

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: 11/23/2021 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
	Contact Person	Gregory Pike
	Title	Controller

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical <u>07-1911</u>	From <u>7/1/2020</u> To <u>6/30/2021</u>
Dental _____	
Mental Health <u>07-1911</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

InterCommunity, Inc. 07-1911

(FQHC Name)

For the Reporting Period Beginning 7/1/2020 and Ending 6/30/2021 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>11/23/21</u>

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Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
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
Sara Messier-Smith	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

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Lawrence Maria	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Andrew Halpern	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Jessica Perkins	281 Main Street East Hartford, CT 06118	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

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 7/1/2020 To 6/30/2021

FQHC Name: InterCommunity, Inc.

Form A-1 (Direct Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER							
DIRECT HEALTH CARE COST (Excluding Dental, Mental Health & Other)							
	I	II	III	IV	V	VI	VII
	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
1. Staff Cost							
a. Physician	505,081	156,575	661,656		661,656		661,656
b. Physician Assistant							
c. Nurse (APRN, Midwife, RN)	1,236,165	383,211	1,619,376		1,619,376		1,619,376
d. Other - Specify							
Medical Assistant	474,815	147,193	622,007		622,007		622,007
Care Coordinator	323,441	102,639	426,080		426,080		426,080
LPN	71,936	22,300	94,236		94,236		94,236
e. Subtotal Direct Health Care Cost	2,611,438	811,918	3,423,356	0	3,423,356	0	3,423,356
2. Other Direct Health Care Cost							
a. Medical Supplies		27,132	27,132		27,132		27,132
b. Transportation		53	53		53		53
c. Depreciation - Medical Equipment		34,002	34,002	(34,002)	0		0
d. Professional Liability Insurance		63,672	63,672	(63,672)	0		0
e. Laboratory							
f. Radiology							
g. Physician-Administered Drugs							
h. Other - Specify							
Operations, Maintenance		117,258	117,258		117,258		117,258
Janitorial Expense		621	621		621		621
Depreciation- Building		73,293	73,293	(73,293)	0		0
E.H.R./Computer Expense		178,724	178,724	(178,724)	0		0
Misc. Expenses		63,672	63,672	(63,672)	0		0
1. Subtotal Other Direct Health Care Cost	0	558,428	558,428	(413,364)	145,064	0	145,064
3. TOTAL DIRECT HEALTH CARE COST (1e & 2l)	2,611,438	1,370,346	3,981,784	(413,364)	3,568,421	0	3,568,421

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2020 To 6/30/2021
 FQHC Name: InterCommunity, Inc.

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance	Adjustments Increase (Decrease)	Net Expenses
	I	II	III	IV	V (Col 3 & 4)	VI	VII (Col 5 & 6)
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist			0		0		0
b. Dental Hygienist			0		0		0
c. Other - Specify			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Dental Care Cost	0	0	0	0	0	0	0
2 Other Direct Dental Care Cost							
a. Dental Supplies			0		0		0
b. Transportation			0		0		0
c. Depreciation - Dental Equipment			0		0		0
d. Professional Liability Insurance			0		0		0
e. Other - Specify			0		0		0
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Dental Care Cost	0	0	0	0	0	0	0
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	0	0	0	0	0	0	0

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Reporting Period: From 7/1/2020 To 6/30/2021

FQHC Name: InterCommunity, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	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)
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	681,285	199,658	880,943		880,943	0	880,943
b. Social Worker							
c. Other - Specify							
d. Subtotal Direct Mental Health Care Cost	681,285	199,658	880,943	0	880,943	0	880,943
2. Other Direct Mental Health Care Cost							
a. Medical Supplies							
b. Transportation							
c. Depreciation - Mental Health Equipment							
d. Professional Liability Insurance							
e. Other - Specify							
f. Subtotal Other Direct Mental Health Care Cost	0	0	0	0	0	0	0
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)							
	681,285	199,658	880,943	0	880,943	0	880,943
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES							
	3,292,723	1,570,004	4,862,727	(413,364)	4,449,364	-	4,449,364

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2020 To 6/30/2021

FQHC Name: InterCommunity, Inc.

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

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	NON-ALLOWABLE DIRECT OTHER SERVICE COST						Net Expenses (Col 5 & 6) VII
	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service							
a. Clinical Diagnostic Lab			0		0		0
b. Radiology			0		0		0
c. Prescription Drugs/Pharmacy			0		0		0
d. Battered Women			0		0		0
e. Homeless			0		0		0
f. WIC			0		0		0
g. Non-FQHC Sites			0		0		0
h. Other - Specify			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	3,292,723	1,570,004	4,862,727	(413,364)	4,449,364	0	0
F. TOTAL DIRECT COST (D+E1)			4,862,727	(413,364)	4,449,364		4,449,364

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Reporting Period: From 7/1/2020 To 6/30/2021
 FQHC Name: InterCommunity, Inc.

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES						
I	II	III	IV	V	VI	VII
Salaries 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	14,961	14,961		14,961		14,961
b. Insurance			63,040	63,040		63,040
c. Interest on Mortgage or Loans				0		0
d. Utilities	45,201	45,201		45,201		45,201
e. Depreciation - Building			73,293	73,293		73,293
f. Depreciation - Equipment			34,002	34,002		34,002
g. Housekeeping & Maintenance				0		0
h. Other (Specify) E, H, R/ Computer	0		178,724	178,724		178,724
				0		0
				0		0
				0		0
				0		0
L. Subtotal Overhead - Facility Cost	60,162	60,162	349,060	409,222	0	409,222
H. OVERHEAD - ADMINISTRATIVE COST						
a. Office Salaries				0		0
b. Depreciation - Office Equipment				0		0
c. Office Supplies			32,818	32,818		32,818
d. Legal				0		0
e. Accounting				0		0
f. Insurance	33,035	33,035		33,035		33,035
g. Telephone	16,800	16,800		16,800		16,800
h. Advertising-Help Wanted				0		0
i. Interest - Capital Loans				0		0
j. Other (Specify)				0		0
Staff Travel			1,185	1,185		1,185
Miscellaneous Expenses			63,672	63,672		63,672
Education and Training			9,722	9,722		9,722
Clinical Allocations	373,341	373,341		373,341		373,341
Admin Allocation	1,059,742	1,059,742		1,059,742		1,059,742
k. Subtotal Overhead - Administrative Cost	1,482,918	1,482,918	107,398	1,590,316	0	1,590,316
l. TOTAL OVERHEAD COST (G+H-K)	1,543,080	1,543,080	456,458	1,999,538	-	1,999,538
J. GRAND TOTAL COSTS* (F+I)	3,292,723	6,405,808	43,094	6,448,902	-	6,448,902

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

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2020 To 6/30/2021
 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>		General Practitioner	125,000	1,500	1,040	0.50
A. PHYSICIAN						
1.	Danilo Panglilan	MD	52,015	2,667	523	0.25
2.	John Wenceslao	MD	47,434	900	1,033	0.50
3.	Bechara Barrak	MD	46,466	962	1,012	0.49
4.	Thomas McLarney	MD	7,850		2,093	1.01
5.	Ann Price	MD	15,350	25	128	0.06
6.	Stuart Forman	MD	91,038	970	910	0.44
7.	Chad McDonald	MD	229,842	394	2,034	0.98
8.	Raymond Morris	MD	15,087	203	136	0.07
9.						
Total Physician Encounters, Staff Hours and FTEs			505,081	6,121	7,870	3.80
B. PHYSICIAN ASSISTANT						
1.						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

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)		Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
					Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>		General Practitioner	125,000	1,500	1,040	0.50
C.	NURSE (APRN, MIDWIFE, RN)					
1.	Dorothy Carvalho	APRN	37,596	417	680	0.33
2.	Jill Jacomini-Duboff	APRN	35,705	639	1,984	0.95
3.	Kaitlin Schmidt	APRN	130,716	2,164	1,970	0.95
4.	Zoey Walker	APRN	122,958	2,509	2,131	1.02
5.	Kelly Pfeifer	APRN	23,408	816	1,014	0.49
6.	Lauren Haines	APRN	50,798	600	961	0.46
7.	Syrma Middlebrook	APRN	68,421	704	1,238	0.59
8.	Benda Kenny	APRN	19,996	0	645	0.31
9.	April Bontempo	APRN	69,821	10,030	1,614	0.78
10.	Caitlin Putnam	APRN	64,554	2,665	1,279	0.61
11.	Anthony Veturis	APRN	102,094	5,786	1,931	0.93
12.	Sonya Harris	APRN	112,272	8,444	1,946	0.94
13.	Vallerie Hibbert	APRN	120,662	5,234	2,091	1.01
14.	Kathleen Sheehan	RN	33,964	0	999	0.48
15.	Rosamaria Flegert	RN	21,753	0	1,208	0.58
16.	Nancy Gonzalez	RN	58,144	0	1,876	0.90
17.	Tamesha Drew	RN	52,450	0	1,748	0.84
18.	Sharon Fong	RN	47,879	24	905	0.44
19.	Ana Perez	RN	41,776	0	1,393	0.67
20.	Maylie Ponce	RN	4,151	0	346	0.17
21.	Rebecca Kilpatrick	RN	17,048	0	568	0.27
22.						
23.						
24.						

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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		1,236,165	40,032	28,526	13.72
D. PHYSICIAN SERVICES UNDER CONTRACT					
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
E. OTHER HEALTH CARE PRACTITIONER					
1. Abby Reichardt	LPN	59,621		2,067	0.99
2. Barry Folland	LPN	56,160		456	0.22
Total Other Health Care Practitioner		115,781	0	2,523	1.21

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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
A. DENTIST				
1.				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.				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.				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

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Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</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	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., Psychologist 1)</i>	125,000	1,500	1,040	0.50
A. PSYCHOLOGIST				
1.				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. Crystallynn Dela Cruz	27,048	0	1,035	0.50
2. Jahaira Jimenez	29,122	0	1,061	0.51
3. Alexander Pepe	42,996	0	1,626	0.78
4. Rachel Mckenzie	37,227	0	1,041	0.50
5. Alicia Morrel	23,215	420	743	0.36
6. Rebecca Ricket	25,829	0	980	0.47
7. Kimberly Mishriky	27,296	0	991	0.48
8. Andrea Bayley	50,282	2,296	1,118	0.54
9. Kathryn Calvin	32,968	1,361	957	0.46
10. Brian Cardona	27,717	2,944	588	0.28
11. Vivian Carr-Allen	31,171	0	998	0.48
12. Fellpe Hernandez	33,924	0	1,053	0.51
13. Jonathan Cuebas	2,308	0	96	0.05
14. Zaida Dougherty	57,499	686	1,812	0.87
15. Melissa Elek	18,372	848	1,118	0.54
16. Sherie Etienne	38,630	0	1,461	0.70
17. Nicole Salisbury	24,159	0	980	0.47
18. Keshia Francis	19,532	0	767	0.37
19. Kathryn Mclarney	22,768	1,799	686	0.33
20. Lauren Millerd	17,272	891	979	0.47
21. Mary Salustri	32,835	1,938	998	0.48
22. Marah Savic	8,223	461	803	0.39
23. Michael Marreo	31,719	0	1,102	0.53
24. Patricia Saltzman	19,173	215	595	0.29
25.				0.00
26.				0.00
27.				0.00
28.				0.00
29.				0.00
30.				0.00

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</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	Encounters	Total Employee Hours and FTEs	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
31				
Total Social Worker Encounters, Hours and FTEs	681,285	13,859	23,588	11

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</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	Encounters	Total Employee Hours and FTEs	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
C. OTHER MENTAL HEALTH PRACTITIONER				
1.				
2.				
3.				
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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

Reporting Period: From 7/1/2020 To 6/30/2021

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			Employee Hours and FTEs		
			High III	Low IV		Hires V	Departures VI	Encounters VII	Employee Total Hours VIII	FTEs (2,080 hrs = 1 FTE) IX	
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000		2	1	10,000	8,320	4.00	
1. PHYSICIAN	8	505,081	1	7			2	6,121	7,870	3.78	
2. PHYSICIAN ASSISTANT										0.00	
3. NURSE (APRN, MIDWIFE, RN)	21	126,165		21		4	12	40,032	28,526	13.71	
4. PHYSICIAN SERVICES UNDER CONTRACT										0.00	
5. OTHER HEALTH PROFESSIONALS	2	115,781		2			0	0	2,523	1.21	
6. OTHER ALLIED HEALTH PROFESSIONALS										0.00	
7. OTHER HEALTH CARE PRACTITIONERS										0.00	
Total Health Care	31	747,027				4	14	46,153	38,919	18.70	
B. DENTAL PRACTITIONERS											
1. DENTIST										0.00	
2. DENTAL HYGIENIST										0.00	
3. OTHER DENTAL PRACTITIONERS										0.00	
Total Dental	0	0				0	0	0	0	0.00	

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

Reporting Period: From 7/1/2020 To 6/30/2021

FQHC Name: InterCommunity, Inc.

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE									
C.	MENTAL HEALTH PRACTITIONERS	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Employee Hours and FTEs	
				High	Low	Hires	Departures	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
1.	PSYCHIATRIST								0.00
2.	PSYCHOLOGIST								0.00
3.	LICENSED CLINICAL SOCIAL WORKER	24	681,285	0	2	3	8	13,859	11.34
4.	PSYCHIATRIC APRN								0.00
5.	OTHER MENTAL HEALTH PRACTITIONERS								0.00
Total Mental Health		24	681,285			3	8	13,859	11.34

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

Reporting Period:	From	7/1/2020	To	6/30/2021
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)	4,449,364
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	4,449,364
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	1,999,538
F.	Overhead Cost Applicable to Title XIX Services (DxE)	1,999,538
G.	Total Title XIX Services Cost (A+F)	6,448,902
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	1,934,671
I.	Cost Adjustment (Lower of H-F or Zero)	(64,867)
J.	Allowable Title XIX Overhead Cost (F+I)	1,934,671
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	3,568,421
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	-
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	880,943
	4. Total Direct Costs (K1 thru K3)	4,449,364
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	80.20%
	2. Dental Services (K2/K4)	0.00%
	3. Mental Health Services (K3/K4)	19.80%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	1,551,606
	2. Dental Services (JxL2)	-
	3. Mental Health Services (JxL3)	383,065
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	1,934,671

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name:	InterCommunity, 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)	3,568,421
B. Allowable Overhead Cost (P13 - Form C, Line M1)	1,551,606
C. Total Allowable Health Care Cost (A+B)	5,120,027
D. Encounters (P12 - Form B-4, Health Care Total)	46,153
E. Allowable Health Care Cost Per Encounter (C/D)	110.94
II. Dental	
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!
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	880,943
B. Allowable Overhead Cost (P13 - Form C, Line M3)	383,065
C. Total Allowable Mental Health Cost (A+B)	1,264,008
D. Encounters (P12 - Form B-4, Mental Health Total)	13,859
E. Allowable Mental Health Cost Per Encounter (C/D)	91.20

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

Reporting Period: From 7/1/2020 To 6/30/2021
 FQHC Name: InterCommunity, Inc.

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health &	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	6,893,701		2,506,300		9,400,000
2.	Private	702,230		284,047		986,277
3.	Medicare	724,431		366,374		1,090,805
4.	Patient Cash/Self Pay	71,884				71,884
5.	Other - Specify					0
6.	Total (1 thru 5)	8,392,247	0	3,156,721	0	11,548,967
B.	Other Revenue					
1.	Contributions					0
2.	Grants				0	0
3.	Interest					0
4.	Donations					0
5.	Other - Specify				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	50,871	50,871
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
D.	Total Revenue (A6+B11+C7)	8,392,247	0	3,156,721	50,871	11,599,838

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

Reporting Period:	From	7/1/2020	To	6/30/2021
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 _____ Covid 19 Relief	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0

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

Reporting Period:	From	7/1/2020	To	6/30/2021
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 Covid 19 Relief _____	50,000
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	50,000

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

Reporting Period:	From	7/1/2020	To	6/30/2021
FQHC Name:	InterCommunity, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET																																	
A.	Cost Disallowance																																
	<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
1. Entertainment																																	
2. Fines and penalties																																	
3. Bad debt																																	
4. Cost of actions to collect receivables																																	
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13. Cost not related to patient care																																	
14. Interest																																	
15. Pass through expenses																																	
16. Total (1 thru 15)	0																																
B.	Cost Offset (Expense Recovery)																																
	<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																		
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)																																
	0																																