

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: 1/30/2019 Date Received: _____

1. FQHC Name	<u>Optimus Health Care, Inc.</u>
Street Address	<u>982 East Main Street</u>
City, State, ZIP	<u>Bridgeport, CT 06608</u>
Telephone Number	<u>(203) 696-3260 X 3349</u>
Contact Person	<u>Ludwig Spinelli</u>
Title	_____

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical <u>4234788</u>	From <u>7/1/2017</u> To <u>6/30/2018</u>
Dental <u>4234770</u>	
Mental Health <u>4235926</u>	
Other (Specify) _____	

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER

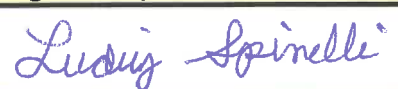
COUNTY CITY

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 7/1/2017 and Ending 6/30/2018 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
	Ludwig Spinelli
Title	Date
CEO	1/29/2019

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

Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
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 Stratford Community Health Center	727 Honeyspot Road Bridgeport, CT 06615	Yes	07-1811
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	3180 Main Street, Suite G1 Bridgeport, CT 06606	Yes	
Columbus School Based Health Center	285 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 Munoz 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 submission:

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

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

Reporting Period: From 7/1/2017 To 6/30/2018

FQHC Name: Optimum Health Care, Inc.

Form A-1 (Direct Health Care Costs)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

A.	COST CENTER							Net Expenses (Col 5 & 6)
	Direct Health Care Cost (Excluding Dental, Mental Health & Other)	Salaries Personnel	Other Costs	Total	Reclassifications	Reclassified Total Balance (Col 3 & 4)	Adjustments Increase (Decrease)	
	I	II	III	IV	V	VI	VII	
1. Star Care								
a. Physician	4,536,044	1,213,037	5,749,081		5,749,081		5,749,081	
b. Physician Assistant	1,240,920	331,753	1,572,673		1,572,673		1,572,673	
c. Nurse (APRN, Midwife, RN)	5,125,881	1,370,568	6,496,450		6,496,450		6,496,450	
d. Total Physician Services Under Contract		1,411,704	1,411,704		1,411,704		1,411,704	
e. Total Other Health Care Practitioner	2,211,185	0	2,211,185		2,211,185		2,211,185	
f. Total Medical Assistant	2,110,822	564,184	2,675,006		2,675,006		2,675,006	
g. Patient Support								
h.								
i.								
j.								
k.								
1. Subtotal Direct Health Care Cost	15,224,852	5,482,289	20,707,151	0	20,707,151	0	20,707,151	
2. Other Direct Health Care Cost								
a. Rent and Interest		301,506	301,506	(152,080)	149,426		149,426	
b. Utilities and Maintenance		355,836	355,836		355,836		355,836	
c. Depreciation Building		110,756	110,756		110,756		110,756	
d. Depreciation Med Equip		13,756	13,756		13,756		13,756	
e. Depreciation Building		294,955	294,955		294,955		294,955	
f. Transportation		5,479	5,479		5,479		5,479	
g. Supplies		2,654,819	2,654,819		2,654,819		2,654,819	
h. Contractual		398,968	398,968		398,968		398,968	
i. Professional Liability Insurance		92,071	92,071		92,071		92,071	
j. Bad debt		491,320	491,320	(491,320)	0		0	
k. Other		163,840	163,840		163,840		163,840	
1. Subtotal Other Direct Health Care Cost	0	4,883,306	4,883,306	(643,400)	4,239,906	0	4,239,906	
3. TOTAL DIRECT HEALTH CARE COST (1. & 2.)	15,224,852	10,365,605	25,590,457	(643,400)	24,947,057	0	24,947,057	

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

Reporting Period: From 7/1/2017 To 6/30/2018

FQHC Name: Optimus Health Care, Inc.

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

COST CENTER

COST CENTER	Form A-2 (Direct Dental Care Cost)						
	I Salaried Personnel	II Other Costs	III Total	IV Reclassi- fications	V Reclassified Trial Balance (Col.3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col.5 & 6)
B. DIRECT DENTAL CARE COST							
1. Start Cost							
a. Dentist	705,839	224,294	930,133		930,133		930,133
b. Dental Hygienst	283,598	90,580	374,178		374,178		374,178
c. Other - Dentist Services Under Contract		0	0		0		0
d. Total Dental Assistant	681,573	116,460	798,033		798,033		798,033
e. Subtotal Direct Dental Care Cost	1,671,010	431,334	2,102,344	0	2,102,344	0	2,102,344
2. Other Direct Dental Care Cost							
a. Rent and Interest		0	0	0	0		0
b. Utilities and Maintenance		28,496	28,496		28,496		28,496
c. Depreciation Buildings		26,273	26,273		26,273		26,273
d. Depreciation Med Equip		15,459	15,459		15,459		15,459
e. other depreciation		0	0		0		0
f. Transportation		1,038	1,038		1,038		1,038
g. Supplies		300,668	300,668		300,668		300,668
h. Contractual		51,915	51,915		51,915		51,915
i. Professional Liability Insurance		9,547	9,547		9,547		9,547
j. Bad debt		66,464	66,464	(66,464)	0		0
k. Other		13,863	13,863		13,863		13,863
r. Subtotal Other Direct Dental Care Cost	0	513,723	513,723	(66,464)	447,259	0	447,259
3 TOTAL DIRECT DENTAL CARE COST (1e & 2r)	1,671,010	945,057	2,616,067	(66,464)	2,549,603	0	2,549,603

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

Reporting Period: From 7/1/2017 To 6/30/2018

FQHC Name: Optimus Health Care, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

C. COST CENTER	I Salaried Personnel	II Other Costs	III Total	IV Reclassifications	V Reclassified Trial Balance (Col. 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col. 5 & 6)
1. Starr Cost							
a. Psychologist	667,972	138,270	806,242		806,242		806,242
b. Social Worker	1,200,740	248,552	1,449,292		1,449,292		1,449,292
c. Other - Mental Health Practitioner	140,215	29,024	169,239		169,239		169,239
d. Other - Mental Services Under Contract	233,914	49,920	283,834		283,834		283,834
e. Other - Nurse	17,216	3,564	20,780		20,780		20,780
f. Other Mental Health Support	1,302,699	551,010	1,853,709		1,853,709		1,853,709
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	3,562,756	1,020,340	4,583,096	0	4,583,096	0	4,583,096
2. Other Direct Mental Health Care Cost							
a. Rent and Interest		0	0	152,080	152,080		152,080
b. Utilities and Maintenance		59,652	59,652		59,652		59,652
d. Depreciation Med Equip		0	0		0		0
e. other depreciation		0	0		0		0
f. Transportation		15,444	15,444		15,444		15,444
g. Supplies		6,318	6,318		6,318		6,318
h. Contractual		335,498	335,498		335,498		335,498
i. Professional Liability Insurance		19,097	19,097		19,097		19,097
j. Bad debt		92,673	92,673	(92,673)	0		0
k. Other		22,510	22,510		22,510		22,510
r. Subtotal Other Direct Mental Health Care Cost	0	551,192	551,192	59,407	610,599	0	610,599
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1a & 2r)							
	3,562,756	1,571,532	5,134,288	59,407	5,193,695	0	5,193,695
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES							
	20,458,618	12,882,194	33,340,812	(650,457)	32,690,355		32,690,355

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 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 Expense (Col. 5 & 6)
	I	II	III	IV	V	VI	VII
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service							
a. Non-Clinical Support	0	0	0	0	0	0	0
b. Supplies		5,610,647	5,610,647		5,610,647		5,610,647
c. Prescription Drugs/Pharmacy		583,798	583,798		583,798		583,798
d. Contractual Services		0	0		0		0
e. Homeless	0	0	0		0		0
f. WIC	411,368	0	411,368	1,339,345	1,750,713		1,750,713
g. Non-FQHC Sites MIECHV	0	0	0		0		0
h.		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
i. Total Non-Allowable Direct Other Service Cost	411,368	6,194,445	6,605,813	1,339,345	7,945,158	0	7,945,158
F. TOTAL DIRECT COST (D+E1)	20,869,886	19,076,639	39,946,525	688,888	40,635,513		40,635,513

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018

FQHC Name: Optimus Health Care, Inc.

Form A-5 (Overhead Cost)

COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expense (Col 5 & 6)
G. OVERHEAD - FACILITY COST							
a. Rent and Interest	648,775	648,775	648,775	0	648,775		648,775
b. Utilities and Maintenance	1,483,680	1,483,680	1,483,680		1,483,680		1,483,680
c. Transportation	6,058	6,058	6,058		6,058		6,058
d. Depreciation Expense	628,271	628,271	628,271		628,271		628,271
e.	0	0	0		0		0
f.	0	0	0		0		0
g.	0	0	0		0		0
h.	0	0	0		0		0
Subtotal Overhead - Facility Cost	0	2,766,784	2,766,784	0	2,766,784	0	2,766,784
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	4,364,665	1,052,969	5,417,634	0	5,417,634		5,417,634
b. Supplies	133,115	133,115	133,115		133,115		133,115
c. Contractual and Consultant Prof Services	2,041,159	2,041,159	2,041,159	(1,339,345)	701,814		701,814
d. Professional Liability Insurance	144,662	144,662	144,662		144,662		144,662
e. Bad debt	0	0	0	650,457	650,457		650,457
f. Other	580,822	580,822	580,822		580,822		580,822
g.	0	0	0		0		0
h.	0	0	0		0		0
i.	0	0	0		0		0
j.	0	0	0		0		0
k.	0	0	0		0		0
l.	0	0	0		0		0
Subtotal Overhead - Administrative Cost	4,364,665	3,952,727	8,317,392	(688,888)	7,628,504	0	7,628,504
TOTAL OVERHEAD COST (G+H+K)	4,364,665	6,719,511	11,084,176	(688,888)	10,395,288	-	10,395,288
GRAND TOTAL COSTS² (F+I)	25,234,651	25,796,150	51,030,801	-	51,030,801	-	51,030,801

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 7/1/2017 To 6/30/2018

FQHC Name: Optimus Health Care, 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)
Provide itemized de-identified list (e.g., Physician 1)	I	II	III	IV	V
A. PHYSICIAN	General Practitioner	125,000	1,500	1,040	0.50
13	Chief Medical Officer	245,784	2,201	2,080	1.00
4	Clinical Practice Coordinator	166,001	3,098	1,997	0.96
5	Clinical Practice Coordinator	159,872	3,224	2,038	0.98
28	Director of Pediatrics	177,126	2,401	1,830	0.88
14	Family Practitioner	44,182	110	499	0.24
6	Family Practitioner	181,931	2,618	1,997	0.96
3	Family Practitioner	155,980	1,167	1,747	0.84
25	Family Practitioner	168,230		1,997	0.96
15	Family Practitioner	112,096	2,101	1,518	0.73
16	Internal Medicine Provider	157,962	2,299	1,726	0.83
17	Internal Medicine/Pediatrician	151,030	2,707	2,080	1.00
7	Obstetrics/Gynecology	191,896	7,288	2,080	1.00
18	Pediatrician	122,175	2,094	1,518	0.73
2	Pediatrician	4,080		42	0.02
29	Pediatrician	173,926	4,272	2,080	1.00
26	Pediatrician	122,916	3,063	1,664	0.80
11	Pediatrician	161,229	3,848	2,038	0.98
19	Pediatrician	161,718	2,812	2,018	0.97
27	Pediatrician	138,535	2,789	1,997	0.96
8	Pediatrician	142,429	2,591	1,976	0.95
20	Pediatrician	150,675	3,475	1,456	0.70
21	Physician	56,700	588	582	0.28
30	Physician Family	155,978	3,095	1,997	0.96
9	Physician Family Practitioner	170,529	3,390	2,080	1.00
	Physician Provider	108,406	1,242	1,248	0.60

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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)
10	Physician-OB/GYN	221,486	5,778	2,080	1.00
12	Physician-OB/GYN	216,859	4,736	2,080	1.00
22					
23					
24					
1					
32					
33					
34					
Total Physician Encounters, Staff Hours and FTEs			72,987	46,445	22.33

B. PHYSICIAN ASSISTANT					
1	Health Coach/Medical	41,533		1,934	0.93
2	Physician Assistant	83,834	2,064	1,810	0.87
3	Physician Assistant	23,503	276	541	0.26
4	Physician Assistant	98,448	2,693	1,872	0.90
5	Physician Assistant	125,256	2,716	2,080	1.00
6	Physician Assistant	122,118	2,110	2,080	1.00
7	Physician Assistant	106,828	2,964	2,018	0.97
8	Physician Assistant	115,814	3,289	2,080	1.00
9	Physician Assistant	30,000	1	478	0.23
10	Physician Assistant	99,925	1,308	2,080	1.00
11	Physician Assistant Certified	140,435	4,038	2,080	1.00
12	Physician Assistant Certified	143,917	3,545	2,080	1.00
13	Physician Assistant Certified	42,085	811	749	0.36
14	Psychiatrist	82,875	677	1,373	1

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Reporting Period:	From 7/1/2017	To 6/30/2018
FQHC Name:	Optimus Health Care, 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 (2080 hrs = 1 FTE)
Total Physician Assistant Encounters, Hours and FTEs		1,256,570	26,492
			23,255
			11.18

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

Reporting Period: From 7/1/2017 To 6/30/2018

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 I	Compensation II	Encounters III	Total Employee Hours and FTEs		
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V	
C. Provide itemized de-identified list (e.g., Physician 1)	General Practitioner	125,000	1,500	1,040	0.50	
NURSE (APRN, MIDWIFE, RN)						
1	APRN	10,808	138	208	0.10	
2	APRN	81,646	1,134	1,539	0.74	
3	APRN	8,487	248	187	0.09	
4	APRN	95,608	1,272	2,080	1.00	
5	APRN	35,020	517	666	0.32	
6	APRN	111,270	2,290	2,018	0.97	
7	APRN	14,835		291	0.14	
8	APRN	85,346	1,354	1,893	0.91	
9	APRN	84,080	1,620	1,789	0.86	
10	APRN	84,921	1,420	1,706	0.82	
11	APRN	3,129	26	62	0.03	
12	APRN	248	33	0	0.00	
13	APRN	97,883	2,366	2,059	0.99	
14	APRN	9,688	42	229	0.11	
15	APRN	8,116	27	166	0.08	
16	APRN	95,158	2,900	2,080	1.00	
17	APRN	3,980	28	42	0.02	
18	APRN	11,759	81	229	0.11	
19	APRN-Family Nurse	30,560	187	520	0.25	
20	APRN-Family Nurse	99,692	2,602	1,851	0.89	
21	APRN-Mental Health Nurse	22,316	209	250	0.12	
22	APRN-Mental Health Nurse	180,080	1,664	2,080	1.00	
23	APRN-Mental Health Nurse	99,522	1,166	1,622	0.78	
24	APRN-Mid-Wife	84,064	2,092	1,539	0.74	
25	Assistant Practice Manager	58,088		1,851	0.89	

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Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
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)	
26	Assistant Practice Manager	4,194		125	0.06	
27	Certified Nurse Midwife	108,724	3,099	1,830	0.88	
28	Certified Nurse Midwife	7,998	10	83	0.04	
29	Clinical Learning &	88,344	26	1,955	0.94	
30	Clinical Program Director	145,366	2,148	2,080	1.00	
31	Family Nurse Practitioner	78,193	1,827	1,706	0.82	
32	Family Nurse Practitioner	38,458	525	645	0.31	
33	Family Nurse Practitioner	66,881	1,223	1,477	0.71	
34	Family Nurse Practitioner	30,729	479	686	0.33	
35	Family Nurse Practitioner	92,105	2,685	1,934	0.93	
36	HIV Treatment Adherence	52,646	4	2,080	1.00	
37	Licensed Practical Nurse	71,980	51	2,080	1.00	
38	Licensed Practical Nurse	71,249	216	2,080	1.00	
39	Licensed Practical Nurse	62,141	276	2,080	1.00	
40	Licensed Practical Nurse	41,206	61	1,477	0.71	
41	Licensed Practical Nurse	60,284	69	2,080	1.00	
42	Licensed Practical Nurse	61,315	102	1,914	0.92	
43	Licensed Practical Nurse	31,164	17	1,165	0.56	
44	Licensed Practical Nurse	62,717	49	2,080	1.00	
45	Licensed Practical Nurse	57,086	24	1,830	0.88	
46	Licensed Practical Nurse	20,462		645	0.31	
47	Licensed Practical Nurse	64,375	173	2,080	1.00	
48	Licensed Practical Nurse	16,216	6	624	0.30	
49	Licensed Practical Nurse	56,134	88	2,080	1.00	
50	Licensed Practical Nurse-	63,908	94	2,059	0.99	
51	LPN	70,259	81	2,080	1.00	
52	LPN	68,810	44	2,080	1.00	

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Reporting Period:	From 7/1/2017	To 6/30/2018
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)	
53	LPN	17,155		645	0.31	
54	LPN	48,070	104	2,080	1.00	
55	LPN	33,882	66	1,477	0.71	
56	LPN	47,179	35	1,747	0.84	
57	LPN	56,266	74	2,080	1.00	
58	LPN	376		21	0.01	
59	LPN	54,758	66	1,914	0.92	
60	LPN	62,240	171	2,080	1.00	
61	LPN	3,678	54	146	0.07	
62	LPN	53,360	321	2,018	0.97	
63	LPN	32,065	108	1,435	0.69	
64	LPN	19,862	38	790	0.38	
65	LPN	6,516		229	0.11	
66	LPN	58,851	125	2,080	1.00	
67	LPN	52,311	260	1,955	0.94	
68	LPN	49,147	26	1,830	0.88	
69	LPN-Asthma Program	57,514	53	1,768	0.85	
70	LPN-Asthma Program	55,727	129	2,080	1.00	
71	Nurse Manager	49,567	21	1,477	0.71	
72	Practice Managers	104,542	1	1,976	0.95	
73	Registered Nurse	13,092		374	0.18	
74	Registered Nurse	99,272	76	2,059	0.99	
75	Registered Nurse	6,720		229	0.11	
76	Registered Nurse	55,003	22	1,477	0.71	
77	Registered Nurse	22,785	15	749	0.36	
78	Registered Nurse	116		0	0.00	
79	Registered Nurse	72,698	73	1,955	0.94	

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Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
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)
80	Registered Nurse	4,387	2	146	0.07
81	Registered Nurse	37,717	60	1,310	0.63
82	Registered Nurse	53,331	174	1,456	0.70
83	Registered Nurse	69,767	225	2,080	1.00
84	Registered Nurse	23,164	17	790	0.38
85	Registered Nurse	47,262	39	1,414	0.68
86	Registered Nurse	27,826	6	957	0.46
87	Registered Nurse	5,075	7	146	0.07
88	Registered Nurse	82,162	93	2,080	1.00
89	RN	53,724	105	1,706	0.82
90	RN	384	1	21	0.01
91	RN	9,562	275	291	0.14
92	RN	65,751	97	2,080	1.00
93	RN	759	3	42	0.02
94	RN	76,479	268	2,080	1.00
95	RN	20,294	1	582	0.28
96	RN	16,333	17	520	0.25
97	RN	83,458	62	2,059	0.99
98	RN Charge Nurse	79,150	62	2,038	0.98
99	RN Charge Nurse	30,214	83	790	0.38
100	RN Charge Nurse	86,097	63	2,080	1.00
101	RN Charge Nurse	79,718	29	1,976	0.95
102	RN Charge Nurse	77,031	158	2,059	0.99
103	RN Charge Nurse	80,691	512	2,059	0.99
104	RN Charge Nurse	39,472	42	1,102	0.53
105	RN Coordinator	77,006	507	2,080	1.00
106	RN Director Nursing	104,751		1,872	0.90

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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)
107	RN Patient Care Coordinator	96,651	38	2,080	1.00
108	RN Triage-Clinical Site	11,636		291	0.14
99					
249	Total Nurse Practitioner	5,581,844	41,577	144,850	69.64
PHYSICIAN SERVICES UNDER D. CONTRACT					
1	Advanced Practical Nurse		203		
2	Chiropractic Services		802		
3	Chiropractic Services		76		
4	Chiropractic Services		238		
5	Dentist		7		
6	Family Practice		1		
7	Family Practice		121		
8	Family Practice		1		
9	Family Practice		75		
10	Family Practice		2,418		
11	Family Practice		1		
12	Internal Medicine		3		
13	Internal Medicine		1		
14	Internal Medicine		135		
15	Internal Medicine		177		
16	Internal Medicine		162		
17	Internal Medicine		31		

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Reporting Period: From 7/1/2017 To 6/30/2018
 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)
18	Internal Medicine		1		
19	Internal Medicine		1		
20	Internal Medicine		67		
21	Internal Medicine		153		
22	Nutritionist		165		
23	Ob/Gyn		92		
24	Ob/Gyn		2,152		
25	Ob/Gyn		1		
26	Ob/Gyn		66		
27	Ob/Gyn		112		
28	Ob/Gyn		857		
29	Ob/Gyn		92		
30	Ophthalmology		579		
31	Podiatry		452		
32	Psychiatrist		2,760		
33	Psychologist		579		
34	Registered Dental Hygienist		61		
35	Resident-FMC		748		
36	Resident-FMC		959		
37	Resident-FMC		440		
38	Resident-FMC		118		
39	Resident-FMC		40		
40	Resident-FMC		107		
41	Resident-FMC		408		
42	Resident-FMC		105		
43	Resident-FMC		118		
44	Resident-FMC		847		

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Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
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)
45	Resident-FMC		874		
46	Resident-FMC		395		
47	Resident-FMC		510		
48	Resident-FMC		153		
49	Resident-FMC		989		
50	Resident-FMC		108		
51	Resident-Internal Medicine		158		
52	Resident-Internal Medicine		160		
53	Resident-Internal Medicine		135		
54	Resident-Internal Medicine		126		
55	Resident-Internal Medicine		176		
56	Resident-Internal Medicine		159		
57	Resident-Internal Medicine		132		
58	Resident-Internal Medicine		154		
59	Resident-Internal Medicine		139		
60	Resident-Internal Medicine		176		
61	Resident-Internal Medicine		154		
62	Resident-Internal Medicine		133		
63	Resident-Internal Medicine		179		
64	Resident-Internal Medicine		185		
65	Resident-Internal Medicine		172		
66	Resident-Internal Medicine		145		
67	Resident-Internal Medicine		136		
68	Resident-OBGyn		82		
69	Resident-OBGyn		156		
70	Resident-OBGyn		88		
71	Resident-OBGyn		60		

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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)	
72	Resident-OBGyn		158			
73	Resident-OBGyn		113			
74	Resident-OBGyn		83			
75	Resident-OBGyn		106			
76	Resident-OBGyn		143			
77	Student		181			
78	Student		128			
Total Physician Services Under Contract		0	23,478	0	0.00	

OTHER HEALTH CARE PRACTITIONER						
1	Nutritionist/Dietician	76,845	1,028	2,059	0.99	
2	Pharmacist	81,265	2	1,310	0.63	
3	Podiatrist	51,212	747	666	0.32	
4	Podiatrist	162,751	2,778	2,080	1.00	
5	WIC Nutritionist	22,326		1,102	0.53	
6	WIC Nutritionist	51,783		2,080	1.00	
7	WIC Nutritionist	59,113		2,080	1.00	
8	WIC Nutritionist	52,024		2,080	1.00	
Total Other Health Care Practitioner		557,318	4,555	13,457	6.47	

OTHER/MEDICAL ASSISTANT						
1	Floater-Medical Assistant	44,121		2,080	1.00	
2	Front Office Registrar	16,489		978	0.47	
3	Front Office Registrar	32,702		1,934	0.93	
4	Front Office Registrar	32,722		2,080	1.00	
5	Front Office Registrar	6,404		437	0.21	

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 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)
6	Front Office Registrar	27,678		1,830	0.88
7	Front Office Registrar	33,988		1,955	0.94
8	Front Office Registrar	7,916		541	0.26
9	Front Office Registrar	340		21	0.01
10	Front Office Registrar	28,856		1,664	0.80
11	Front Office Registrar	4,346		270	0.13
12	Front Office Registrar	17,220		1,165	0.56
13	Front Office Registrar	37,770		2,059	0.99
14	Front Office Registrar	7,760		478	0.23
15	Front Office Registrar	30,386		2,018	0.97
16	Front Office Registrar	38,895		1,934	0.93
17	Front Office Registrar	30,546		1,914	0.92
18	Front Office Registrar	34,478		2,080	1.00
19	Front Office Registrar	18,611		853	0.41
20	Front Office Registrar	34,277		2,080	1.00
21	Front Office Registrar	4,514		291	0.14
22	Front Office Registrar	22,917		1,373	0.66
23	Front Office Registrar	32,187		2,080	1.00
24	Front Office Registrar	10,284		686	0.33
25	Front Office Registrar	40,924		2,080	1.00
26	Front Office Registrar/Medical	9,198		562	0.27
27	Front Office Registrar/Medical	32,654		2,018	0.97
28	Front Office Registrar/Medical	21,849		1,290	0.62
29	Front Office Registrar/Medical	20,556		1,352	0.65
30	Health Coach	13,404		707	0.34
31	Medical Administrative	65,955		2,080	1.00
32	Medical Assistant	13,677		894	0.43
33	Medical Assistant	24,621		1,622	0.78
34	Medical Assistant	25,712		1,622	0.78
35	Medical Assistant	39,022		2,080	1.00
36	Medical Assistant	7,112		437	0.21
37	Medical Assistant	39,129		2,018	0.97
38	Medical Assistant	37,217		2,080	1.00
39	Medical Assistant	35,170		2,080	1.00
40	Medical Assistant	31,734		2,080	1.00
41	Medical Assistant	24,005		2,080	1.00
42	Medical Assistant	24,552		1,477	0.71
43	Medical Assistant	24,914		1,456	0.70
44	Medical Assistant	29,823		1,830	0.88
45	Medical Assistant	6,026		395	0.19
46	Medical Assistant	33,430		2,038	0.98
47	Medical Assistant	31,723		1,789	0.86

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Reporting Period: From 7/1/2017 To 6/30/2018
 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		Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Employee Total Hours				FTEs (2080 hrs = 1 FTE)	
48	Medical Assistant	23,556			1,477	0.71
49	Medical Assistant	33,278			2,038	0.98
50	Medical Assistant	10,880			686	0.33
51	Medical Assistant	36,711			2,018	0.97
52	Medical Assistant	29,218			1,830	0.88
53	Medical Assistant	26,268			1,539	0.74
54	Medical Assistant	19,904			1,123	0.54
55	Medical Assistant	34,018			1,789	0.86
56	Medical Assistant	39,124			2,080	1.00
57	Medical Assistant	34,468			1,997	0.96
58	Medical Assistant	32,114			2,018	0.97
59	Medical Assistant	15,936			894	0.43
60	Medical Assistant	49,429	203.00		2,080	1.00
61	Medical Assistant	6,738			374	0.18
62	Medical Assistant	1,224			62	0.03
63	Medical Assistant	1,274			83	0.04
64	Medical Assistant	8,473			499	0.24
65	Medical Assistant	28,467			1,789	0.86
66	Medical Assistant	31,983			2,080	1.00
67	Medical Assistant	19,764			1,206	0.58
68	Medical Assistant/Front Office	35,457			2,080	1.00
69	Medical Assistant/Front Office	25,410			1,685	0.81
70	Medical Assistant/Front Office	30,997			1,768	0.85
71	Medical Assistant/Front Office	31,038			2,038	0.98
72	Medical Assistant/Front Office	66			0	0.00
73	Medical Assistant/Front Office	4,910			333	0.16
74	Medical Assistant/Front Office	32,659			1,955	0.94
75	Medical Assistant/Front Office	31,779			2,080	1.00
76	Medical Assistant/Front Office	31,240			2,080	1.00
77	Medical Assistant/Front Office	32,402			2,080	1.00
78	Medical Assistant/Front Office	31,360			2,018	0.97
79	Medical Assistant/Front Office	9,651			562	0.27
80	Medical Assistant/Front Office	50			0	0.00
81	Medical Assistant/Front Office	36,861			1,997	0.96
82	Medical Assistant/Front Office	37,339			2,080	1.00
83	Medical Assistant/Front Office	31,387			1,789	0.86
84	Medical Assistant/Front Office	70			0	0.00
85	Medical Assistant/Front Office	30,610			2,080	1.00
86	Medical Assistant/Front Office	32,126			2,080	1.00
87	Medical Assistant/Front Office	35,736			2,080	1.00
88	Medical Assistant/Front Office	7,945			520	0.25
89	Medical Assistant/Front Office	38,061			2,080	1.00

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Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
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)
90	Medical Assistant/Front Office	29,235		1,789	0.86
91	Medical Assistant/Front Office	34,632		2,080	1.00
92	Medical Assistant/Front Office	25,575		1,581	0.76
93	Medical Assistant/Front Office	39,199		2,080	1.00
94	Medical Assistant/Front Office	24,180		1,518	0.73
95	Medical Assistant/Front Office	11,485		707	0.34
96	Medical Assistant/Front Office	27,688		1,789	0.86
97	Medical Assistant/Front Office	27,389		1,830	0.88
98	Medical Assistant/Front Office	30,721		2,080	1.00
99	Medical Assistant/Front Office	21,030		1,394	0.67
100	Medical Assistant/Front Office	32,606		2,038	0.98
101	Medical Assistant/Front Office	31,929		2,080	1.00
102	Medical Assistant/Front Office	12,225		749	0.36
103	Medical Assistant/Front Office	34,359		2,080	1.00
104	Medical Assistant/Front Office	36,045		2,059	0.99
105	Medical Assistant/Front Office	37,039		2,080	1.00
106	Medical Assistant/Front Office	5,216		333	0.16
107	Medical Records Clerk	34,892		2,018	0.97
108	Medical Records Clerk	30,126		2,080	1.00
109	Medical Records Clerk	30,859		2,059	0.99
110	Medical Records Clerk	32,195		2,059	0.99
111	Medical Records Clerk	26,960		1,810	0.87
112	Medical Records Supervisor	56,470		2,080	1.00
113	Referral Specialist	190		0	0.00
114	Referral Specialist	21,410		1,206	0.58
115	Referral Specialist	37,512		1,726	0.83
116	Referral Specialist	35,267		1,955	0.94
117	Referral Specialist	36,808		2,059	0.99
118	Referral Specialist	33,479		1,976	0.95
119	Referral Specialist	42,163		2,080	1.00
120	Referral Specialist/Medical	30,417		1,602	0.77
121	Referral Specialist/Medical	28,713		1,518	0.73
122	Sr. Referral Specialist/Medical	50,679	203	2,080	1.00
Total Medical Assistant				186,490	89.66

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Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Optimum 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 II	Encounters III	Total Employee Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide Itemized</i>	125,000	1,500	1,040	0.50
A. DENTIST				
1	Dental Director	2,568	1,394	0.67
2	Dentist	2,072	1,893	0.91
3	Dentist	3,227	2,080	1.00
4	Dentist	3,264	2,080	1.00
5	Dentist	3,052	2,059	0.99
6	Director of Dental Practice	86,310	2,080	1.00
7				
8				
9				
10				
11				
12				
13				
Total Dentist Encounters, Staff Hours and FTEs			14,183	5.57
B. HYGIENIST				
1.	Dental Hygienist	1,529	2,038	0.98
2.	Dental Hygienist	886	21	0.01
3.	Dental Hygienist	78,774	2,080	1.00
4.	Dental Hygienist	60,023	1,768	0.85
5.	Dental Hygienist	74,111	2,080	1.00
Total Dental Hygienist Encounters, Hours and FTEs			7,987	3.84

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

Reporting Period: From 7/1/2017 To 6/30/2018
 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 (2080 hrs = 1 FTE)
C. 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	24,896	1,414 0.68
2	Dental Assistant	31,387	1,768 0.85
3	Dental Assistant	39,253	2,080 1.00
4	Dental Assistant	35,479	1,914 0.92
5	Dental Assistant	27,131	1,477 0.71
6	Dental Assistant	42,480	2,080 1.00
7	Dental Assistant	39,152	2,080 1.00
8	Dental Assistant	35,366	1,955 0.94
9	Dental Assistant	86	0 0.00
10	Dental Department Assistant PM	57,293	2,080 1.00
11	Dental Front Office	32,504	2,059 0.99
12	Dental Front Office	32,658	2,080 1.00
13	Dental Front Office	38,672	2,080 1.00
14	Dental Front Office	29,606	1,747 0.84
15	Dental Receptionist	33,195	2,080 1.00
16			
17			
18			
19			
20			
21			
22			
23			
Total Dental Assistant		499,198	0 26,894 12.93

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

Reporting Period: From 7/1/2017 To 6/30/2018

FQHC Name: Optimum Health Care, Inc.

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
Provide itemized de-identified list (e.g., Psychologist 1)	Compensation II	Encounters III	Total Employee Hours and FTEs		
			Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V	
A. PSYCHOLOGIST					
1	190,033	892	2,059	0.99	
2	103,622	229	957	0.46	
3	67,934	230	208,000	100.00	
4	37,154	70	333	0.16	
5	193,085	2,566	2,038	0.98	
6	52,200	254	520	0.25	
7	177,208	813	1,581	0.76	
8					
9					
Total Psychologist Encounters, Staff Hours and FTEs			215,488	103.60	
B. SOCIAL WORKER					
1	48,673		2,038	0.98	
2	26,714		1,477	0.71	
3	66,176	518	1,581	0.76	
4	59,265	851	1,802	0.77	
5	62,183	648	2,038	0.98	
6	96,385	1,431	2,080	1.00	
7	49,454	142	1,414	0.68	
8	78,550	1,659	2,080	1.00	
9	38,916	650	1,165	0.56	
10	56,664	903	1,560	0.75	
11	60,916	832	1,997	0.96	
12	71,862	1,914	2,080	1.00	
13	20,411	316	645	0.31	
14	79,642	1,179	2,038	0.98	
15	54,057	435	1,602	0.77	
16	68,505	720	2,080	1.00	
17	5,807	21	208	0.10	
18	7,025	67	229	0.11	
19	61,092	924	2,080	1.00	
20	71,698	793	2,038	0.98	
21	87,587		1,789	0.86	
22	51,442	1,104	2,059	0.99	
23	39,484	592	1,373	0.66	
24	60,943	800	2,080	1.00	

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Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
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				
	Compensation	Encounters	Total Employee Hours and FTEs	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
25	31,171	517	915	0.44
26	117,191	1,706	2,080	1.00
Total Social Worker Encounters, Hours and FTEs			18,722	20.35

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 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				
	Compensation	Encounters	Total Employee Hours and FTEs	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
C. OTHER MENTAL HEALTH PRACTITIONER				
1				
2				
3				
4				
5				
6				
7				
8				
Total Other Mental Health Practitioner Encounters, Hours and FTEs		0	0	0
				0.00

D. OTHER MENTAL				
1				
2				
3				
4				
5				
6				
7				
8				
Total Other Mental		0	0	0
				0.00

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 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			Employee Hours and FTEs	
			High	Low	Hires	Departures	Encounters	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	22	5,749,081					72,987	46,445	22.33	
2. Physician Assistant	11	1,572,673					26,492	23,255	11.18	
3. Nurse (APRN, Midwife, RN)	70	6,496,450					41,577	144,850	69.64	
4. Total Physician Services Under Contract	0	1,411,704					23,478	0	0.00	
5. Total Other Health Care Practitioner	6	0					4,555	13,457	6.47	
6. Total Medical Assistant	90	2,802,235					203	186,490	89.66	
7. OTHER HEALTH CARE PRACTITIONERS										
Total Health Care	199	18,032,145			0	0	169,292	414,497	199.28	
B. DENTAL PRACTITIONERS										
1. Dentist	6	930,133					14,183	11,586	5.57	
2. Dental Hygienist	4	374,178					6,207	7,987	3.84	
Other - Dentist Services Under Contract	0	0					0	0	0.00	
3. Total Dental Assistant	13	798,033					0	26,894	12.93	
Total Dental	22	2,102,344			0	0	20,390	46,467	22.34	

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Optimus Health Care, Inc.

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE										
C. SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Employee Hours and FTEs		Employee FTEs (2,080 hrs = 1 FTE)	
			High	Low	Hires	Departures	Encounters	Total Hours		
MENTAL HEALTH PRACTITIONERS										
1. Psychologist	104	806,242						5,074	215,488	103.60
2. Social Worker	20	1,449,292						18,722	42,328	20.35
3. Other - Mental Health Practitioner	0	169,239						0	0	0.00
4. Other - Mental Services Under Contract	0	283,834						0	0	0.00
5.										
Total Mental Health	124	2,708,607			0	0	0	23,796	257,816	123.95

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	<u>Optimus Health Care, Inc.</u>	

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	32,690,355
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	7,945,158
C.	Total Direct Costs (A+B)	40,635,513
D.	Portion of Title XIX Services (A/C)	80.45%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	10,395,288
F.	Overhead Cost Applicable to Title XIX Services (DxE)	8,363,009
G.	Total Title XIX Services Cost (A+F)	41,053,364
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	12,316,009
I.	Cost Adjustment (Lower of H-F or Zero)	-
J.	Allowable Title XIX Overhead Cost (F+I)	8,363,009
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	24,947,057
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,549,603
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	5,193,695
	4. Total Direct Costs (K1 thru K3)	32,690,355
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	76.31%
	2. Dental Services (K2/K4)	7.80%
	3. Mental Health Services (K3/K4)	15.89%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	6,381,812
	2. Dental Services (JxL2)	652,315
	3. Mental Health Services (JxL3)	1,328,882
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	8,363,009

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

Reporting Period: From 07/01/17 To 6/30/2018

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)	24,947,057
B. Allowable Overhead Cost (P13 - Form C, Line M1)	6,381,812
C. Total Allowable Health Care Cost (A+B)	31,328,869
D. Encounters (P12 - Form B-4, Health Care Total)	169,292
E. Allowable Health Care Cost Per Encounter (C/D)	185.06

II. Dental

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,549,603
B. Allowable Overhead Cost (P13 - Form C, Line M2)	652,315
C. Total Allowable Dental Cost (A+B)	3,201,918
D. Encounters (P12 - Form B-4, Dental Total)	20,390
E. Allowable Dental Cost Per Encounter (C/D)	157.03

III. Mental Health

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	5,193,695
B. Allowable Overhead Cost (P13 - Form C, Line M3)	1,328,882
C. Total Allowable Mental Health Cost (A+B)	6,522,577
D. Encounters (P12 - Form B-4, Mental Health Total)	23,796
E. Allowable Mental Health Cost Per Encounter (C/D)	274.10

STATE OF CONNECTICUT
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 07/01/17 To 6/30/2018

FQHC Name: Optimus Health Care, Inc.

Form E (Revenues)

REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	15,379,476	1,291,282	3,000,971	2,659	19,674,389
2.	Private	1,950,047	182,091	507,605	0	2,639,743
3.	Medicare	2,012,321	755	1,037,348		3,050,424
4.	Patient Cash/Self Pay	2,208,370	472,216	95,459		2,776,045
5.	Other - Specify					0
6.	Total (1 thru 5)	21,550,215	1,946,344	4,641,383	2,659	28,140,601
B.	Other Revenue					
1.	Contributions				128,018	128,018
2.	Grants	7,712,712	144,501	954,977	4,317,803	13,129,992
3.	Interest				12,187	12,187
4.	Donations					0
5.	Other - Specify				2,276,566	2,276,566
6.	Other - Specify				0	0
7.	Other - Specify				0	0
8.	Other - Specify				2,816	2,816
9.	Other - Specify				7,442,156	7,442,156
10.	Other - Specify				7,026	7,026
11.	Total (1 thru 10)	7,712,712	144,501	954,977	14,186,570	22,998,760
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)	29,262,927	2,090,844	5,596,360	14,189,229	51,139,361

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

Reporting Period:	From	7/1/2017	To	6/30/2018
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 (<i>Excluding Dental, Mental Health and Other</i>)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0

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

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

Reporting Period: From 7/1/2017 To 6/30/2018
FQHC Name: Optimus Health Care, Inc.

Form G (Cost Disallowance and Offset)

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	13,956
	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	65,078
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	61,865
	12. Membership dues for public relations	
	13. Cost not related to patient care	
	14. Interest	184,989
	15. Pass through expenses	
	16. Total (1 thru 15)	325,888
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)	325,888