0 | 0 | 0 | 0 | 0 | 0 |
| g. Non-FQHC Sites | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| h. Other - Specify | | | | | | | |
| Hospital | | | | | | | |
| Parents as Teachers | | | | | | | |
| Education | | | | | | | |
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| | | | | | | | |
| i. Total Non-Allowable Direct Other Service Cost | 0 | 156,520 | 156,520 | 228,714 | 365,234 | 0 | 365,234 |
| F. TOTAL DIRECT COST (D+E1) | 6,947 | 1,446,085 | 1,453,032 | 7,708,299 | 9,161,331 | (489,737) | 8,671,594 |

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

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

FQHC Name: First Choice Health Centers, 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 | | 212,848 | 212,848 | 0 | 212,848 | (26,552) | 186,296 |
| b. Insurance | | 147,430 | 147,430 | (120,793) | 26,637 | 0 | 26,637 |
| c. Interest on Mortgage or Loans | | 49,697 | 49,697 | (19,039) | 30,658 | (117) | 30,541 |
| d. Utilities | | 94,659 | 94,659 | 0 | 94,659 | 0 | 94,659 |
| e. Depreciation - Building | | 582,980 | 582,980 | (346,811) | 236,169 | 0 | 236,169 |
| f. Depreciation - Equipment | | 0 | 0 | 0 | 0 | 0 | 0 |
| g. Housekeeping & Maintenance | 0 | 165,160 | 165,160 | 191,532 | 356,692 | 0 | 356,692 |
| h. Other (Specify) | | | | | | | |
| Property Tax | | 41,890 | 41,890 | 0 | 41,890 | 0 | 41,890 |
| Minor Equipment | | 470,634 | 470,634 | 0 | 470,634 | 0 | 470,634 |
| | | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 |
| i. Subtotal Overhead - Facility Cost | 0 | 1,765,298 | 1,765,298 | (295,111) | 1,470,187 | (26,669) | 1,443,518 |
| H. OVERHEAD - ADMINISTRATIVE COST | | | | | | | |
| a. Office Salaries | 8,699,679 | 0 | 8,699,679 | (5,936,191) | 2,763,488 | (24,238) | 2,739,250 |
| b. Depreciation - Office Equipment | | 0 | 0 | 176,204 | 176,204 | 0 | 176,204 |
| c. Office Supplies | | 226,270 | 226,270 | 0 | 226,270 | (3,806) | 222,464 |
| d. Legal | | 45,287 | 45,287 | 0 | 45,287 | 0 | 45,287 |
| e. Accounting | | 88,282 | 88,282 | 0 | 88,282 | 0 | 88,282 |
| f. Insurance | | 0 | 0 | 46,562 | 46,562 | 0 | 46,562 |
| g. Telephone | | 94,479 | 94,479 | 0 | 94,479 | 0 | 94,479 |
| h. Advertising-Help Wanted | | 39,428 | 39,428 | 0 | 39,428 | (39,428) | 0 |
| i. Interest - Capital Loans | | 0 | 0 | 19,039 | 19,039 | 0 | 19,039 |
| j. Other (Specify) | | | | | | | |
| Travel and Seminar | | 174,014 | 174,014 | 0 | 174,014 | 0 | 174,014 |
| Miscellaneous | | 86,452 | 86,452 | 0 | 86,452 | (13,470) | 72,982 |
| Contracted Services | | 444,033 | 444,033 | 25,349 | 469,382 | 0 | 469,382 |
| Fringe Benefits & Taxes | | 1,744,151 | 1,744,151 | (1,744,151) | 0 | 0 | 0 |
| Recruiting, Dues, & Licenses | | 200,898 | 200,898 | 0 | 200,898 | 0 | 200,898 |
| k. Subtotal Overhead - Administrative Cost | 8,699,679 | 3,143,294 | 11,842,973 | (7,413,188) | 4,429,785 | (80,942) | 4,348,843 |
| l. TOTAL OVERHEAD COST (GI+HK) | 8,699,679 | 4,908,592 | 13,608,271 | (7,708,299) | 5,899,972 | (107,611) | 5,792,361 |
| J. GRAND TOTAL COSTS² (F+I) | 8,706,626 | 6,354,677 | 15,061,303 | - | 15,061,303 | (597,348) | 14,463,955 |

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

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

Reporting Period: From 7/1/2016 To 6/30/2017
 FQHC Name: First Choice Health Centers, Inc.

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

| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | | | |
|--|----------------------|--------------------|-------------------|-------------------------------|------------------------------|--|
| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other) | Specialty I | Compensation II | Encounters III | Total Employee Hours and FTEs | | |
| | | | | Employee Total Hours IV | FTEs (2080 hrs = 1 FTE) V | |
| <i>Provide itemized de-identified list (e.g., Physician 1)</i> | General Practitioner | 125,000 | 1,500 | 1,040 | 0.50 | |
| A. | | | | | | |
| 1. Please see form B4 | PHYSICIAN | | | | 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. | | | | | | |
| 1. Please see form B4 | PHYSICIAN ASSISTANT | | | | 0.00 | |
| 2. | | | | | 0.00 | |
| 3. | | | | | 0.00 | |
| 4. | | | | | 0.00 | |
| 5. | | | | | 0.00 | |
| Total Physician Assistant Encounters, Hours and FTEs | | 0 | 0 | 0 | 0.00 | |

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

| | | |
|-------------------|-----------------------------------|---------------------|
| Reporting Period: | From <u>7/1/2016</u> | To <u>6/30/2017</u> |
| FQHC Name: | First Choice Health Centers, Inc. | |

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

| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | | | |
|--|----------------------|--------------------|-------------------|-------------------------------|---------------------------------|--|
| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other) | Specialty I | Compensation II | Encounters III | Total Employee Hours and FTEs | | |
| | | | | Employee Total Hours IV | FTEs (2080 hrs = 1 FTE) V | |
| <i>Provide itemized de-identified list (e.g., Physician 1)</i> | General Practitioner | 125,000 | 1,500 | 1,040 | 0.50 | |
| C. NURSE (APRN, MIDWIFE, RN) | | | | | | |
| 1. <i>Please see form B4</i> | | | | | 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. <i>Please see form B4</i> | | | | | 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. <i>Please see form B4</i> | | | | | 0.00 | |
| 2. | | | | | 0.00 | |
| 3. | | | | | 0.00 | |
| Total Other Health Care Practitioner | | 0 | 0 | 0 | 0.00 | |

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

| | | |
|-------------------|-----------------------------------|--------------|
| Reporting Period: | From 7/1/2016 | To 6/30/2017 |
| FQHC Name: | First Choice Health Centers, Inc. | |

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

| DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER | | | | |
|---|--------------------|-------------------|-------------------------------|---------------------------------|
| DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs | Compensation II | Encounters III | Total Employee Hours and FTEs | |
| | | | Employee Total Hours IV | FTEs (2080 hrs = 1 FTE) V |
| <i>Provide itemized de-identified list (e.g., Dentist 1)</i> | | | | |
| A. DENTIST | | | | |
| 1. <i>Please see form B4</i> | 125,000 | 1,500 | 1,040 | 0.50 |
| 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. <i>Please see form B4</i> | | | | 0.00 |
| 2. | | | | 0.00 |
| 3. | | | | 0.00 |
| 4. | | | | 0.00 |
| 5. | | | | 0.00 |
| Total Dental Hygienist Encounters, Hours and FTEs | 0 | 0 | 0 | 0.00 |
| C. OTHER DENTAL PRACTITIONER | | | | |
| 1. <i>Please see form B4</i> | | | | 0.00 |
| 2. | | | | 0.00 |
| 3. | | | | 0.00 |
| 4. | | | | 0.00 |
| 5. | | | | 0.00 |
| Total Other Dental Practitioner Encounters, Hours and FTEs | 0 | 0 | 0 | 0.00 |

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: | First Choice Health Centers, 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 <i>(Provide itemized de-identified list (e.g., Psychologist, 1))</i> | Compensation | Encounters | Total Employee Hours and FTEs | |
| | | | Employee Total Hours | FTEs (2080 hrs = 1 FTE) |
| A. PSYCHOLOGIST | | | | |
| 1. <i>Please see form B4</i> | 125,000 | 1,600 | 1,040 | 0.50 |
| 2. | | | | 0.00 |
| 3. | | | | 0.00 |
| 4. | | | | 0.00 |
| 5. | | | | 0.00 |
| Total Psychologist Encounters, Staff Hours and FTEs | 0 | 0 | 0 | 0.00 |
| B. SOCIAL WORKER | | | | |
| 1. <i>Please see form B4</i> | | | | 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. <i>Please see form B4</i> | | | | 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 7/1/2016 To 6/30/2017

FQHC Name: First Choice Health Centers, 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 | Compensation Range | | Turnover | | Employee Total Hours | Employee Hours and FTEs (2,080 hrs = 1 FTE) | | |
|--|-------------------------|--------------------|---------|----------|-----------|----------------------|---|----------------|--------------|
| | | Total Compensation | High | Low | Hires | | | Departures | Encounters |
| A. HEALTH CARE PRACTITIONERS | | | | | | | | | |
| 1. PHYSICIAN | 6 | 1,054,188 | 246,231 | 91,039 | 1 | 0 | 15,281 | 13,055 | 6.28 |
| 2. PHYSICIAN ASSISTANT | 6 | 580,055 | 147,763 | 94,467 | 0 | 2 | 17,303 | 11,800 | 5.66 |
| 3. NURSE (APRN, MIDWIFE, RN) | 5 | 910,844 | 135,820 | 61,501 | 9 | 5 | 21,254 | 22,778 | 10.95 |
| 4. PHYSICIAN SERVICES UNDER CONTRACT | | | | | | | | | |
| 5. OTHER HEALTH PROFESSIONALS | 4 | 328,225 | 150,000 | 110,000 | 0 | 0 | 6,378 | 4,834 | 2.32 |
| 6. OTHER ALLIED HEALTH PROFESSIONALS | | | | | | | | | |
| 7. OTHER HEALTH CARE PRACTITIONERS | 55 | 1,364,458 | 62,518 | 3,754 | 16 | 21 | | 77,663 | 37.36 |
| Total Health Care | 76 | 4,237,769 | | | 26 | 28 | 60,216 | 130,131 | 62.57 |
| B. DENTAL PRACTITIONERS | | | | | | | | | |
| 1. DENTIST | 7 | 733,353 | 210,577 | 121,913 | 2 | 2 | 14,518 | 12,469 | 6.00 |
| 2. DENTAL HYGIENIST | 6 | 367,220 | 82,392 | 27,878 | 1 | 0 | 6,487 | 10,106 | 4.86 |
| 3. OTHER DENTAL PRACTITIONERS | 2 | 36,217 | | | | | 444 | | |
| Total Dental | 15 | 1,136,790 | | | 3 | 2 | 21,449 | 22,575 | 10.86 |
| C. MENTAL HEALTH PRACTITIONERS | | | | | | | | | |
| 1. PSYCHIATRIST | | | | | | | | | 0.00 |
| 2. PSYCHOLOGIST | | | | | | | | | 0.00 |
| 3. LICENSED CLINICAL SOCIAL WORKER | 7 | 427,471 | 116,438 | 16,382 | 0 | 2 | 5,013 | 14,529 | 6.99 |
| 4. PSYCHIATRIC APRN | | | | | | | | | |
| 5. OTHER MENTAL HEALTH PRACTITIONERS | 2 | 84,153 | 55,000 | 55,000 | 0 | 0 | 616 | 2,258 | 1.09 |
| Total Mental Health | 9 | 511,624 | | | 0 | 2 | 5,629 | 16,787 | 8.08 |

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

| | | | | |
|-------------------|-----------------------------------|----------|----|-----------|
| Reporting Period: | From | 7/1/2016 | To | 6/30/2017 |
| FQHC Name: | First Choice Health Centers, Inc. | | | |

Form C (Cost Adjustment & Allocation)

| COST ADJUSTMENT AND ALLOCATION | | |
|--------------------------------|--|-------------|
| A. | Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII) | 8,286,360 |
| B. | Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII) | 385,234 |
| C. | Total Direct Costs (A+B) | 8,671,594 |
| D. | Portion of Title XIX Services (A/C) | 95.56% |
| E. | Total Overhead Cost (P7 - Form A-5, Line I, Col. VII) | 5,792,361 |
| F. | Overhead Cost Applicable to Title XIX Services (DxE) | 5,535,180 |
| G. | Total Title XIX Services Cost (A+F) | 13,821,540 |
| H. | Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30) | 4,146,462 |
| I. | Cost Adjustment (Lower of H-F or Zero) | (1,388,718) |
| J. | Allowable Title XIX Overhead Cost (F+I) | 4,146,462 |
| K. | Direct Costs | |
| | 1. Health Care Services (P3 - Form A-1, Line A3, Col. VII) | 5,483,091 |
| | 2. Dental Services (P4 - Form A-2, Line B3, Col. VII) | 2,211,320 |
| | 3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII) | 591,949 |
| | 4. Total Direct Costs (K1 thru K3) | 8,286,360 |
| L. | Direct Costs as a % of Total | |
| | 1. Health Care Services (K1/K4) | 66.17% |
| | 2. Dental Services (K2/K4) | 26.69% |
| | 3. Mental Health Services (K3/K4) | 7.14% |
| M. | Allocated Allowable Overhead Cost | |
| | 1. Health Care Services (JxL1) | 2,743,714 |
| | 2. Dental Services (JxL2) | 1,106,691 |
| | 3. Mental Health Services (JxL3) | 296,057 |
| | 4. Total Allowable Title XIX Overhead Cost (M1 thru M3) | 4,146,462 |

STATE OF CONNECTICUT
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| | | |
|-------------------|-----------------------------------|---------------------|
| Reporting Period: | From <u>7/1/2016</u> | To <u>6/30/2017</u> |
| FQHC Name: | First Choice Health Centers, 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) | 5,483,091 |
| B. Allowable Overhead Cost (P13 - Form C, Line M1) | 2,743,714 |
| C. Total Allowable Health Care Cost (A+B) | 8,226,805 |
| D. Encounters (P12 - Form B-4, Health Care Total) | 60,216 |
| E. Allowable Health Care Cost Per Encounter (C/D) | 136.62 |
| II. Dental | |
| A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII) | 2,211,320 |
| B. Allowable Overhead Cost (P13 - Form C, Line M2) | 1,106,691 |
| C. Total Allowable Dental Cost (A+B) | 3,318,011 |
| D. Encounters (P12 - Form B-4, Dental Total) | 21,449 |
| E. Allowable Dental Cost Per Encounter (C/D) | 154.69 |
| III. Mental Health | |
| A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII) | 591,949 |
| B. Allowable Overhead Cost (P13 - Form C, Line M3) | 296,057 |
| C. Total Allowable Mental Health Cost (A+B) | 888,006 |
| D. Encounters (P12 - Form B-4, Mental Health Total) | 5,629 |
| E. Allowable Mental Health Cost Per Encounter (C/D) | 157.76 |

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

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

FQHC Name: First Choice Health Centers, Inc.

Form E (Revenues)

| REVENUES | | I | II | III | IV | V |
|-----------|--|--|-------------|---------------|-------------|------------------------|
| | | Services Excluding Dental, Mental Health & Mental Health | Dental | Mental Health | Other | Total (Col. I thru IV) |
| A. | Operating Revenue | | | | | |
| 1. | Medicaid | 7,120,563 | 3,133,793 | 499,783 | | 10,754,139 |
| 2. | Private | 1,641,237 | 499,535 | 72,988 | | 2,213,760 |
| 3. | Medicare | 1,949,471 | 3,294 | 196,564 | | 2,149,329 |
| 4. | Patient Cash/Self Pay | 1,055,003 | 891,859 | 16,833 | | 1,963,695 |
| 5. | Other - Specify Contractual Allowance and provision for uncollectible accounts | (3,136,910) | (1,642,457) | (193,923) | (1,121,000) | (6,094,291) |
| 6. | Total (1 thru 5) | 8,629,364 | 2,886,024 | 592,245 | (1,121,000) | 10,986,632 |
| B. | Other Revenue | | | | | |
| 1. | Contributions | | | | 102,918 | 102,918 |
| 2. | Grants | | | | 4,524,271 | 4,524,271 |
| 3. | Interest | | | | 117 | 117 |
| 4. | Donations | | | | | 0 |
| 5. | Other - Specify Rent Revenue | | | | 10,880 | 10,880 |
| 6. | Other - Specify Medical Records Fees | | | | 3,806 | 3,806 |
| 7. | Other - Specify Various | | | | 4,976 | 4,976 |
| 8. | Other - Specify Inkind Rent | | | | 15,672 | 15,672 |
| 9. | Other - Specify | | | | | 0 |
| 10. | Other - Specify | | | | | 0 |
| 11. | Total (1 thru 10) | 0 | 0 | 0 | 4,662,640 | 4,662,640 |
| 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) | 8,629,364 | 2,886,024 | 592,245 | 3,541,640 | 15,649,272 |

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

| | | | | |
|-------------------|-----------------------------------|----------|----|-----------|
| Reporting Period: | From | 7/1/2016 | To | 6/30/2017 |
| FQHC Name: | First Choice Health Centers, Inc. | | | |

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)

| A. | Contributions | ACTUAL |
|-----------|---|------------------|
| 1. | Services (<i>Excluding Dental, Mental Health and Other</i>) | |
| 2. | Dental | |
| 3. | Mental Health | |
| 4. | Other - Specify <u>Diabetic Care</u> | 62,508 |
| | Other - Specify <u>United Bank Found.</u> | 10,000 |
| | Other - Specify <u>Wellcare</u> | 2,710 |
| | Other - Specify <u>Hartford Foundation for Public Giving</u> | 27,700 |
| | Other - Specify <u>In-Kind Rent</u> | 15,672 |
| 5. | Total (1 thru 4) | 118,590 |
| B. | Grants (<i>Excluding PHS</i>) | |
| 1. | Services (<i>Excluding Dental, Mental Health and Other</i>) | |
| 2. | Dental | 19,742 |
| 3. | Mental Health | |
| 4. | Other - Specify <u>SNAP</u> | 36,879 |
| | Other - Specify <u>SBIRT</u> | 7,836 |
| | Other - Specify <u>Patient Transformation Network</u> | 157,482 |
| | Other - Specify <u>Parents as teachers</u> | 293,032 |
| | Other - Specify <u>Community Health Resources</u> | 13,275 |
| | Other - Specify <u>In Kind Rev</u> | 485,267 |
| | Other - Specify <u>Med Outreach</u> | 24,238 |
| | Other - Specify <u>DPH Passthrough Funds</u> | 30,163 |
| | Other - Specify <u>IT Bond</u> | 317,164 |
| | Other - Specify | |
| | Other - Specify | |
| | Other - Specify | |
| | Other - Specify | |
| 5. | Total (1 thru 4) | 1,385,078 |

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

| | | | | |
|-------------------|-----------------------------------|----------|----|-----------|
| Reporting Period: | From | 7/1/2016 | To | 6/30/2017 |
| FQHC Name: | First Choice Health Centers, 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 | (39,428) | |
| | 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 | 0 | |
| | 12. Membership dues for public relations | | |
| | 13. Cost not related to patient care | (12,964) | |
| | 14. Interest | (117) | |
| | 15. Pass through expenses | | |
| | 16. Prior Year Adjustment | | |
| | 17. Legal Settlement | | |
| | 18. Outside Specialist | | |
| | 19. Total (1 thru 18) | | (52,509) |
| B. | Cost Offset (Expense Recovery) | | |
| | 1. Refunds - Medicaid Outreach | (24,238) | |
| | 2. In-Kind Rent | (15,672) | |
| | 3. In-Kind Medical Supplies | (485,267) | |
| | 4. In-Kind Dental Supplies | | |
| | 5. In-Kind Computer Supplies | | |
| | 6. In-Kind Advertising | | |
| | 7. Miscellaneous Income - Nurse Practitioner | (4,470) | |
| | 8. Miscellaneous Income - Miscellaneous | (506) | |
| | 9. Medical Records | (3,806) | |
| | 10. Rent Income | (10,880) | |
| | 11 Total (1 thru 10) | | (544,839) |
| C. | Total Cost Disallowance and Offset (A16+B7) | | (597,348) |