

December 24, 2018

Christopher LaVigne
Department of Social Services
Attn: Office of Reimbursement and CON
55 Farmington Avenue
Hartford, CT 06105

Dear Mr. LaVigne,

RE: Medicaid Cost Report FYE 2018

Enclosed you will find StayWell Health Center cost report for FYE June 30, 2018 filing due December 30, 2018. The additional required information has been submitted to Myers and Stauffer LLC.

As noted in previous year's discussions at the CHCACT CFO meetings, the report that you are using for the December 30th submission does not, in our opinion, accurately reflect the "reasonable" cost of providing Medicaid covered services – the standard for setting and adjusting the Medicaid PPS rate. Accordingly, we do not agree or acquiesce to the concept that these reports will result in an accurate measure of the reasonable cost of providing Medicaid covered services by our member FQHCs.

As such, our submission should not be construed as and does not represent an agreement to the concept that the State's cost report accurately measure the reasonable cost of providing Medicaid covered services by an FQHC in Connecticut.

We look forward to working with you and your office in the future. If you have any questions or need additional information please feel free to call me at ext. 3015. Thank you.

Sincerely,




Lule Tracey
Chief Financial Officer
ltracey@staywellhealth.org
203-756-8021 x 3015

Phone: 203.756.8021 Fax: 203.596.9038 www.staywellhealth.org

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	StayWell Health Care Inc. dba StayWell Health Center		
	Street Address	80 Phoenix Ave., Suite 201		
	City, State, ZIP	Waterbury, CT 06702		
	Telephone Number	203.756.8021 x 3015		
	Contact Person	Lule Tracey		
	Title	CFO		
2.	FQHC Medicaid Provider Number:	3. Reporting Period:		
	Medical	004235976	From	7/1/2017 To 6/30/2018
	Dental	004235968		
	Mental Health	004235984		
	Other (Specify)			
4.	Type of Control (Check One Only)			
	<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION			
	GOVERNMENT			
	<input type="checkbox"/> STATE	<input type="checkbox"/> DISTRICT	<input type="checkbox"/> OTHER	
	<input type="checkbox"/> COUNTY	<input type="checkbox"/> CITY		
5.	FQHC Owned By:			
	<u>CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC</u>			
	I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By			
	StayWell Health Care Inc. dba StayWell Health Center 004235976			
	(FQHC Name)			
	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	
			Lule Tracey	
	Title		Date	
	Chief Financial Officer		12/26/2017	

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:	StayWell Health Care Inc. dba StayWell Health Center	

7. Service Sites: List all service sites of the FQHC, including all FQHC-certified sites and any other non-FQHC service sites.

Provider Name	Location	FQHC Certified Yes/ No	Clinic/Provider No.
StayWell Health Center	80 Phoenix Ave	Yes	07-1826
StayWell Southend Health Center	1302 South Main St	Yes	07-1827
StayWell Southend Health Center II	1309 South Main St	Yes	07-1886
StayWell Driggs SBHC	76 Wood Lawn Terrace	Yes	NA
StayWell St. Vincent DePaul	114 Benedict St	Yes	07-1835
StayWell GW Mental Health Auth	95 Thomaston Ave	Yes	07-1836
StayWell Wallace - Crosby SBHC	345 East Main St	Yes	NA
StayWell Health Center at Wellmore	402 East Main Street	Yes	07-1908
StayWell Health Center - Pediatrics	95 Scovill Street, 3rd FL	Yes	Last day of services 10-27-17. Merged practice into 80 Phoenix site.
StayWell Health Center in Naugatuck	30 Church St., Naugatuck, CT	Yes	07-1930

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 7/1/2017 To 6/30/2018

FQHC Name: StayWell Health Care Inc. dba StayWell Health Center

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
A. DIRECT HEALTH CARE COST							
<i>(Excluding Dental, Mental Health & Other)</i>							
1. Staff Cost							
a. Physician	2,322,709	728,822	3,051,531		3,003,781		3,003,781
b. Physician Assistant	106,885	33,539	140,424	(47,750)	140,424		140,424
c. Nurse (APRN, Midwife, RN)	2,212,432	694,219	2,906,651		2,906,651		2,906,651
d. Other - Specify							
Medical Asst & Case Managers	470,572	147,657	618,229		618,229		618,229
Subcontract Clinical staff	94,855		94,855		94,855		94,855
Dietician/Nutritionist	30,220	9,482	39,702		39,702	(39,702)	0
_____			0		0		0
_____			0		0		0
e. Subtotal Direct Health Care Cost	5,237,673	1,613,719	6,851,392	(47,750)	6,803,641	(39,702)	6,763,939
2. Other Direct Health Care Cost							
a. Medical Supplies		985,377	985,377		985,377	(799,206)	186,171
b. Transportation & Training		52,030	52,030		52,030		52,030
c. Depreciation - Medical Equipment		2,716	2,716		2,716		2,716
d. Professional Liability Insurance			0		0		0
e. Laboratory		0	0		0		0
f. Radiology		0	0		0		0
g. Physician-Administered Drugs			0		0		0
h. Other - Specify							
License/Dues/Membership/Subscription/books			0	21,949	21,949		21,949
CmmI Laundry, Medical Waste, Answering Service		264,732	264,732	264,732	529,463		529,463
Personnel Recruitment			0	35,000	35,000		35,000
i. Subtotal Other Direct Health Care Cost	0	1,304,855	1,304,855	321,681	1,626,535	(799,206)	827,330
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	5,237,673	2,918,574	8,156,247	273,930	8,430,177	(838,908)	7,591,269

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: StayWell Health Care Inc. dba StayWell Health Center

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
B. 1. Staff Cost							
a. Dentist	942,370	295,698	1,238,068	(20,739)	1,217,329		1,217,329
b. Dental Hygienst	550,793	172,828	723,621		723,621		723,621
c. Other - Specify							
Dental Assistant	279,686	87,760	367,446		367,446		367,446
Pediatric Dentist subcontracted through UCONN HC	41,095		41,095		41,095		41,095
_____			0		0		0
_____			0		0		0
_____			0		0		0
_____			0		0		0
d. Subtotal Direct Dental Care Cost	1,813,944	556,286	2,370,230	(20,739)	2,349,492	0	2,349,492
2 Other Direct Dental Care Cost							
a. Dental Supplies		246,622	246,622		246,622		246,622
b. Transportation / Training		12,341	12,341		12,341		12,341
c. Depreciation - Dental Equipment		35,251	35,251		35,251		35,251
d. Professional Liability Insurance		0	0		0		0
e. Other - Specify							
License / Dues / Membership		0	0		0		0
Criml Laundry/Waste Removal/Answ Ssv		8,281	8,281		8,281		8,281
Dental Equipment Repairs & Maint		14,938	14,938		14,938		14,938
_____		14,730	14,730		14,730		14,730
_____		0	0		0		0
_____		0	0		0		0
f. Subtotal Other Direct Dental Care Cost	0	308,943	308,943	23,220	332,163	0	332,163
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	1,813,944	865,230	2,679,173	2,481	2,681,655	0	2,681,655

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: StayWell Health Care Inc. dba StayWell Health Center

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	I Salaried Personnel	II Other Costs	III Total	IV Reclass- ifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	753,663	236,485	990,149	0	0	0	979,767
b. Social Worker	137,134	43,030	180,164		180,164	180,164	180,164
c. Other - Specify	597,888		597,888		597,888	597,888	597,888
APRN - Psych	146,210		146,210		146,210	146,210	146,210
Subcontract with Wellmore for SBHC & OASIS clinical services	33,237		33,237		33,237	33,237	33,237
Subcontract (multiple) for Ryan White A clinical services	5,373		5,373		5,373	5,373	5,373
eHealth CT							
Raymond Yeoung							
d. Subtotal Direct Mental Health Care Cost	1,673,505	279,515	1,953,021	(10,382)	1,942,639	0	1,942,639
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		42,185	42,185		42,185		42,185
b. Transportation / Training		8,843	8,843		8,843		8,843
c. Depreciation - Mental Health Equipment		0	0		0		0
d. Professional Liability Insurance		0	0		0		0
e. Other - Specify		0	0		0		0
License / Dues / Membership/ Answering Service		0	0	8,851	8,851		8,851
Personnel - Employment Agency Fees		0	0	15,331	15,331		15,331
f. Subtotal Other Direct Mental Health Care Cost	0	51,029	51,029	24,182	75,211	0	75,211
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	1,673,505	330,544	2,004,049	13,800	2,017,850	0	2,017,850
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	8,725,122	4,114,348	12,839,469	290,212	13,129,681	(839,906)	12,290,773

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: StayWell Health Care Inc. dba StayWell Health Center

Form A-4 (Non-Allowable Direct Other Service Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	E. NON-ALLOWABLE DIRECT OTHER SERVICE COST						
	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
1. Service							
a. Clinical Diagnostic Lab		146,076	146,076		146,076		146,076
b. Radiology		34	34		34		34
c. Prescription Drugs/Pharmacy		514,079	514,079		514,079		514,079
d. Battered Women							
e. Homeless							
f. WIC							
g. Non-FQHC Sites							
h. Other - Specify							
I. Total Non-Allowable Direct Other Service Cost	0	660,189	660,189	0	660,189	0	660,189
F. TOTAL DIRECT COST (D+E11)	8,725,122	4,774,537	13,499,659	290,212	13,789,870	(838,908)	12,950,963

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: StayWell Health Care Inc. dba StayWell Health Center

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	I	II	III	IV	V	VI	VII
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
G. OVERHEAD - FACILITY COST							
a. Rent		107,758	107,758		107,758		107,758
b. Insurance		69,381	69,381		69,381		69,381
c. Interest on Mortgage or Loans		0	0		0		0
d. Utilities		129,565	129,565		129,565		129,565
e. Depreciation - Building		244,563	244,563		244,563		244,563
f. Depreciation - Equipment		2,628	2,628		2,628		2,628
g. Housekeeping & Maintenance		363,963	363,963		363,963		363,963
h. Other (Specify)							0
Real Estate Tax		34,968	34,968		34,968		34,968
Equipment & Vehicle Lease		39,415	39,415		39,415		39,415
I. Subtotal Overhead - Facility Cost	0	992,241	992,241	0	992,241	0	992,241
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	4,958,976		4,958,976				
b. Depreciation - Office Equipment		1,556,033	1,556,033				
c. Office Supplies		29,492	29,492				
d. Legal		199,909	199,909				
e. Accounting		52,835	52,835				
f. Insurance		47,490	47,490				
g. Telephone		26,638	26,638				
h. Advertising - Help Wanted		94,834	94,834				
i. Interest - Capital Loans		104,987	104,987				
j. Other (Specify)				(50,331)			
Consultants (Non-Patient Care)	506,537		506,537				
Dues, License Subscriptions, Memberships		86,604	86,604	(39,081)			
Printing/Copying/Postage/Storage/Payroll Processing		87,564	87,564				
Answering Svc/Laundry Svcs/Medical Waster Svcs		29,526	29,526	(279,670)			
Travel / Training		46,859	46,859				
Advertising / Marketing		20,485	20,485			(20,485)	
Fundraising		15,334	15,334			(15,334)	
Bank Charge / Late Fees		1,448	1,448			(1,448)	
k. Subtotal Overhead - Administrative Cost	5,465,513	2,400,039	7,865,552	(290,212)	7,825,485	(37,268)	7,788,217
I. TOTAL OVERHEAD COST (Gi+Hk)	5,465,513	3,392,281	8,857,793	(290,212)	8,817,726	(37,268)	8,780,458
J. GRAND TOTAL COSTS² (F+H)	14,190,635	8,166,817	22,357,452	-	22,607,596	(876,175)	21,731,421

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: StayWell Health Care Inc. dba StayWell Health Center

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER		Specialty I	Compensation II	Encounters III	Total Employee Hours Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
A. Provide itemized de-identified list (e.g., Physician 1)		General Practitioner	125,000	1,500	1,040	0.50
1	Physician 1	MD, Family Practitioner	\$ 77,558.98	1,231	1,008.00	0.48
2	Physician 2	MD, Family Practitioner	\$ 44,684.64	756	509.75	0.25
3	Physician 3	MD, Family Practitioner	\$ 191,086.17	2,751	2,024.00	0.97
4	Physician 4	Chief Medical Officer	\$ 10,009.67	0	0.00	0.00
5	Physician 5	Chief Medical Officer	\$ 238,752.09	813	1,696.00	0.82
6	Physician 6	Internist, MD	\$ 89,515.37	788	896.50	0.43
7	Physician 7	Internist, MD	\$ 169,999.96	2,340	2,000.00	0.96
8	Physician 8	Internist, MD	\$ 105,657.72	1,343	1,013.75	0.49
9	Physician 9	Internist, MD	\$ 46,348.10	947	695.00	0.33
10	Physician 10	Internist, MD	\$ 180,024.25	3,441	2,080.00	1.00
11	Physician 11	Internist, MD	\$ 47,681.01	387	664.00	0.32
12	Physician 12	Internist, MD	\$ 14,110.96	304	157.25	0.08
13	Physician 13	Internist, MD	\$ 6,981.92	141	192.00	0.09
14	Physician 14	Internist, MD	\$ 1,574.08	0	17.00	0.01
15	Physician 15	Internist, MD	\$ 193,289.22	2,087	2,080.00	1.00
16	Physician 16	Internist, MD	\$ 18,694.50	175	185.25	0.09
17	Physician 17	OB/GYN Physician	\$ 73,753.11	866	731.75	0.35
18	Physician 18	Pediatrician, MD	\$ 163,593.55	2,954	2,080.00	1.00
19	Physician 19	Pediatrician, MD	\$ 75,502.20	1,295	1,035.75	0.50
20	Physician 20	Pediatrician, MD	\$ 54,289.93	1,027	616.75	0.30
21	Physician 21	Pediatrician, MD	\$ 155,683.84	2,349	2,025.00	0.97
22	Physician 22	Pediatrician, MD	\$ 123,069.11	2,068	1,570.00	0.75
23	Physician 23	Pediatrician, MD	\$ 178,191.91	2,742	2,071.75	1.00
24	Physician 24	Psychiatrist, MD	\$ 23,906.59	63	167.50	0.08
25	Physician 25	Psychiatrist, MD	\$ 38,750.00	53	177.50	0.09
Total Physician Encounters, Staff Hours and FTEs			2,322,709	30,921	25,695	12.36

B. PHYSICIAN ASSISTANT		Compensation	Encounters	Total Employee Hours	FTEs
1.	Physician Assistant 1	\$ 105,240.12	3,078	2,080	1.00
2.					0.00
Total Physician Assistant Encounters, Hours and FTEs		105,240	3,078	2,080	1.00

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: StayWell Health Care Inc. dba StayWell Health Center

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)									
	Provide itemized de-identified list (e.g., Physician 1)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs				
					Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V			
C.	NURSE (APRN, MIDWIFE)	General Practitioner	125,000	1,500	1,040	0.50			
1	APRN 1	APRN	\$ 79,223.69	1,872	1,552	0.75			
2	APRN 2	APRN	\$ 60,172.12	1,625	1,300	0.63			
3	APRN 3	APRN	\$ 52,829.42	1,218	1,067	0.51			
4	APRN 4	APRN	\$ 106,957.66	3,279	2,080	1.00			
5	APRN 5	APRN	\$ 32,763.33	917	2,072	1.00			
6	APRN 6	APRN	\$ 67,740.02	624	1,296	0.62			
7	APRN 7	APRN	\$ 105,900.62	2,295	2,080	1.00			
8	APRN 8	APRN	\$ 80,454.00	1,358	1,504	0.72			
9	APRN 9	CNM	\$ 105,467.90	2,111	2,080	1.00			
10	APRN 10	CNM	\$ 98,931.84	2,018	2,080	1.00			
	Total Nurse Practitioner		790,441	17,317	17,111	8.23			
D.	PHYSICIAN SERVICES UNDER CONTRACT								
1	Dr. Ackley	Podiatrist	20,250	513	203	0.10			
2									
3									
	Total Physician Services Under Contract		20,250	513	203	0.10			
E.	OTHER HEALTH CARE PRACTITIONER								
1.						0.00			
2.						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 7/1/2017 To 6/30/2018
 FQHC Name: StayWell Health Care Inc. dba StayWell Health Center

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER		Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
A. DENTIST					
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>					
		125,000	1,500	1,040	0.50
1	Dental Director	\$ 207,385.58	3,313	1,910	0.92
2	Dentist 1	\$ 136,901.25	3,034	1,770	0.85
3	Dentist 2	\$ 19,601.59	579	259	0.12
4	Dentist 3	\$ 84,704.20	1,463	1,139	0.55
5	Dentist 4	\$ 15,239.42	140	125	0.06
6	Dentist 5	\$ 15,448.00	309	226	0.11
7	Dentist 6	\$ 24,833.43	514	351	0.17
8	Dentist 7	\$ 87,593.57	1,920	1,177	0.57
9	Dentist 8	\$ 5,089.91	88	77	0.04
10	Dentist 9	\$ 41,037.50	917	585	0.28
11	Dentist 10	\$ 151,762.51	4,002	2,080	1.00
12	Dentist 11	\$ 151,058.14	5,197	2,000	0.96
13	Dentist 12	\$ 1,715.00	27	25	0.01
Total Dentist Encounters, Staff Hours and FTEs		942,370	21,503	11,722	5.64
B. DENTAL HYGIENIST					
1	Dental Hygienist 1	\$ 71,673.36	745	2,074	1.00
2	Dental Hygienist 2	\$ 35,226.38	426	1,237	0.59
3	Dental Hygienist 3	\$ 2,717.33	9	51	0.02
4	Dental Hygienist 4	\$ 69,010.45	578	1,840	0.88
5	Dental Hygienist 5	\$ 64,589.24	889	1,571	0.76
6	Dental Hygienist 6	\$ 69,776.14	925	1,878	0.90
7	Dental Hygienist 7	\$ 14,756.00	103	561	0.27
8	Dental Hygienist 8	\$ 67,065.28	1,646	2,080	1.00
9	Dental Hygienist 9	\$ 76,839.30	797	1,944	0.93
10	Dental Hygienist 10	\$ 79,139.36	2,283	2,080	1.00
Total Dental Hygienist Encounters, Hours and FTEs		550,793	8,401	15,313	7.35
C. OTHER DENTAL PRACTITIONER					
1.	Dr. Rabat, Jorge DMD - U/A with UConn Health Center	\$ 41,095.25	519	520	0.25
2.					
Total Other Dental Practitioner Encounters, Hours and FTEs		41,095	519	520	0.25

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

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

FQHC Name: StayWell Health Care Inc. dba StayWell Health Center

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 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., Psychologist 1)</i>		125,000	1,500	1,040	0.50
A.					
1. PSYCHOLOGIST					0.00
2.					0.00
Total Psychologist Encounters, Staff Hours and FTEs		0	0	0	0.00
B.					
SOCIAL WORKER					
1	Clinician - LCSW 1	\$ 78,193.88	250	2,080	1.00
2	Clinician - LMSW 2	\$ 54,905.15	0	1,923	0.92
4	Clinician - LCSW 4	\$ 16,937.47	0	565	0.27
5	Clinician - LCSW 5	\$ 14,400.00	47	504	0.24
6	Clinician - LCSW 6	\$ 55,520.44	569	1,726	0.83
7	Clinician - LCSW 7	\$ 66,827.77	878	2,072	1.00
8	Clinician - LCSW 8	\$ 30,785.82	289	1,166	0.56
9	Clinician - LCSW 9	\$ 66,315.12	723	2,072	1.00
10	Clinician - LCSW 10	\$ 17,892.14	94	432	0.21
11	Clinician - LCSW 11	\$ 52,549.73	523	1,560	0.75
12	Clinician - LCSW 12	\$ 7,221.35	94	376	0.18
13	Clinician - LCSW 13	\$ 71,584.01	603	2,080	1.00
14	Clinician - LCSW 14	\$ 52,478.26	503	1,650	0.79
15	Clinician - LCSW 15	\$ 292.30	0	10	0.00
16	Clinician - MSW 16	\$ 50,085.04	715	1,808	0.87
17	Clinician - LCSW 17	\$ 103,816.98	270	2,080	1.00
18					
Total Social Worker Encounters, Hours and FTEs		739,805	5,558	22,104	10.62
C.					
OTHER MENTAL HEALTH PRACTITIONER					
1	APRN - Psych 1	\$ 72,511.24	917	2,072	1.00
2	APRN - Psych 2	\$ 64,622.68	607	1,160	0.56
3	Psychiatrist ; Dr. Young	\$ 54,449.06	372	600	0.29
4	Wellmore for LCSW ,Oasis program- U/A	\$ 382,050.94	4,210	6,650	3.20
5	Oulette, Elisabeth, LCSW - U/A with Wellmore for SBHC	\$ 161,388.00	505	625	0.30
Total Other Mental Health Practitioner Encounters, Hours and FTEs		735,022	6,611	11,107	5.35

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

FQHC Name: StayWell Health Care Inc. dba StayWell Health Center

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER			
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs
			Employee Total Hours (2080 hrs = 1 FTE)

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

FQHC Name: StayWell Health Care Inc. dba StayWell Health Center

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	23	\$ 2,260,052	300,000	130,000			30,805	25,350	12.19
2. PHYSICIAN ASSISTANT	1	105,240	110,000	95,000			3,078	2,080	1.00
3. NURSE (APRN, MIDWIFE)	10	790,441	110,000	85,000			17,317	17,111	8.23
4. PHYSICIAN SERVICES UNDER CONTRACT	1	20,250	250,000	100,000			513	203	0.10
5. OTHER HEALTH PROFESSIONALS									0.00
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00
7. OTHER HEALTH CARE PRACTITIONERS									0.00
Total Health Care	35	3,175,983			0	0	51,713	44,743	21.52
B. DENTAL PRACTITIONERS									
1. DENTIST	13	942,370	225,000	130,000			21,503	11,722	5.64
2. DENTAL HYGIENIST	10	550,793	90,000	72,000			8,401	15,313	7.36
3. OTHER DENTAL PRACTITIONERS - UA	1	41,095	165,000	75,000			519	520	0.25
Total Dental	24	1,534,258			0	0	30,423	27,555	13.25
C. MENTAL HEALTH PRACTITIONERS									
1. PSYCHIATRIST	3	117,106	320,000	275,000			488	945	0.45
2. PSYCHOLOGIST	0								0.00
3. LICENSED CLINICAL SOCIAL WORKER	17	739,805	105,000	75,000			5,558	22,104	10.63
4. PSYCHIATRIC APRN	2	137,134	110,000	85,000			1,524	3,232	1.55
5. OTHER MENTAL HEALTH PRACTITIONERS	2	543,439	320,000	50,000			4,715	7,275	3.50
Total Mental Health	24	1,537,484			0	0	12,285	33,555	16.13

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Reporting Period:	From	7/1/2017	To	6/30/2018
FQHC Name:	StayWell Health Care Inc. dba StayWell Health Center			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	12,290,773
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	660,189
C.	Total Direct Costs (A+B)	12,950,963
D.	Portion of Title XIX Services (A/C)	94.90%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	8,780,458
F.	Overhead Cost Applicable to Title XIX Services (DxE)	8,332,655
G.	Total Title XIX Services Cost (A+F)	20,623,428
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	6,187,029
I.	Cost Adjustment (Lower of H-F or Zero)	(2,145,626)
J.	Allowable Title XIX Overhead Cost (F+I)	6,187,029
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	7,591,269
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,681,655
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	2,017,850
	4. Total Direct Costs (K1 thru K3)	12,290,773
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	61.76%
	2. Dental Services (K2/K4)	21.82%
	3. Mental Health Services (K3/K4)	16.42%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	3,821,109
	2. Dental Services (JxL2)	1,350,010
	3. Mental Health Services (JxL3)	1,015,910
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	6,187,029

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FQHC Name:	StayWell Health Care Inc. dba StayWell Health Center	

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)	7,591,269
B. Allowable Overhead Cost (P13 - Form C, Line M1)	3,821,109
C. Total Allowable Health Care Cost (A+B)	11,412,378
D. Encounters (P12 - Form B-4, Health Care Total)	51,713
E. Allowable Health Care Cost Per Encounter (C/D)	220.69

II. Dental

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,681,655
B. Allowable Overhead Cost (P13 - Form C, Line M2)	1,350,010
C. Total Allowable Dental Cost (A+B)	4,031,665
D. Encounters (P12 - Form B-4, Dental Total)	30,423
E. Allowable Dental Cost Per Encounter (C/D)	132.52

III. Mental Health

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	2,017,850
B. Allowable Overhead Cost (P13 - Form C, Line M3)	1,015,910
C. Total Allowable Mental Health Cost (A+B)	3,033,760
D. Encounters (P12 - Form B-4, Mental Health Total)	12,285
E. Allowable Mental Health Cost Per Encounter (C/D)	246.95

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REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue (Net of Bad Debt)					
1.	Medicaid	6,439,058	3,377,866	738,908		10,555,832
2.	Private	467,042	9,832	14,749		491,623
3.	Medicare	520,152	0	64,288	0	584,440
4.	Patient Cash/Self Pay	54,843	205,531	78,347		338,721
5.	Other - Specify					0
6.	Total (1 thru 5)	7,481,094	3,593,230	896,293	0	11,970,616
B.	Other Revenue					
1.	Contributions					
2.	Grants				2,848	2,848
3.	Interest	3,730,798	454,609	474,585	2,101,911	6,761,903
4.	Donations				3,469	3,469
5.	Other - Specify Vaccines, Clinical Equipment					799,206
6.	Other - Specify Rental Income				42,533	42,533
7.	Other - Specify 340B Pharmacy					2,236,776
8.	Other - Specify Fundraising				25,425	25,425
9.	Other - Specify Incentives (MU, CSMS IPA,....)	16,797	0		16,797	16,797
10.	Other - Specify Misc, Medical Records	12,500			29,610	42,110
11.	Other - Specify Gains				165,652	165,652
	Total (1 thru 10)	6,796,076	454,609	474,585	2,371,447	10,096,717
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)	14,277,171	4,047,838	1,370,878	2,371,447	22,067,334

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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 _____	
	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)	1,661,585
	2. Dental	126,015
	3. Mental Health	213,325
	4. Other - Specify <u>MEP, CTF, CHN, CHCACT, CCF...</u>	1,353,180
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	3,354,105

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Reporting Period:	From	7/1/2017	To	6/30/2018
FQHC Name:	StayWell Health Care Inc. dba StayWell Health Center			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties	(1,448)	
	3. Bad debt		
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	(20,485)	
	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	(15,334)	
	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)		(37,268)
B.	Cost Offset (Expense Recovery)		
	1. Refunds		
	2. Rent Income		
	3. In-Kind Medical Supplies: DPV VFC Vaccines, Clinical equipment	(799,206)	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Total (1 thru 6)		(799,206)
C.	Total Cost Disallowance and Offset (A16+B7)		(836,473)