

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:	Wheeler Clinic Inc	

7. Service Sites: List all service sites of the FQHC, including all FQHC-certified sites and any other non-FQHC service sites. Indicate whether the service site is FQHC certified. If a site or sites are not FQHC-certified, the associated costs should be reported on Form A-4 as non-allowable costs.

Provider Name	Location	FQHC Certified Yes/ No	Clinic/Provider No.
Wheeler Clinic, Inc	10 North Main Street Bristol, CT 06010-8122	Yes	1548760119
Wheeler Clinic, Inc	43 Woodland Street Hartford, CT 06105	Yes - partial year	1518467174
Wheeler Clinic, Inc	75 North Mountain Road New Britain CT 06053	Yes	1215437991
Wheeler Clinic, Inc	36 Race Street Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	225 North Main Street Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	500 Clark Avenue Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	718 Pine Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	21 Tuttle Road Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	551 Peacedale Street Bristol, CT 06010	Yes	1396750840
Wheeler Clinic, Inc	480 Wolcott Street Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	632 King Street Bristol, CT 06010	No	1396750840
Wheeler Clinic, Inc	9 Moody Road, Suite #3 Enfield, CT 06082	No	1396750840
Wheeler Clinic, Inc	30 Arbor Street Hartford, CT 06106	No	1396750840
Wheeler Clinic, Inc	999 Asylum Avenue Hartford, CT 06105	Yes - partial year	1396750840
Wheeler Clinic, Inc	590 Park Street Hartford, CT 06106	No	1396750840
Wheeler Clinic, Inc	200 W Center Street Manchester, CT 06040	No	1396750840
Wheeler Clinic, Inc	130 Research Parkway Meriden, CT 06450	No	1396750840
Wheeler Clinic, Inc	20 Tuttle Place Middletown, CT 06457	No	1396750840
Wheeler Clinic, Inc	Russell Hall, 2 Vance Drive Middletown, CT 06457	No	1396750840
Wheeler Clinic, Inc	400 Saybrook Road Middletown, CT 06457	No	1396750840
Wheeler Clinic, Inc	36 Russell Street New Britain, CT 06052	No	1396750840
Wheeler Clinic, Inc	180 Clinton Street New Britain, CT 06053	No	1396750840
Wheeler Clinic, Inc	114 West Main Street New Britain, CT 06051	No	1396750840
Wheeler Clinic, Inc	19 Franklin Square New Britain, CT 06051	No	1396750840
Wheeler Clinic, Inc	458 Grand Avenue New Haven, CT 06513	No	1396750840
Wheeler Clinic, Inc	464 Ocean Avenue New London, CT 06320	No	1396750840
Wheeler Clinic, Inc	142 East Street Norwalk, CT 06851	No	1396750840

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>			
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Wheeler Clinic, Inc	91 Northwest Drive Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	74 East Street Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	88 East Street Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	334 Farmington Avenue Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	69 Linden Street Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	150 Northwest Drive Plainville, CT 06062	No	1396750840
Wheeler Clinic, Inc	326 Highland Avenue Waterbury, CT 06708	No	1396750840
Wheeler Clinic, Inc	50 Brookside Road Waterbury, CT 06708	No	1396750840
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 Organizations.			

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:	Wheeler Clinic Inc	

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A. DIRECT HEALTH CARE COST <i>(Excluding Dental, Mental Health & Other)</i>	I	II	III	IV	V	VI	VII
1. Staff Cost							
a. Physician			0	593,733	593,733		593,733
b. Physician Assistant			0		0		0
c. Nurse (APRN, Midwife, RN)			0	1,017,649	1,017,649		1,017,649
d. Other - Specify							
Other Nursing Staff			0	204,161	204,161		204,161
Dietician			0		0		0
Case Management			0	105,507	105,507		105,507
Other Contracted HC Providers			0		0		0
Medical Assistants			0	344,373	344,373		344,373
			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	0	0	2,265,423	2,265,423	0	2,265,423
2. Other Direct Health Care Cost							
a. Medical Supplies		149,960	149,960		149,960		149,960
b. Transportation			0		0		0
c. Depreciation - Medical Equipment		13,137	13,137		13,137		13,137
d. Professional Liability Insurance		8,331	8,331		8,331		8,331
e. Laboratory		524	524		524		524
f. Radiology			0		0		0
g. Physician-Administered Drugs			0		0		0
h. Other - Specify							
Continuing Medical Education			0	285	285		285
Minor Equipment			0		0		0
			0		0		0
			0		0		0
			0		0		0
i. Subtotal Other Direct Health Care Cost	0	171,952	171,952	285	172,237	0	172,237
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	0	171,952	171,952	2,265,708	2,437,660	0	2,437,660

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: Wheeler Clinic Inc		

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist			0	80,309	80,309		80,309
b. Social Worker			0	918,862	918,862		918,862
c. Other - Specify							
Licensed Professional Counselor			0	699,763	699,763		699,763
Licensed Marriage and Family Therapist			0	143,468	143,468		143,468
Licensed Alcohol & Drug Counselor			0		0		0
Other Mental Health Practitioners			0	172,809	172,809		172,809
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	0	0	0	2,015,211	2,015,211	0	2,015,211
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		435	435		435		435
b. Transportation			0		0		0
c. Depreciation - Mental Health Equipment			0		0		0
d. Professional Liability Insurance		11,393	11,393		11,393		11,393
e. Other - Specify							
Continuing Medical Education			0	5,459	5,459		5,459
Laboratory		38,942	38,942		38,942		38,942
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	50,770	50,770	5,459	56,229	0	56,229
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	0	50,770	50,770	2,020,670	2,071,440	0	2,071,440
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	-	284,965	284,965	4,513,495	4,798,460	-	4,798,460

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: Wheeler Clinic Inc		

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
G. OVERHEAD - FACILITY COST							
a. Rent		1,697,488	1,697,488		1,697,488	(6,172)	1,691,316
b. Insurance		224,262	224,262		224,262		224,262
c. Interest on Mortgage or Loans		34,246	34,246		34,246	(34,246)	0
d. Utilities		634,788	634,788		634,788		634,788
e. Depreciation - Building		1,335,808	1,335,808	(569,860)	765,948		765,948
f. Depreciation - Equipment			0	1,749	1,749		1,749
g. Housekeeping & Maintenance		1,727,096	1,727,096		1,727,096		1,727,096
h. Other (Specify)							
Property Tax		98,577	98,577		98,577		98,577
Minor Equipment		509,832	509,832		509,832		509,832
			0		0		0
			0		0		0
			0		0		0
i. Subtotal Overhead - Facility Cost	0	6,262,097	6,262,097	(568,111)	5,693,986	(40,418)	5,653,568
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	43,293,860		43,293,860	(18,508,967)	24,784,893	(20,000)	24,764,893
b. Depreciation - Office Equipment			0	568,111	568,111		568,111
c. Office Supplies		671,980	671,980		671,980	(13,028)	658,952
d. Legal		48,621	48,621		48,621		48,621
e. Accounting		96,655	96,655		96,655		96,655
f. Insurance		116,233	116,233		116,233		116,233
g. Telephone		815,048	815,048		815,048		815,048
h. Advertising-Help Wanted		747,324	747,324		747,324	(641,616)	105,708
i. Interest - Capital Loans			0		0		0
j. Other (Specify)							
Travel & Seminar		835,638	835,638	12,147	847,785		847,785
Miscellaneous		934,851	934,851		934,851	(52,463)	882,388
Contracted Services		1,718,001	1,718,001		1,718,001		1,718,001
Fringe Benefits & Payroll Taxes		10,728,109	10,728,109	(10,728,109)	0		0
Recruiting, Dues Licenses		323,348	323,348		323,348		323,348
k. Subtotal Overhead - Administrative Cost	43,293,860	17,035,808	60,329,668	(28,656,818)	31,672,850	(727,107)	30,945,743
I. TOTAL OVERHEAD COST (G+Hk)	43,293,860	23,297,905	66,591,765	(29,224,929)	37,366,836	(767,525)	36,599,311
J. GRAND TOTAL COSTS² (F+I)	43,293,860	23,712,871	67,006,731	-	67,006,731	(767,525)	66,239,206
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 <u>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	Wheeler Clinic Inc	

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)				Total Employee Hours and FTEs		
		Specialty	Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE)
		I	II	III	IV	V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>		General Practitioner	125,000	1,500	1,040	0.50
A.	PHYSICIAN					
1.	<i>Please see form B4</i>					0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
6.						0.00
7.						0.00
8.						0.00
9.						0.00
10.						0.00
Total Physician Encounters, Staff Hours and FTEs			0	0	0	0.00
B.	PHYSICIAN ASSISTANT					
1.	<i>Please see form B4</i>					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>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	Wheeler Clinic Inc	

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
	I	II	III	IV	V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
C. NURSE (APRN, MIDWIFE, RN)					
1. <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 <u>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	Wheeler Clinic Inc	

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs		
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)	
	II	III	IV	V	
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>	125,000	1,500	1,040	0.50	
A. DENTIST					
1. <i>Please see form B4</i>				0.00	
2.				0.00	
3.				0.00	
4.				0.00	
5.				0.00	
Total Dentist Encounters, Staff Hours and FTEs	0	0	0	0.00	
B. DENTAL HYGIENIST					
1. <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>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	Wheeler Clinic Inc	

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs		Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>		125,000	1,500	1,040	0.50
A.	PSYCHOLOGIST				
1.	<i>Please see form B4</i>				0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Psychologist Encounters, Staff Hours and FTEs		0	0	0	0.00
B.	SOCIAL WORKER				
1.	<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 <u>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	Wheeler Clinic Inc	

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE										
SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Encounters	Employee Hours and FTEs		
			High	Low	Hires	Departures		Employee Total Hours	FTEs (2,080 hrs = 1 FTE)	
	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00	
A. HEALTH CARE PRACTITIONERS										
1. PHYSICIAN	4	514,316	132,250	9,161	1	2	4,428	2,634	1.27	
2. PHYSICIAN ASSISTANT									0.00	
3. NURSE (APRN, MIDWIFE, RN)	18	805,142	113,457	225	7	5	14,044	24,473	11.77	
4. PHYSICIAN SERVICES UNDER CONTRACT	1	2,275							0.00	
5. OTHER HEALTH PROFESSIONALS									0.00	
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00	
7. OTHER HEALTH CARE PRACTITIONERS	18	524,156	40,287	287	8	6		65,319	31.40	
Total Health Care	41	1,845,889			16	13	18,472	92,426	44.44	
B. DENTAL PRACTITIONERS										
1. DENTIST	1	102,808					520	1,440	0.69	
2. DENTAL HYGIENIST	1	62,371					433	1,575	0.76	
3. OTHER DENTAL PRACTITIONERS	1	16,836						1,013	0.49	
Total Dental	3	182,015			0	0	953	4,028	1.94	
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHIATRIST									0.00	
2. PSYCHOLOGIST	1	64,361					1,574	2,080	1.00	
3. LICENSED CLINICAL SOCIAL WORKER	14	736,387	68,936	169			11,493	15,780	7.59	
4. PSYCHIATRIC APRN									0.00	
5. OTHER MENTAL HEALTH PRACTITIONERS	46	814,266	70,244	130			24,047	45,276	21.77	
Total Mental Health	61	1,615,014			0	0	37,114	63,136	30.36	

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:	Wheeler Clinic Inc			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	4,798,460
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	24,841,435
C.	Total Direct Costs (A+B)	29,639,895
D.	Portion of Title XIX Services (A/C)	16.19%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	36,599,311
F.	Overhead Cost Applicable to Title XIX Services (DxE)	5,925,428
G.	Total Title XIX Services Cost (A+F)	10,723,888
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	3,217,166
I.	Cost Adjustment (Lower of H-F or Zero)	(2,708,262)
J.	Allowable Title XIX Overhead Cost (F+I)	3,217,166
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	2,437,660
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	289,360
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	2,071,440
	4. Total Direct Costs (K1 thru K3)	4,798,460
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	50.80%
	2. Dental Services (K2/K4)	6.03%
	3. Mental Health Services (K3/K4)	43.17%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	1,634,320
	2. Dental Services (JxL2)	193,995
	3. Mental Health Services (JxL3)	1,388,851
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	3,217,166

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:	Wheeler Clinic Inc	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER

I. Health Care Cost (Excluding Dental and Mental Health)

A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	2,437,660
B. Allowable Overhead Cost (P13 - Form C, Line M1)	1,634,320
C. Total Allowable Health Care Cost (A+B)	4,071,980
D. Encounters (P12 - Form B-4, Health Care Total)	18,472
E. Allowable Health Care Cost Per Encounter (C/D)	220.44

II. Dental

A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	289,360
B. Allowable Overhead Cost (P13 - Form C, Line M2)	193,995
C. Total Allowable Dental Cost (A+B)	483,355
D. Encounters (P12 - Form B-4, Dental Total)	953
E. Allowable Dental Cost Per Encounter (C/D)	507.19

III. Mental Health

A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	2,071,440
B. Allowable Overhead Cost (P13 - Form C, Line M3)	1,388,851
C. Total Allowable Mental Health Cost (A+B)	3,460,291
D. Encounters (P12 - Form B-4, Mental Health Total)	37,114
E. Allowable Mental Health Cost Per Encounter (C/D)	93.23

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:	Wheeler Clinic Inc	

Form E (Revenues)

REVENUES		I	II	III	IV	V
A.	Operating Revenue	Services Excluding Dental, Mental Health &	Dental	Mental Health	Other	Total (Col. I thru IV)
1.	Medicaid	2,050,967	112,816	4,377,907	0	6,541,690
2.	Private	215,409	16,290	425,183	0	656,881
3.	Medicare	233,301	501	138,655	0	372,457
4.	Patient Cash/Self Pay	40,257	6,942	190,370	0	237,568
5.	Other - Specify <u>State Probation (CSSD)</u>	2,644	0	154,270	0	156,914
6.	Total (1 thru 5)	2,542,577	136,549	5,286,385	0	7,965,511
B.	Other Revenue					
1.	Contributions	60,383	136,077	15,020	258,027	469,507
2.	Grants	1,229,808	40,505	554,721	37,621,066	39,446,100
3.	Interest					0
4.	Donations					0
5.	Other - Specify <u>In-Kind</u>				7,277	7,277
6.	Other - Specify <u>Misc-Physician Lease Agreement</u>	52,877				52,877
7.	Other - Specify <u>Misc-Misc</u>			1,700	1,680	3,380
8.	Other - Specify <u>Fundraising Events</u>				96,726	96,726
9.	Other - Specify <u>Bonding Grants</u>				466,249	466,249
10.	Other - Specify <u>Unrealized Gains/(Losses) & Invest</u>	117,423			2,783,401	2,900,824
11.	Total (1 thru 10)	1,460,491	176,582	571,441	41,234,427	43,442,941
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)					
1.	Other - Specify <u>Patient Service Revenue</u>				8,430,571	8,430,571
2.	Other - Specify <u>Tuition</u>				13,381,284	13,381,284
3.	Other - Specify <u>Evaluation, EAP & Consultation</u>				1,776,102	1,776,102
4.	Other - Specify <u>Rental Income/(Loss)</u>				661,911	661,911
5.	Other - Specify <u>Pharmacy</u>				22,610	22,610
6.	Other - Specify					0
7.	Total (1 thru 7)	0	0	0	24,272,478	24,272,478
D.	Total Revenue (A6+B11+C7)	4,003,067	313,131	5,857,826	65,506,905	75,680,929

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Form F (Grants and Cc

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)

A.	Contributions	ACTUAL
1.	Services (<i>Excluding Dental, Mental Health and Other</i>)	60,383
2.	Dental	136,077
3.	Mental Health	15,020
4.	Other - Specify <u>Temp Restricted - UKOGF</u>	18,500
	Other - Specify <u>Temp Restricted - Corsini Kitchen</u>	26,396
	Other - Specify <u>Temp Restricted - Other</u>	13,150
	Other - Specify <u>Unrestricted Contributions</u>	199,981
	Other - Specify _____	
5.	Total (1 thru 4)	469,507

B.	Grants (<i>Excluding PHS</i>)	
1.	Services (<i>Excluding Dental, Mental Health and Other</i>)	411,590
2.	Dental	24,105
3.	Mental Health	519,356
4.	Other - Specify <u>DMHAS</u>	2,990,448
	Other - Specify <u>CSSD</u>	6,849,551
	Other - Specify <u>DCF</u>	26,421,498
	Other - Specify <u>DPH</u>	48,375
	Other - Specify <u>SAMSHA</u>	119,257
	Other - Specify <u>DOC</u>	83,862
	Other - Specify <u>DSS</u>	0
	Other - Specify <u>OEC</u>	961,953
	Other - Specify <u>DDS</u>	165,216
	Other - Specify <u>Other</u>	64,640
	Other - Specify <u>DHHS/OWH</u>	97,953
5.	Total (1 thru 4)	38,757,805



Contributions)



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Form G (Cost Disallowance

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	(641,616)
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	(36,878)
9.	Amortization of goodwill	
10.	Directors fees	
11.	Contributions	
12.	Membership dues for public relations	
13.	Cost not related to patient care	
14.	Interest	(34,246)
15.	Pass through expenses	
16.	Total (1 thru 15)	
B.	Cost Offset (<i>Expense Recovery</i>)	
1.	Refunds - Medicaid Outreach	(20,000)
2.	Rent Income	(6,172)
3.	In-Kind Medical Supplies	
4.	In-Kind Dental Supplies	
5.	In-Kind Office Supplies	(7,277)
6.	In-Kind Advertising	
7.	Miscellaneous Income - Miscellaneous	(21,336)
8.	Total (1 thru 7)	
C.	Total Cost Disallowance and Offset (A16+B7)	

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and Offset)

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(712,740)

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(54,785)

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(767,524)

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