

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

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: 12/27/2018 Date Received: _____

1. FQHC Name	<u>InterCommunity, Inc.</u>
Street Address	<u>111 Founders Plaza (Suite 1802)</u>
City, State, ZIP	<u>East Hartford, CT 06108</u>
Telephone Number	<u>860-569-5900</u>
Contact Person	<u>Jennifer Succi</u>
Title	<u>Director of Finance</u>

2. FQHC Medicaid Provider Number: Medical <u>07-1911</u> Dental _____ Mental Health <u>07-1911</u> Other (Specify) _____ _____	3. Reporting Period: From <u>7/1/2017</u> To <u>6/30/2018</u>
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4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER

COUNTY CITY

5. FQHC Owned By:

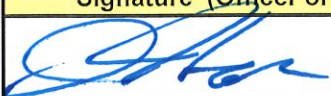
CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By

InterCommunity, Inc. 07-1911

(FQHC Name)

For the Reporting Period Beginning 7/1/2017 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
	Jeffrey Hughes
Title	Date
Chief Financial Officer	<u>12/27/18</u>

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DEPARTMENT OF SOCIAL SERVICES
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: 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
Carissa Patsky	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Anees Ahmed	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Maria Banevicius	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Renee Simone	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Nneka Mathew	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Christina Morrissey	16 Coventry Street Hartford, CT 06112; 281 Main Street East Hartford,	Yes	07-1911
Julia Frankel	281 Main Street East Hartford, CT 06118	Yes	07-1911
Jurg Oggenfuss	16 Coventry Street 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
Michael Charry	281 Main Street East Hartford, CT 06118	Yes	07-1911
Diadette Hernandez	281 Main Street East Hartford, CT 06118	Yes	07-1911
Lauren Haines	281 Main Street East Hartford, CT 06118	Yes	07-1911
Tracy Kunkel	281 Main Street East Hartford, CT 06118	Yes	07-1911
Danielle Morgan	281 Main Street East Hartford, CT 06118	Yes	07-1911
Daisy Jacob	281 Main Street East Hartford, CT 06118	Yes	07-1911
Janet Frazao-Conaci	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Susan Morton	16 Coventry Street Hartford, CT 06112	Yes	07-1911
Vivian Allen-Carr	281 Main Street East Hartford, CT 06118	Yes	07-1911
Erika Cruz	281 Main Street East Hartford, CT 06118	Yes	07-1911

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FQHC Name:	InterCommunity, Inc.	

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
Jennifer Doutre	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
Alyse Schwartz	16 Coventry Street Hartford, CT 06112	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
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
Richard Amaral	283 Main Street East Hartford, CT 06118	Yes	07-1913
Richard Amaral	284 Main Street East Hartford, CT 06118	Yes	07-1914
Richard Amaral	285 Main Street East Hartford, CT 06118	Yes	07-1915
Victoria Wasilewski	16 Coventry Street Hartford, CT 06112	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.

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

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

Form A-1 (Direct 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	
A. DIRECT HEALTH CARE COST							
1. Staff Cost							
a. Physician	270,900	73,482	344,382		344,382		344,382
b. Physician Assistant							
c. Nurse (APRN, Midwife, RN)	952,484	258,362	1,210,846		1,210,846		1,210,846
d. Other - Specify							
Medical Assistant	412,717	111,960	524,677		524,677		524,677
Care Coordinator	164,151	44,526	208,676		208,676		208,676
LPN	38,594	10,468	49,062		49,062		49,062
e. Subtotal Direct Health Care Cost	1,838,845	488,788	2,327,634	0	2,327,634	0	2,327,634
2. Other Direct Health Care Cost							
a. Medical Supplies		38,085	38,085		38,085		38,085
b. Transportation		1,559	1,559		1,559		1,559
c. Depreciation - Medical Equipment		31,083	31,083	(31,083)	0		0
d. Professional Liability Insurance		27,611	27,611	(27,611)	0		0
e. Laboratory							
f. Radiology							
g. Physician-Administered Drugs							
h. Other - Specify							
Operations, Maintenance		65,516	65,516		65,516		65,516
Janitorial Expense		11,848	11,848		11,848		11,848
Depreciation- Building		73,240	73,240	(73,240)	0		0
E.H.R/Computer Expense		227,041	227,041	(227,041)	0		0
Misc. Expenses		149,281	149,281	(113,079)	36,205		36,205
i. Subtotal Other Direct Health Care Cost	0	685,263	685,263	(472,051)	213,213	0	213,213
3. TOTAL DIRECT HEALTH CARE COST (1c & 2i)							
	1,838,845	1,184,052	3,022,897	(472,051)	2,550,846	0	2,550,846

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

FQHC Name: InterCommunity, Inc.

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. 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
			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 7/1/2017 To 6/30/2018

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
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	310,022	84,094	394,116		394,116	0	394,116
b. Social Worker							0
c. Other - Specify							0
							0
							0
							0
							0
							0
							0
							0
d. Subtotal Direct Mental Health Care Cost	310,022	84,094	394,116	0	394,116	0	394,116
2. Other Direct Mental Health Care Cost							
a. Medical Supplies			0		0		0
b. Transportation			0		0		0
c. Depreciation - Mental Health 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 Mental Health Care Cost	0	0	0	0	0	0	0
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)							
	310,022	84,094	394,116	0	394,116	0	394,116
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES							
	2,148,868	1,268,145	3,417,013	(472,051)	2,944,962	-	2,944,962

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Reporting Period: From 7/1/2017 To 6/30/2018
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						
	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							0
b. Radiology							0
c. Prescription Drugs/Pharmacy							0
d. Battered Women							0
e. Homeless							0
f. WIC							0
g. Non-FQHC Sites							0
h. Other - Specify							0
							0
							0
							0
							0
							0
							0
							0
I. Total Non-Allowable Direct Other Service Cost	0	0	0	0	0	0	0
F. TOTAL DIRECT COST (D+E+I)	2,148,868	1,268,145	3,417,013	(472,051)	2,944,962	-	2,944,962

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 FQHC Name: InterCommunity, Inc.

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES						
Form A-5 (Overhead Cost)						
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance	Net Expenses
	I	II	III	IV	V	VII
				(Decrease)	(Col 3 & 4)	(Col 5 & 6)
				VI		
G. OVERHEAD - FACILITY COST						
a. Rent			0	32,881	32,881	32,881
b. Insurance			0		0	0
c. Interest on Mortgage or Loans			0		0	0
d. Utilities		6,528	6,528		6,528	6,528
e. Depreciation - Building			0	73,240	73,240	73,240
f. Depreciation - Equipment			0	31,083	31,083	31,083
g. Housekeeping & Maintenance			0		0	0
h. Other (Specify)		233	233	227,041	227,274	227,274
				0	0	0
				0	0	0
				0	0	0
				0	0	0
i. Subtotal Overhead - Facility Cost	0	6,760	6,760	364,245	371,006	371,006
H. OVERHEAD - ADMINISTRATIVE COST						
a. Office Salaries	123,613		157,143		157,143	157,143
b. Depreciation - Office Equipment			0		0	0
c. Office Supplies			0	28,817	28,817	28,817
d. Legal			0		0	0
e. Accounting			0		0	0
f. Insurance			0		0	0
g. Telephone			0		0	0
h. Advertising-Help Wanted			0		0	0
i. Interest -Capital Loans			0		0	0
j. Other (Specify)			0		0	0
Staff Travel			0	3,426	3,426	3,426
Recruitment			0	55,601	55,601	55,601
Education and Training		2,445	2,445	9,805	12,050	12,050
Miscellaneous		120,231	120,231	10,357	130,588	130,588
Admin. Allocation		545,040	545,040		545,040	545,040
k. Subtotal Overhead - Administrative Cost	123,613	712,783	835,796	107,905	943,602	943,602
	123,613	718,944	842,557	472,051	1,314,607	1,314,607
l. TOTAL OVERHEAD COST (GI+HK)			842,557	472,051	1,314,607	1,314,607
J. GRAND TOTAL COSTS² (F+I)	2,272,480	1,987,989	4,255,570	(0)	4,259,569	4,259,569

² Reconciliation schedule is required if Line J, Column III does not agree to the Audited Financial Statements

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty 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>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>	
A. PHYSICIAN						
1. Danilo Pangliinan	MD	124,576	1,910	2,080	1.00	
2. John Wenceslao	MD	46,456	803	264	0.13	
3. Bechara Barrak	MD	45,927	839	261	0.13	
4. Thomas McLarney	MD	6,951	0	46	0.02	
5. Anees Ahmed	MD	46,990	80	308	0.15	
6. Carlissa Patsky	MD	0	21	0	0.00	
7.					0.00	
8.					0.00	
9.					0.00	
10.					0.00	
Total Physician Encounters, Staff Hours and FTEs		270,900	3,653	2,958	1.43	
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>	<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. Nneka Mathew	APRN	108,302	3,147	2,080	1.00	
2. Maria Banevicius	APRN	113,164	4,550	2,080	1.00	
3. Christina Morrissey	APRN	135,632	4,256	2,080	1.00	
4. Jurg Oggenfuss	APRN	35,932	507	568	0.27	
5. Julia Frankel	APRN	35,622	264	1,042	0.50	
6. Renee Simone	APRN	71,550	1,740	1,490	0.72	
7. Rebecca Fennessy	APRN	4,937	436	97	0.05	
8. Jill Jacomini-Duboff	APRN	8,358	86	75	0.04	
9. Michael Chary	APRN	27,718	176	368	0.18	
10. Diadette Hernandez	APRN	111,753	948	1,536	0.74	
11. Lauren Haines	APRN	88,682	786	1,600	0.77	
12. Tracy Kunkel	APRN	58,405	356	847	0.41	
13. Sharon Fong	RN	46,829	1	2,080	1.00	
14. Heather McGarr	RN	28,131	10	1,055	0.51	
					0.00	
					0.00	
Total Nurse Practitioner		875,016	17,263	16,998	8.19	
D. PHYSICIAN SERVICES UNDER CONTRACT						
1. Danielle Morgan	MD	29,220	103	197	0.09	
2. Daisy Jacob	APRN	4,224	4	14	0.01	
3.					0.00	
4.					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	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
5.					0.00
Total Physician Services Under Contract		33,444	107	210	0.10
E.					
1. Timothy Prevo	LPN	38,594	3	2,080	1.00
2.					0.00
Total Other Health Care Practitioner		38,594	3	2,080	1.00

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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	Encounters	Total Employee Hours and FTEs	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
			II	III
<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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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
			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. Andrea Bayley	3,606	406	104	0.05
2. Jennifer Doutre	39	16	1	0.00
3. Janet Frazao Conaci	696	126	28	0.01
4. Andrew Halpern	2,102	406	63	0.03
5. Cory Johnston	3,696	361	1,982	0.95
6. Maria Lawrence	1,955	258	47	0.00
7. Sara Messier-Smith	0	16	0	0.00
8. Susan Morton	0	4	0	0.00
9. Lindsay Potterton	413	146	8	0.00
10. Alyse Schwartz	8,610	1	294	0.14
11. Victoria Wasilewski	0	118	0	0.00
12. Michael Heaven	0	41	0	0.00
13. Richard Amaral	0	10	0	0.00
14. Kathryn Calvin	5,178	395	302	0.15
15. Brian Cardona	6,129	669	151	0.07
16. Vivian Allen Carr	11,590	586	217	0.10
17. Erika Cruz	924	107	31	0.01
18. Crystalynn De La Cruz	23,140	181	780	0.38
19. Melissa Elek	1,158	91	698	0.34
20. Jahaira Jimenez	0	2	0	0.00
21. Margaret Kirkpatrick	1,832	89	0	0.00
22. Joan Lingard	0	29	0	0.00
23. Ryan Macdonough	150	9	5	0.00
24. Kathryn McLarney	4,850	363	140	0.07
25. Kerri Miller	57,852	807	1,083	0.52
26. Lauren Millerd	110	74	2	0.00
27. Kim Mishriky	48,120	717	1,184	0.57
28. Michael Paglione	35,314	557	1,360	0.65
29. Kathleen...	0	66	0	0.00

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	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)
30.	Jessica Perkins	44,400	620	1,184	0.57
31.	Rebecca Rickert	0	83	0	0.00
32.	Mary Salustri	7,765	532	145	0.07
33.	Marah Savic	1,980	230	30	0.01
34.	Alexandra Solomon	4,828	410	94	0.05
35.	Jennifer Valva	2,078	97	104	0.05
36.					0.00
Total Social Worker Encounters, Hours and FTEs		278,513	8,623	10,035	5

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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)
C. OTHER MENTAL HEALTH PRACTITIONER				
1. Anthony Joshua	0	39	0	0.00
2. Jonathan Cuebas	2,530	285	46	0.02
3. Cassidy Lund	0	66	0	0.00
4. Tricia Orozco	69,904	3	2,080	1.00
5. Zachary Stephenson	3,895	369	90	0.04
Total Other Mental Health Practitioner Encounters, Hours and FTEs	76,330	762	2,216	1.06

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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

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	Departures VI	Hires V	Encounters VII	Employee Total Hours VIII	FTEs (2,080 hrs = 1 FTE) IX	
	4	500,000	150,000	100,000	1	2	10,000	8,320	4.00	
A. HEALTH CARE PRACTITIONERS										
1. PHYSICIAN	6	270,900	1	5	1		3,653	2,958	1.42	
2. PHYSICIAN ASSISTANT									0.00	
3. NURSE (APRN, MIDWIFE, RN)	14	875,016	0	14	4	3	17,263	16,998	8.17	
4. PHYSICIAN SERVICES UNDER CONTRACT	2	33,444	0	2	0	2	107	210	0.10	
5. OTHER HEALTH PROFESSIONALS	1	38,594	0	1	0	0	3	2,080	1.00	
6. OTHER ALLIED HEALTH PROFESSIONALS									0.00	
7. OTHER HEALTH CARE PRACTITIONERS									0.00	
Total Health Care	23	1,217,954			5	5	21,026	22,246	10.69	

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

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Reporting Period: From 7/1/2017 To 6/30/2018
 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	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range			Turnover		Employee Hours and FTEs	
					High	Low	Departures	Hires	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)	
1.	PSYCHIATRIST										0.00
2.	PSYCHOLOGIST										0.00
3.	LICENSED CLINICAL SOCIAL WORKER		35	278,513	0	35	2	4	8,623	10,035	4.82
4.	PSYCHIATRIC APRN										0.00
5.	OTHER MENTAL HEALTH PRACTITIONERS		5	76,330	0	5	0	1	762	2,216	1.07
Total Mental Health				40	354,843		2	5	9,385	12,251	5.89

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Reporting Period:	From	7/1/2017	To	6/30/2018
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)	2,944,962
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	2,944,962
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	1,314,607
F.	Overhead Cost Applicable to Title XIX Services (DxE)	1,314,607
G.	Total Title XIX Services Cost (A+F)	4,259,569
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	1,277,871
I.	Cost Adjustment (Lower of H-F or Zero)	(36,736)
J.	Allowable Title XIX Overhead Cost (F+I)	1,277,871
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	2,550,846
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	-
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	394,116
	4. Total Direct Costs (K1 thru K3)	2,944,962
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	86.62%
	2. Dental Services (K2/K4)	0.00%
	3. Mental Health Services (K3/K4)	13.38%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	1,106,892
	2. Dental Services (JxL2)	-
	3. Mental Health Services (JxL3)	170,979
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	1,277,871

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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)	2,550,846
B. Allowable Overhead Cost (P13 - Form C, Line M1)	1,106,892
C. Total Allowable Health Care Cost (A+B)	3,657,738
D. Encounters (P12 - Form B-4, Health Care Total)	21,026
E. Allowable Health Care Cost Per Encounter (C/D)	173.96
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)	394,116
B. Allowable Overhead Cost (P13 - Form C, Line M3)	170,979
C. Total Allowable Mental Health Cost (A+B)	565,095
D. Encounters (P12 - Form B-4, Mental Health Total)	9,385
E. Allowable Mental Health Cost Per Encounter (C/D)	60.21

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

REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
	1. Medicaid	1,924,340		1,826,307		3,750,647
	2. Private	275,236				275,236
	3. Medicare	211,754				211,754
	4. Patient Cash/Self Pay					0
	5. Other - Specify					0
	6. Total (1 thru 5)	2,411,330	0	1,826,307	0	4,237,637
B.	Other Revenue					
	1. Contributions					0
	2. Grants				245,946	245,946
	3. Interest					0
	4. Donations					0
	5. Other - Specify				50,870	50,870
	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	296,816	296,816
C.	Other Revenue revenue generated by non-approved FQHC sites (Include 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)	2,411,330	0	1,826,307	296,816	4,534,453

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Reporting Period:	From	7/1/2017	To	6/30/2018
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 <u>Community Health Center Association of Connecticut</u>	152,613
	Other - Specify <u>Department of Public Health</u>	93,333
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	245,946

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FQHC Name:	InterCommunity, Inc.			

Form G (Cost Disallowance and Offset)

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
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)
B.	Cost Offset (<i>Expense Recovery</i>)
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)
C.	Total Cost Disallowance and Offset (A16+B7)