

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

**ANNUAL REPORT**  
**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)**

Date Submitted: 11/25/2020 Date Received: \_\_\_\_\_

1.	FQHC Name	<u>InterCommunity, Inc.</u>	
	Street Address	<u>800 Connecticut Blvd 4th floor</u>	
	City, State, ZIP	<u>East Hartford, CT 06108</u>	
	Telephone Number	<u>860-569-5900 ext 326</u>	
	Contact Person	<u>Lovel Cassells</u>	
	Title	<u>Finance Manager</u>	

2. FQHC Medicaid Provider Number:	3. Reporting Period:												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Medical</td> <td style="width: 20%; text-align: center;"><u>07-1911</u></td> </tr> <tr> <td>Dental</td> <td>_____</td> </tr> <tr> <td>Mental Health</td> <td style="text-align: center;"><u>07-1911</u></td> </tr> <tr> <td>Other (Specify)</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Medical	<u>07-1911</u>	Dental	_____	Mental Health	<u>07-1911</u>	Other (Specify)	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">From <u>7/1/2019</u></td> <td style="width: 50%;">To <u>6/30/2020</u></td> </tr> </table>	From <u>7/1/2019</u>	To <u>6/30/2020</u>
Medical	<u>07-1911</u>												
Dental	_____												
Mental Health	<u>07-1911</u>												
Other (Specify)	_____												
_____	_____												
From <u>7/1/2019</u>	To <u>6/30/2020</u>												

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

InterCommunity, Inc. 07-1911

(FQHC Name)

For the Reporting Period Beginning 7/1/2019 and Ending 6/30/2020 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
	Jeffrey Hughes
Title	Date
Chief Financial Officer	<u>11/25/20</u>

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Date Submitted: 11/25/2020 Date Received: \_\_\_\_\_

1.	FQHC Name	InterCommunity, Inc.		
	Street Address	800 Connecticut Blvd 4th floor		
	City, State, ZIP	East Hartford, CT 06108		
	Telephone Number	860-569-5900 ext 326		
	Contact Person	Lovel Cassells		
	Title	Finance Manager		
2.	FQHC Medicaid Provider Number:		3. Reporting Period:	
	Medical	<u>07-1911</u>	From	<u>7/1/2019</u> To <u>6/30/2020</u>
	Dental	_____		
	Mental Health	<u>07-1911</u>		
	Other (Specify)	_____		
		_____		
4.	Type of Control (Check One Only)			
	<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION			
	<input type="checkbox"/> GOVERNMENT			
	<input type="checkbox"/> STATE	<input type="checkbox"/> DISTRICT	<input type="checkbox"/> OTHER	
	<input type="checkbox"/> COUNTY	<input type="checkbox"/> CITY		
5.	FQHC Owned By:			
	<b><u>CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC</u></b>			
	I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By			
	InterCommunity, Inc. 07-1911			
	(FQHC Name)			
	For the Reporting Period Beginning 7/1/2019 and Ending 6/30/2020 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	
			Jeffrey Hughes	
	Title		Date	
	Chief Financial Officer			

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

Reporting Period: From 7/1/2019 To 6/30/2020  
FQHC Name: InterCommunity, 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.
Danilo Pangilinan	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
John Wenceslao	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Bechara Barrak	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Thomas McLarney	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Kelly Pfeiffer	828 Sullivan ave South Windsor, CT 06074	Yes	07-1911
Christina Morrissey	281 Main Street East Hartford, CT 06118	Yes	07-1911
April Bontempo	281 Main Street East Hartford, CT 06118	Yes	07-1911
Rebecca Fennessy	281 Main Street East Hartford, CT 06118	Yes	07-1911
Jill Jacomini-Duboff	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kelly Sullivan	281 Main Street East Hartford, CT 06118	Yes	07-1911
Anthony Veturis	281 Main Street East Hartford, CT 06118	Yes	07-1911
Lauren Haines	281 Main Street East Hartford, CT 06118	Yes	07-1911
Sara Migneault	281 Main Street East Hartford, CT 06118	Yes	07-1911
Vivian Allen-Carr	281 Main Street East Hartford, CT 06118	Yes	07-1911
Christie Pettossi	281 Main Street East Hartford, CT 06118	Yes	07-1911
Melissa Elek	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kathryn McLarney	281 Main Street East Hartford, CT 06118	Yes	07-1911
Lindsay Potterton	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Alexandra Solomon	281 Main Street East Hartford, CT 06118	Yes	07-1911
Stuart Forman	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Rebecca Rickert	281 Main Street East Hartford, CT 06118	Yes	07-1911
Lauren Millerd	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kathleen Pariseau	281 Main Street East Hartford, CT 06118	Yes	07-1911
Chad McDonald	281 Main Street East Hartford, CT 06118	Yes	07-1911
Andrea Bayley	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Corey Johnston	16 Coventry Street Hartford, CT 06112	Yes	07-1911

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 FQHC Name: InterCommunity, Inc.

Andrew Halpern	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Sara Messier-Smith	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Richard Amaral	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kathryn Calvin	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kaitlin Schmidt	281 Main Street East Hartford, CT 06118	Yes	07-1911
Zoey Walker	281 Main Street East Hartford, CT 06118	Yes	07-1911
Cassandra Shepard	281 Main Street East Hartford, CT 06118	Yes	07-1911
Allisia Green	281 Main Street East Hartford, CT 06118	Yes	07-1911
Sonya Harris	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Vallerie Hibbert	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Ann Price	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Usman Ramzan	281 Main Street East Hartford, CT 06118	Yes	07-1911
Salome Tsursumia	281 Main Street East Hartford, CT 06118	Yes	07-1911
Raymond Morris	281 Main Street East Hartford, CT 06118	Yes	07-1911
Crystalynn De La Cruz	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kerri Miller	281 Main Street East Hartford, CT 06118	Yes	07-1911
Kimberly Mishriky	281 Main Street East Hartford, CT 06118	Yes	07-1911
Syrma Middlebrook	281 Main Street East Hartford, CT 06118	Yes	07-1911
Michael Paglione	281 Main Street East Hartford, CT 06118	Yes	07-1911
Jessica Perkins	281 Main Street East Hartford, CT 06118	Yes	07-1911

**8. Related Parties:** Related party information is reported on the following, which accompanies this cost report submission:

**Select One:**

C. Not applicable. The FQHC does not have any related party individuals or organizations.





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

Reporting Period:

From 7/1/2019

To 6/30/2020

FQHC Name: InterCommunity, Inc.

Form A-3 (Direct Mental 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
<b>C. DIRECT MENTAL HEALTH CARE COST</b>							
<b>1. Staff Cost</b>							
a. Psychologist	239,323	74,234	313,557		313,557		313,557
b. Social Worker							
c. Other - Specify							
<b>d. Subtotal Direct Mental Health Care Cost</b>	<b>239,323</b>	<b>74,234</b>	<b>313,557</b>	<b>0</b>	<b>313,557</b>	<b>0</b>	<b>313,557</b>
<b>Z. Other Direct Mental Health Care Cost</b>							
a. Medical Supplies							
b. Transportation							
c. Depreciation - Mental Health Equipment							
d. Professional Liability Insurance							
e. Other - Specify							
<b>f. Subtotal Other Direct Mental Health Care Cost</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d &amp; 2f)</b>	<b>239,323</b>	<b>74,234</b>	<b>313,557</b>	<b>0</b>	<b>313,557</b>	<b>0</b>	<b>313,557</b>
<b>D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES</b>	<b>2,929,789</b>	<b>1,362,473</b>	<b>4,292,262</b>	<b>(355,041)</b>	<b>3,837,221</b>	<b>-</b>	<b>3,937,221</b>







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

Reporting Period: From 7/1/2019 To 6/30/2020  
 FQHC Name: InterCommunity, Inc.

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs		
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V	
<i>Provide itemized de-identified list (e.g., Physician 1)</i>						
<b>A. PHYSICIAN</b>						
1. Danilo Pangilinan	MD	53,140	2,180	535	0.26	
2. John Wenceslao	MD	48,252	747	1,050	0.50	
3. Bechara Barrak	MD	48,987	796	1,051	0.51	
4. Thomas McLarney	MD	7,200	0	60	0.03	
5. Raymond Morris	MD	109,766	1,974	990	0.48	
6. Ann Price	MD	222,095	494	1,851	0.89	
7. Stuart Forman	MD	97,707	494	978	0.47	
8. Chad McDonald	MD	254,050	2,689	2,249	1.08	
9. Usman Ramzan	MD	73,257	931	924	0.44	
<b>Total Physician Encounters, Staff Hours and FTEs</b>		<b>914,454</b>	<b>10,305</b>	<b>9,688</b>	<b>4.66</b>	
<b>B. PHYSICIAN ASSISTANT</b>						
1.					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
<b>Total Physician Assistant Encounters, Hours and FTEs</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	

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FQHC Name:	InterCommunity, Inc.	

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

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

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Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	InterCommunity, 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 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
<b>A. PSYCHOLOGIST</b>				
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
<b>Total Psychologist Encounters, Staff Hours and FTEs</b>	0	0	0	0.00
<b>B. SOCIAL WORKER</b>				
1. Crystalynn Dela Cruz	54,378	861	1,610	0.77
2. Allisia Green	47,104	840	1,499	0.72
3. Micheal Paglione	49,507	641	1,963	0.94
4. Kerri Miller	8,607	0	320	0.00
5. Jessica Perkins	34,226	686	1,422	0.68
6. Rebecca Ricket	16,462	705	705	0.34
7. Kimberly Mishriky	54,473	707	1,978	0.95
8. Andrea Bayley	55,000	2,278	2,080	1.00
9. Kathryn Calvin	71,676	1,250	2,080	1.00
10. Brian Cardona	60,000	2,639	2,080	1.00
11. Vivian Carr-Allen	60,000	1,561	2,080	1.00
12. Kayla Cortes	45,000	711	1,040	0.50
13. Jonathan Cuebas	50,000	1,127	2,080	1.00
14. Zaida Dougherty	61,000	758	2,080	1.00
15. Melissa Elek	45,000	681	1,040	0.50
16. Sherie Etienne	49,920	850	2,080	1.00
17. Miguel Falcon	45,000	254	1,040	0.50
18. Keshia Francis	53,000	264	2,080	1.00
19. Adriana Gabarron	60,000	563	2,080	1.00
20. Kathryn Mclarney	65,000	2,059	2,088	1.00
21. Lauren Millerd	45,000	805	1,050	0.50
22. Penelope Ramirez	60,000	373	2,080	1.00
23. Holly Rozanski	52,000	235	2,080	1.00
24. Mary Salustri	60,000	1,197	2,080	1.00
25. Marah Savic	45,000	802	2,080	1.00
26. Alexandra Solomon	50,000	933	1,200	0.58
27. Rachel Mckenzie	55,000	483	2,080	1.00
28. Michael Marreo	60,000	1,240	2,080	1.00
29. Margaret Kirkpatrick	65,000	397	800	0.38
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Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name: <u>InterCommunity, Inc.</u>		

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)
31				
<b>Total Social Worker Encounters, Hours and FTEs</b>	1,477,354	25,900	48,955	23

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FQHC Name:	InterCommunity, 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)
<b>C. OTHER MENTAL HEALTH PRACTITIONER</b>				
1.				
2.				
3.				
4.				0.00
5.				0.00
<b>Total Other Mental Health Practitioner Encounters, Hours and FTEs</b>	0	0	0	0.00

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Reporting Period:	From	7/1/2019	To	6/30/2020
FQHC Name:	InterCommunity, 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)	
Provide itemized de-identified list (e.g., Physician 1)	I	II	III	IV	V	
C. NURSE (APRN, MIDWIFE, RN)	General Practitioner	125,000	1,500	1,040	0.50	
1. Maria Banevicius	APRN	120,890	2,861	1,735	0.83	
2. Jill Jacomini-Duboff	APRN	39,963	1	416	0.20	
3. Kaitlin Schmidt	APRN	140,738	1	2,122	1.02	
4. Zoey Walker	APRN	117,853	1	2,043	0.98	
5. Kelly Pfeifer	APRN	38,343	30	665	0.32	
6. Lauren Haines	APRN	105,656	796	1,998	0.96	
7. Syma Middlebrook	APRN	110,465	637	1,998	0.96	
8. Sara Migneault	APRN	15,021	11	417	0.20	
9. April Bontempo	APRN	18,640	362	431	0.21	
10. Kelly Sullivan	APRN	36,944	854	641	0.31	
11. Anthony Veturis	APRN	13,196	326	281	0.14	
12. Sonya Harris	APRN	114,676	3,072	1,988	0.96	
13. Vailene Hibbert	APRN	114,472	2,800	1,985	0.95	
14. Christie Petrossi	APRN	13,846	0	240	0.12	
15. Salome Tsursumia	APRN	29,481	0	511	0.25	
16. Erik Carlson	RN	46,991	27	1,516	0.73	
17. Tamesha Drew	RN	64,417	27	2,148	1.03	
18. Sharon Fong	RN	27,943	6	416	0.20	
19. Ana Perez	RN	62,339	7	2,078	1.00	
20. Maylie Ponce	RN	56,609	14	1,887	0.91	
21. Susan Stanavage	RN	27,862	3	845	0.41	
22.						
23.						
24.						

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Reporting Period: From 7/1/2019 To 6/30/2020  
 FQHC Name: InterCommunity, 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)
Total Nurse Practitioner		1,316,346	11,836	26,361	12.69
<b>D. PHYSICIAN SERVICES UNDER CONTRACT</b>					
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Services Under Contract		0	0	0	0.00
<b>E. OTHER HEALTH CARE PRACTITIONER</b>					
1. Abby Reichardt	LPN	65,830	26	2,282	1.10
2.					0.00
Total Other Health Care Practitioner		65,830	26	2,282	1.10



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 FQHC Name: InterCommunity, 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 I	Total Compensation II	Compensation Range			Turnover			Encounters VII	Employee Hours and FTEs		
			High III	Low IV	100,000	Hires V	Departures VI	1		Employee Total Hours VIII	FTEs (2,080 hrs = 1 FTE) IX	
<b>A. HEALTH CARE PRACTITIONERS</b>	<b>4</b>	<b>500,000</b>	<b>150,000</b>	<b>100,000</b>	<b>100,000</b>	<b>2</b>	<b>1</b>	<b>10,000</b>	<b>8,320</b>	<b>4.00</b>		
1. PHYSICIAN	9	913,719	2	7	2	2	1	10,305	5	0.00		
2. PHYSICIAN ASSISTANT										0.00		
3. NURSE (APRN, MIDWIFE, RN)	21	1,316,346	0	21	5	9	11,836	26,361	12.67			
4. PHYSICIAN SERVICES UNDER CONTRACT										0.00		
5. OTHER HEALTH PROFESSIONALS	1	65,830	0	1	1	1	26	478	0.23			
6. OTHER ALLIED HEALTH PROFESSIONALS										0.00		
7. OTHER HEALTH CARE PRACTITIONERS										0.00		
<b>Total Health Care</b>	<b>31</b>	<b>2,295,895</b>			<b>8</b>	<b>11</b>	<b>22,167</b>	<b>26,844</b>	<b>12.90</b>			
<b>B. DENTAL PRACTITIONERS</b>												
1. DENTIST										0.00		
2. DENTAL HYGIENIST										0.00		
3. OTHER DENTAL PRACTITIONERS										0.00		
<b>Total Dental</b>	<b>0</b>	<b>0</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>		

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

Reporting Period: From 7/1/2019 To 6/30/2020

FQHC Name: InterCommunity, Inc.

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

**SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE**

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Compensation Range		Turnover		Employee Hours and FTEs		
		Total Compensation	High	Low	Hires	Departures	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
<b>C. MENTAL HEALTH PRACTITIONERS</b>								
1. PSYCHIATRIST								0.00
2. PSYCHOLOGIST								0.00
3. LICENSED CLINICAL SOCIAL WORKER	29	1,477,354	0	29	4	4	10,346	21.34
4. PSYCHIATRIC APRN								0.00
5. OTHER MENTAL HEALTH PRACTITIONERS								0.00
<b>Total Mental Health</b>	<b>29</b>	<b>1,477,354</b>			<b>4</b>	<b>4</b>	<b>10,346</b>	<b>21.34</b>

STATE OF CONNECTICUT  
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Reporting Period:	From	7/1/2019	To	6/30/2020
FQHC Name:	InterCommunity, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	3,937,221
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	3,937,221
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	1,845,080
F.	Overhead Cost Applicable to Title XIX Services (DxE)	1,845,080
G.	Total Title XIX Services Cost (A+F)	5,782,301
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	1,734,690
I.	Cost Adjustment (Lower of H-F or Zero)	(110,390)
J.	Allowable Title XIX Overhead Cost (F+I)	1,734,690
K.	<b>Direct Costs</b>	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	3,623,664
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	-
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	313,557
	4. Total Direct Costs (K1 thru K3)	3,937,221
L.	<b>Direct Costs as a % of Total</b>	
	1. Health Care Services (K1/K4)	92.04%
	2. Dental Services (K2/K4)	0.00%
	3. Mental Health Services (K3/K4)	7.96%
M.	<b>Allocated Allowable Overhead Cost</b>	
	1. Health Care Services (JxL1)	1,596,609
	2. Dental Services (JxL2)	-
	3. Mental Health Services (JxL3)	138,081
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	1,734,690

STATE OF CONNECTICUT  
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Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	InterCommunity, Inc.	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
<b>I. Health Care Cost (Excluding Dental and Mental Health)</b>	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	3,623,664
B. Allowable Overhead Cost (P13 - Form C, Line M1)	1,596,609
C. Total Allowable Health Care Cost (A+B)	5,220,273
D. Encounters (P12 - Form B-4, Health Care Total)	22,167
E. Allowable Health Care Cost Per Encounter (C/D)	235.50
<b>II. Dental</b>	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	-
B. Allowable Overhead Cost (P13 - Form C, Line M2)	-
C. Total Allowable Dental Cost (A+B)	-
D. Encounters (P12 - Form B-4, Dental Total)	-
E. Allowable Dental Cost Per Encounter (C/D)	#DIV/0!
<b>III. Mental Health</b>	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	313,557
B. Allowable Overhead Cost (P13 - Form C, Line M3)	138,081
C. Total Allowable Mental Health Cost (A+B)	451,638
D. Encounters (P12 - Form B-4, Mental Health Total)	10,346
E. Allowable Mental Health Cost Per Encounter (C/D)	43.65

STATE OF CONNECTICUT  
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2019 To 6/30/2020  
 FQHC Name: InterCommunity, Inc.

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health & Mental Health	Dental	Mental Health	Other	Total (Col. I thru IV)
<b>A. Operating Revenue</b>						
1. Medicaid		5,406,247		2,506,300		7,912,546
2. Private		481,865		284,047		765,912
3. Medicare		530,272		366,374		896,646
4. Patient Cash/Self Pay		51,148				51,148
5. Other - Specify						0
6. Total (1 thru 5)		6,469,531	0	3,156,721	0	9,626,251
<b>B. Other Revenue</b>						
1. Contributions						0
2. Grants					10,000	10,000
3. Interest						0
4. Donations						0
5. Other - Specify	State Bond Funds				50,871	50,871
6. Other - Specify						0
7. Other - Specify						0
8. Other - Specify						0
9. Other - Specify						0
10. Other - Specify						0
11. Total (1 thru 10)		0	0	0	60,871	60,871
<b>C. Other Revenue (Include revenue generated by non-approved FQHC sites)</b>						
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
<b>D. Total Revenue (A6+B11+C7)</b>		6,469,531	0	3,156,721	60,871	9,687,122

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

Reporting Period:	From	7/1/2019	To	6/30/2020
FQHC Name:	InterCommunity, 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 <span style="margin-left: 100px;">Covid 19 Relief</span> _____	10,000
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	10,000

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

Reporting Period:	From	7/1/2019	To	6/30/2020
FQHC Name:	InterCommunity, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET																																	
<b>A.</b>	<b>Cost Disallowance</b>																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Entertainment</td><td></td></tr> <tr><td>2. Fines and penalties</td><td></td></tr> <tr><td>3. Bad debt</td><td></td></tr> <tr><td>4. Cost of actions to collect receivables</td><td></td></tr> <tr><td>5. Advertising, except for recruitment of personnel</td><td></td></tr> <tr><td>6. Contingent reserves</td><td></td></tr> <tr><td>7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner</td><td></td></tr> <tr><td>8. Fundraising</td><td></td></tr> <tr><td>9. Amortization of goodwill</td><td></td></tr> <tr><td>10. Directors fees</td><td></td></tr> <tr><td>11. Contributions</td><td></td></tr> <tr><td>12. Membership dues for public relations</td><td></td></tr> <tr><td>13. Cost not related to patient care</td><td></td></tr> <tr><td>14. Interest</td><td></td></tr> <tr><td>15. Pass through expenses</td><td></td></tr> <tr><td>16. Total (1 thru 15)</td><td style="text-align: right;">0</td></tr> </table>	1. Entertainment		2. Fines and penalties		3. Bad debt		4. Cost of actions to collect receivables		5. Advertising, except for recruitment of personnel		6. Contingent reserves		7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner		8. Fundraising		9. Amortization of goodwill		10. Directors fees		11. Contributions		12. Membership dues for public relations		13. Cost not related to patient care		14. Interest		15. Pass through expenses		16. Total (1 thru 15)	0
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16. Total (1 thru 15)	0																																
<b>B.</b>	<b>Cost Offset (Expense Recovery)</b>																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Refunds - Medicaid Outreach</td><td></td></tr> <tr><td>2. Rent Income</td><td></td></tr> <tr><td>3. In-Kind Medical Supplies</td><td></td></tr> <tr><td>4. In-Kind Dental Supplies</td><td></td></tr> <tr><td>5. In-Kind Computer Supplies</td><td></td></tr> <tr><td>6. In-Kind Advertising</td><td></td></tr> <tr><td>7. Total (1 thru 6)</td><td style="text-align: right;">0</td></tr> </table>	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																		
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6. In-Kind Advertising																																	
7. Total (1 thru 6)	0																																
<b>C.</b>	<b>Total Cost Disallowance and Offset (A16+B7)</b>																																
	0																																