Much attention has been paid to various aspects of health reform implementation over the law’s three-year existence, but this fall finally marks “go time” for millions of uninsured Americans who will be able to enroll in affordable coverage for the first time. As a national, non-profit organization focused on maximizing the number of Americans who successfully enroll, Enroll America has been working with a myriad of diverse partners—ranging from health centers and hospitals to consumer groups, retail pharmacies, health plan, labor groups, and more—to energize and activate efforts to achieve this mission. Our research found that more than three out of four uninsured Americans lack knowledge about the new coverage options coming, so we have our work cut out for us.

Ensuring that the uninsured learn about the new coverage options and take the necessary steps to enroll will take a great deal of work, but health centers are perfectly positioned to deliver this information. Consumers trust health centers with their health care, so trusting them to provide assistance getting health coverage is a natural fit. In fact, our research also found that health care providers are among the most trusted sources of information about health insurance, with more than one-third of the uninsured reporting that they want a health care provider to help them enroll. And if these reasons aren’t compelling enough, the data tell the story in even clearer terms. In 2011 (the most recent year for which data are available), nearly one in three individuals served by Illinois health centers was uninsured. Enrolling these patients in coverage means a stronger revenue stream for health centers going forward. Illinois health centers stand to gain an average of $426 in extra revenue for each self-pay patient that gets enrolled in Medicaid (and the gains will likely be similar or greater for marketplace enrollees). Maximizing enrollment will strengthen health centers’ bottom line and ensure solid financial footing—and hence, increased ability to better meet their mission—for years to come.

So, how can health centers prepare to meet this demand in time for open enrollment, which begins October 1st? We outlined a number of ways in an issue brief published last fall, Best Practices in Outreach and Enrollment for Health Centers (available at enrollamerica.org). We talked with health centers and primary care associations from around the country, and arrived at five clear best practices: invest in outreach staff, make technology work for you, recognize everyone’s role in outreach, hold on to what you’ve got (retention), and seek resources to ensure sustainability. The brief walks through examples of how to put each of these strategies to work.

1. Our consumer research also evaluated the best messages for reaching different segments of the uninsured, and found—rather unexpectedly—that four key messages will reach most of the uninsured, regardless of their demographics or past experiences seeking coverage. We recommend that these simple messages be integrated into all in–reach and outreach work, and that all health center staff...
Ilinois Primary Health Care Association

**ORGANIZATIONAL MEMBERS**

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<td>Access Community Health Network</td>
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<td>American Indian Health Service of Chicago</td>
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<td>Near North Health Service Corporation</td>
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**IPHCA OFFICERS**

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<tr>
<td>Board Chair</td>
<td>Gordon Eggers, PA-C, MPH</td>
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<td>Board Chair-Elect</td>
<td>Henry Taylor</td>
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<td>Secretary</td>
<td>Berneice Mills-Thomas</td>
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<td>Treasurer</td>
<td>Larry McCulley</td>
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<td>Immediate Past Chair</td>
<td>Kim Mitroka</td>
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<td>Chair of Legislation &amp; Public Policy</td>
<td>Cynthia Flamm</td>
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<td>Co-Editor/Graphic Designer</td>
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**HOW TO REACH US**

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<td>(217) 541-7300</td>
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Established in 1982, the Illinois Primary Health Care Association is a nonprofit trade association of community health centers (CHCs) that proudly serves as Illinois’ sole primary care association. IPHCA is governed by an Assembly of Delegates composed of one director from each Organizational member of the Association.

The Illinois Primary Health Care Association strives to “improve the health status of medically underserved populations by fostering the provision of high-quality, comprehensive health care that is accessible, coordinated, community-directed, culturally-sensitive, and linguistically-competent.” Ultimately, IPHCA works to increase access to high-quality, cost-effective primary health care services in urban and rural populations throughout the state, regardless of an individual’s ability to pay.

**IPHCA Health Source™** is a monthly publication that provides information on a variety of topics of interest to community health centers and related organizations.
A Message from Gordon Eggers, Jr., IPHCA Board Chair

As our membership faces an unprecedented array of competitive and financial challenges, the Illinois Primary Health Care Association (IPHCA) prepares to address these ongoing hurdles. While many of these forces have the capacity to fragment community health centers (CHCs) and diminish our combined strength, the IPHCA Board of Directors and members of the Planning Committee recently gathered in St. Louis to outline the Association’s future vision during the IPHCA Strategic Planning Retreat. The Strategic Planning Retreat provided an opportunity to renew and reaffirm our most important strength and core commonality — our mission.

Many of you are aware of the AIDET acronym, and its importance as a framework to communicate with patients, their families and each other. It is especially effective as a communication tool when people are nervous, anxious or feeling vulnerable. I think it worthwhile to view AIDET from a mission perspective. Its working can celebrate our common values, and critical importance in the lives of our patients.

A – Acknowledge

“I welcome you as an honored patient to our wonderful community health center. Our staff is glad you are here. We will work hard to gain your trust.”

I – Introduce

“I am a highly trained and dedicated CHC staff member. I am part of a great team that will be taking care of you.”

D – Duration

“Our CHC will always be here to care for you and your family. You can rely on us at all times.”

E – Explanation

“Our CHC staff will provide you with respectful high quality and affordable care. We will help you in a manner that is dignified, compassionate and sensitive to your culture.”

T – Thank You

“We sincerely thank you for placing your trust in us. As your health care partner, we will be far more than just a doctor’s office. We will work hard to improve your health and well being.”

Thanks to all of you for pushing forward our mission on a daily basis, “one patient at a time.” Thanks for working together to create a great community health center system.

Sincerely yours,

Gordon Eggers, Jr.
Community Health Partnership of Illinois Celebrates Harvard Area Community Health Center Grand Opening
By Amy Garwood, Manager of Communications and Training, IPHCA

In May, Community Health Partnership of Illinois (CHP) hosted the Grand Opening of their Harvard Area Community Health Center. The ribbon cutting ceremony involved remarks from the community’s civic leaders. The event was open to all community members; including staff, patients and community partners.

“I look forward to the Health Department’s expanding relationship and collaboration with Community Health Partnership in the provision for WIC and Family Case Management services out of the Harvard Area Community Health Center. A new level of efficiency and convenience to the clients we both serve will be gained by hosting our staff with these programs” said Patrick McNulty, Public Health Administrator for McHenry County Department of Health.

CHP is a not-for-profit organization and federally qualified health center (FQHC) that provides high quality, affordable primary health care services for lower income, uninsured, and publicly insured individuals and families. The Harvard Area Community Health Center opening reflects the efforts of CHP to reach and serve a greater population within their service area. For the better part of four decades, CHP primarily served migrant and seasonal farmworkers and families. In 2008, CHP expanded their mission to serve the larger community, beginning with their medical and dental clinic in Mendota, Illinois. The Harvard Area Community Health Center is funded in part by a grant from the US Department of Health and Human Services, Bureau of Primary Health Care. CHP is partnering with McHenry County Department of Health to provide nutritional services for pregnant women, infants and young children through the WIC Program, which will be located at their new health center as well.

For more information about Community Health Partnership of Illinois visit, www.chpofil.org.

Important Points to Remember
1. More than three out of four uninsured Americans lack knowledge about the new coverage options coming.
2. Health care providers are among the most trusted sources of information about health insurance.
3. Illinois health centers stand to gain an average of $426 in extra revenue for each self-pay patient that gets enrolled in Medicaid.

Five Clear Best Practices
1. Invest in outreach staff
2. Make technology work for you
3. Recognize everyone’s role in outreach
4. Hold on to what you’ve got (retention)
5. Seek resources to ensure sustainability

For more information, check out enrollamerica.org or contact kendall@enrollamerica.org.
PCC Community Wellness Hosts Grand Re-Opening of Renovated PCC Salud Family Health Center

By Toni Bush, Director of Development, PCC Community Wellness Center

PCC Salud Family Health Center, part of the PCC Community Wellness Center network a non-profit community health centers, celebrated the grand re-opening of its newly renovated facility in May with an open house. Luis Arroyo (D), Member of the Illinois House of Representatives, 3rd District, attended and addressed the crowd who assembled to tour the facility. Arroyo voiced a clear support for PCC doctors and nurses who are doing a “heck of a job” and shared his interest in seeing PCC expand further into the neighborhood with more services and clinics.

“This amazing newly renovated facility and the dedicated staff allow PCC to make a real difference for individuals and families in a time of critical need for comprehensive services,” said Robert Urso, President & CEO, PCC Community Wellness Center. “In addition, as a result of the renovations, PCC Salud Family Health Center is expected to meet the requirements for Leadership in Energy and Environmental Design (LEED) silver certification from the U.S. Green Buildings Council.”

The renovations include: an enhanced patient waiting and registration area; renovated exam rooms, offices and restrooms; new windows, flooring, lighting, plumbing, roof, and heating and cooling system; and new building entrances with signage. Dr. Yesenia Yepez, the site’s Medical Director, spoke of how the new space reflects the beautiful work that PCC does for its patients. “This gives them a chance to feel as special as we feel about them.”

The renovations were made possible by a $691,299 capital grant PCC was awarded in 2012 from the Illinois Capital Development Board through the Community Health Center Construction Grant Program, and by a New Market Tax Credit Transaction in the amount of $1,320,000 by JP Morgan Chase Bank.

Since 2002, PCC Salud Family Health Center has served the urban population within Cook County, Illinois. The service area primarily includes four densely populated Chicago communities that surround the facility, including Belmont-Cragin, Hermosa, Humboldt Park and Logan Square.

Over fifty attendees were addressed by community member, Luz M. Sotolongo, who has been a patient of PCC Salud for nearly 10 years. “I love my people here at PCC,” said Sotolongo. “The staff always has a smile, trying to be the best they can. I know they’ll always be there.”

PCC Board Chairperson, Ron Austin, echoed similar sentiments of appreciation for PCC staff. He reminded the crowd to take the message about PCC outside to make sure everyone knows that the work that PCC is doing matters greatly to the community.

PCC Community Wellness Center is a Federally Qualified Community Health Center with the mission of improving health outcomes for the medically underserved community through the provision of quality, affordable, and accessible primary health care and support services. Anchored with family medicine, PCC is committed to serving the needs of all people in all stages of life, while continuing to specialize in the delivery of comprehensive maternal and child health services to address this unmet need in the community.

For more information about PCC Salud Family Health Center, visit www.wellness.org.
Managing Risk for Community Health Centers: Protecting Against A Retirement/Pension Plan Audit

By Mike M. Mauzy, CRPS, Wealth Strategy Associate, Retirement Plan Consultant, The FLF Investment Group, UBS Financial Services Inc.

DOL ERISA Audits on the Uptick—Be Prepared

Forewarned is forearmed. The U.S. Department of Labor (DOL) plans to substantially increase the number of Employment Retirement Income Security Act (ERISA) compliance audits it conducts this year. The DOL Employee Benefits Security Administration (EBSA) performs these audits as part of its administration and enforcement of Employee Retirement Income Security Act’s (ERISA) fiduciary, reporting, and disclosure provisions.

Retirement plan governance is rarely high on the list of priorities for most CFOs and HR professionals as most small organizations simply don’t have enough staff to dedicate much time to these types of issues. As a result, significant opportunities for errors – and thus audits – exist.

For decades, nonprofit organizations were exempt from the more grueling pension plan compliance requirements seen in the corporate world...but legislation over the last several years has reversed that trend, causing nonprofit plans to come under the regulator’s microscope like never before.

Last year the Department of Labor audited over 3,500 plans and found substantial problems with over 72% of those examined. As a result of those enforcement efforts the DOL collected a staggering $1.27 billion through plan restorations, fines and penalties while 117 individuals (plan officials, corporate officers, board members, etc.) were indicted for offenses related to their plan.

Couple that with the almost 15,000 separate reviews initiated by the IRS last year and the likelihood of a costly, disruptive, time consuming plan audit increases dramatically.

Selected for a Reason

While the IRS randomly selects retirement plans for audits, the DOL generally audits plans for a reason, although it does conduct some random audits as well. If you receive a notice from the EBSA that it has selected your plan for audit, the DOL is likely looking for something specific. The audit might be in response to complaints from plan participants or to something red flagged on your Form 5500.

What the EBSA Looks At

Generally, the EBSA notice will list documents it wants you to have available at the audit. This list may include:

- The plan document and amendments
- IRS Form 5500, together with supporting schedules and documentation, including the audit report with the accountant’s opinion and financial statements with notes for the period being audited
- Summary plan description
- Distribution forms provided to participants
- The fidelity bond for the plan required under ERISA
- A list of the plan’s investments
- The plan’s investment policy
- Minutes of meetings of the trustee or investment committee showing how investment decisions are made
- Service provider agreements and account statements
- Information about the plan’s policies with respect to the voting of proxies

If anything in the letter is unclear to you, call the EBSA and ask for clarification.

Review all the requested documents, gather supporting evidence, and organize plan records. This groundwork will prepare you to answer the auditor’s questions. Also, make the plan’s legal advisor and independent auditors aware of the audit and have them review the requested documents before meeting with the DOL. You may want your advisor and independent auditor to attend the audit (or be available to answer questions).

Audit Targets

While the EBSA does not typically disclose the purpose of an audit, some of the things an audit may focus on include:

- Timeliness of deposits of participant deferrals
- Employee compensation and eligibility for participation
- Distributions
- Payment of plan-related expenses
- Funding policy
- Investment process
- Prohibited transactions
- Accuracy of financial data reported on Form 5500
- Bonding
- Reporting and disclosure (including the new participant fee disclosures)

The Audit Process

Typically, the EBSA conducts the audit onsite. As part of the audit process, the interviewer will talk with the plan sponsor and other plan fiduciaries. Everyone should be prepared to answer any questions about the plan and its operation. However, it may be wise not to volunteer information beyond a straightforward answer to the question.

If the audit uncovers any violations, the EBSA will issue a voluntary compliance request letter. The letter informs the employer of the results of the investigation, cites pension law provisions that the DOL considers to have been violated, and asks for correction of the violation(s) through full compliance. Depending on the violation, correction may include restoring losses of plan assets and lost investment earnings.

Stay One Step Ahead

To be prepared in case the EBSA selects your plan for an ERISA audit, regularly review the plan documents the DOL is likely to request, along with pertinent information relating to plan investments and your investment policy, to make sure they comply with applicable federal pension and tax laws. Contact your UBS Financial Advisor if you’d like assistance with your review.

Continued on page 10.
Health And Wellness Collaborative Works To Expand Healthy Choices
By Christina Beatty, Director, Greater Roseland West Pullman Food Network

FreshMoves pulled into the parking lot of TCA Health, Inc. and was open for business. FreshMoves is a non-profit organization that has converted old Chicago Transit Authority buses into single aisle mobile produce markets to serve Chicago communities identified as food deserts. Staff and clients at TCA shopped on board the “big red garden on wheels” before the bus proceeded on its route throughout Altgeld and Golden Gates stopping at daycare centers, schools, undromats, and other facilities. “FreshMoves said that was the greatest response they have received from any community they’ve visited to date,” said TCA Programs Manager Mariann McGill. “We served 433 people total and actually ran out of food on the bus.” This pilot is one of several efforts to introduce more healthy food options in the Altgeld community.

In early 2012, TCA, a federally qualified health center, convened community stakeholders establishing the Health and Wellness Collaborative as part of their response to seeing greater numbers of patients struggling with obesity and obesity-related diseases.

For a year now, the Collaborative has pursued the promotion of healthy lifestyle options and access to wellness activities among the children and families of Chicago’s far south side and surrounding suburbs. Among the group’s objectives is increasing the availability and affordability of nutritious foods, particularly for the Altgeld Gardens community which is geographically isolated with limited food retail options and a 47% food insecurity rate according to Feeding America’s 2012 Map the Meal Gap study. A partnership with Top Box Foods has also grown out of the Collaborative’s efforts. Both FreshMoves and Top Box accept Link cards for payment.

Since 2006, the Greater Roseland West Pullman Food Network (GRWP) has partnered with TCA as a host site for our Pantry on Wheels (POW) program in Altgeld Gardens. POW is the Network’s mobile program providing a monthly off-thetruck style food distribution for communities with strong, identified need that lack emergency food assistance providers.

“FreshMoves bus at TCA Health, Inc.”

For more information about Greater Roseland West Pullman Food Network and their Pantry on Wheels program visit www.grwpfoodnetwork.org. For more information about FreshMoves, including an up-to-date schedule of stops for the FreshMoves bus, visit www.freshmoves.org.

IPHCA Hosts Emergency Preparedness Webinar Trainings
By Tsoetsy Harris, Emergency Preparedness Coordinator, IPHCA

Beginning in March, participants from Illinois, Arizona and California attended the four-part webinar series, “Emergency Preparedness 101: Tools of the Trade.” Through funding from the Illinois Department of Public Health Hospital Preparedness Program, Illinois Primary Health Care Association (IPHCA) worked with emergency preparedness expert, Nora O’Brien, Principal Consultant of Connect Consulting Services, to provide members with the training opportunity. O’Brien previously worked at the California Primary Care Association (CPCA) for eight years and has a Master’s degree in Public Affairs with a concentration in Disaster and Emergency Management. O’Brien was also granted Certified Emergency Manager status by the International Association of Emergency Managers.

The Emergency Preparedness 101: Tools of the Trade webinar program was designed to engage emergency preparedness coordinators in learning techniques to implement, re-think, and incorporate emergency preparedness into day-to-day operations. The webinar series also allowed community health centers (CHCs) to gain access to emergency preparedness resources.

Webinar topics focused on accessing state and local resources, coalition building, linking preparedness activities to Patient-Centered Medical Home, and operationalizing incident command in a CHC. IPHCA members can now apply the concepts they learned into their own emergency management plans and practices. By hosting these sessions, IPHCA created a convenient and affordable way for CHCs to improve the effectiveness of the health center’s response during a disaster.

“I would strongly encourage other members who are not well versed in emergency management and disaster preparedness to attend these webinars. They offer a great introduction and a plethora of information in Incident Command,” said Sam Jarvis, Emergency Preparedness Coordinator for Knox County Health Department. “For those already in the field, hearing from colleagues and their best practices is really a great characteristic of emergency management; there are no ‘trade secrets’ or ‘one-upping’ each other. Emergency management is community orientated and professionals near and far are always willing to help out and offer advice.”

For more information, contact IPHCA Emergency Preparedness Coordinator, Tsoetsy Harris, at (217) 541-7407 or tharris@iphca.org.
Key Findings in a CHC Fee Schedule Review that will Improve Revenue Capture
By Julia Gilbert, MBA, CPC, CPC-H, Managing Director, PMG Consulting, Inc.

Optimizing reimbursement is on the forefront of revenue cycle management. Have you asked yourself or your organization: are we losing revenue because your fee schedule is not up to date? Are you capturing all the charges you could? Is your fee schedule correct and current concerning CPTs, revenue codes (Medicare encounter rate), and descriptions? Do you have any deleted CPTs or terminated services still active in your fee schedule? Is your mode of charge entry (encounter form or electronic charge capture) updated and maintained? If the answer to any of these questions is “I don’t know” or “I’m not sure”; then it’s time to consider a Fee Schedule review.

The following is a list of steps you should take in order to complete a Fee Schedule review and begin to understand whether your Fee Schedule is “healthy” or needs a clean-up. Having a complete understanding of the operations of the clinical being reviewed is critical to revenue capture improvement.

1. Download and Review Your CHC Fee Schedule.

   The information downloaded should consist of at least the following:

   - CPT/HCPCS code
   - Charge Code Description
   - Charge Amount
   - Effective Date/Create Date
   - Revenue Code (Medicare encounter rate)
   - Current/YTD Volume (Units) and Revenue
   - 2 years Prior Volume (Units) and Revenue

   The downloaded Fee Schedule should be validated against a billing and coding compliance tool to check for valid CPT/HCPCS codes and Revenue Codes (if applicable). Familiarity with the services being performed in a clinical area and the associated CPT/HCPCS is critical for this part of the review.

   "Surgical procedures furnished in an RHC or FQHC by an RHC or FQHC practitioner are considered RHC and FQHC services. For RHC or FQHC services, the RHC or FQHC is paid based on its all-inclusive rate and is not subject to the Medicare global billing requirements." Medicare Benefit Manual, Chapter 13.40.4 http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf

   Other commercial payors would follow their global billing requirements. For example, in a GYN setting, you may be doing endometrial biopsies, vulvar biopsies and IUD removal/insertion procedures. These should be documented according to surgical guidelines and billed as a FQHC service where appropriate.

   Key Finding: Like the encounter form, the fee schedule and charge entry screens are not always in sync. A number of times there are outdated CPTs. The descriptions in the file should be compared to the current CPT/HCPCS manuals or downloaded descriptions from AMA and CMS. Deleted CPTs are sometimes missed from the Fee Schedule.

   Key Finding: Reviewing volumes is important for analyzing shifts in services being performed and an opportunity to clean up the fee schedule of unused charge codes.

2. Obtain copies of all encounter forms used and review against Fee Schedule download file.

   Make sure that the copies of the encounter forms are the most recent and are the ones currently being used by staff.

   Key Finding: Most often the charge codes in the fee schedule and the charge codes on the encounter form are not in sync. This is big potential for lost revenue. If the services are on the encounter form but not in the fee schedule charges are not going anywhere.

   Key Finding: Reviewing volumes is critical for identifying shifts in services being performed and an opportunity to clean up the fee schedule of unused charge codes.


   If charges are entered from an encounter form into a charge entry screen, the encounter form should be designed to flow in a logical, efficient order and be matched against charges in the charge entry screen. Strategically designing the form and screens will help with efficiency and accuracy of charges entered.

   Key Finding: Like the encounter form, the fee schedule and charge entry screens are not always in sync. A number of times, charge codes are available in the charge entry screens but are not electronically connected to the billing system. This situation also arises in physician documentation systems that are interfaced.

   Understanding your operations and the process flow from scheduling through billing is key to optimizing reimbursement. At times there are inefficiencies, miscommunications and IT disconnects which may not be apparent in day-to-day operations. It is important for revenue cycle operations to stay connected with the clinical operations putting the necessary processes in place for revenue capture and compliance updates. An annual review at the Fee Schedule level should be performed around code set changes and a complete review of each clinical area in your center should be performed at least every other year.

   For more information, visit www.gopmg.com.
Examing HRSA Requirement 4: Accessible Hours of Operation/Locations
By Amy Garwood, Manager of Communications and Training, IPHCA

Community health centers, or Federally Qualified Health Centers (FQHCs), are non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. Awarded funding from the Health Resources and Services Administration (HRSA), these health centers must operate within 19 HRSA Program Requirements.

As the demand placed on FQHCs becomes more stringent, through Meaningful Use and Health Care Reform, a summary of these 19 health center program requirements will continued to be examined in IPHCA HealthSource™. The 19 program requirements fall into one of four categories: Need, Services, Management and Finance, and Governance.

Each article will provide an in-depth look at one requirement to assist health center leaders in understanding these program requirements and preparing for compliance in future HRSA site visits. HRSA Program Requirement 4 falls into the “Service” category.

Program Requirement 4.
Accessible Hours of Operation/Locations

According to the HRSA Health Center Program Requirements, Program Requirement 4 states: “Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served.”

Health centers should consider the following questions when examining your health center to ensure you are meeting Program Requirement #4:

Are the times/hours that services are provided appropriate to ensure access for your health center’s patient population?

For example, the health center should offer some appointments after normal work hours based on input or feedback from patients.

Are the locations at which services are provided accessible to your health center’s patient population?

For example, sites are generally located in the areas where the health center’s target population lives and works.

Additional questions should be reviewed when discussing performance improvement:

1. Are there additional times your health center could be open that would increase accessibility for the population to be served?

2. Are the hours of operation posted in the appropriate languages for the population(s) served?

3. Is the internal/external signage (including exit signs) clear, properly placed, and sufficient in number?

4. Is the size of the facility adequate for the population to be served?

Next Month, IPHCA Health Source™ will feature detailed information on Program Requirement #5: After Hours Coverage.

IPHCA 2013 Annual Leadership Conference

October 2 - 4, 2013
The Abbey Resort, Fontana, Wisconsin

Wednesday through Friday, attendees of the annual conference can participate in sessions on a variety of topics including:

- Accountable Care Organization & Coordinated Care Models
- Managing Care Contracting & Its Impact on CHCs
- Meaningful Use
- FQHC Billing & Finance
- Human Resources
- Management & Leadership
- Patient Centered Medical Home
- Best Practices for Using Quality of Care Data

For more information, visit www.iphca.org.

Sponsor and Exhibitor opportunities are now available for IPHCA’s 2013 Annual Leadership Conference.
Dr. Muhammad Paracha Named Community Health Center Champion
By Katie Peterson, Graphic Designer, IPHCA

To commemorate American Association of Physicians of Indian Origin (AAPI) Heritage Month, The Association of Asian Pacific Community Health Organizations (AAPCHO) highlighted individuals who are, through big and small ways, advancing the community health center (CHC) mission. The intent is to spotlight health center staff, patients, and community members, who through their noteworthy efforts, contribute to our member health centers’ goal to provide comprehensive, affordable, culturally and linguistically appropriate health care.

Dr. Muhammad Paracha, clinic director for Asian Human Services (AHS) Family Health Center, has been there since the center consisted of only two small rooms and one volunteer physician. With dedication and hard work, supported by a dry sense of humor, Dr. Paracha has led the amazing growth of the AHS Family Health Center. Today, AHS Family Health Center is a Federally Qualified Health Center serving 7,000 patients each year, with an expansion facility opening soon.

A strong advocate for culturally and linguistically competent health care, Dr. Paracha has brought many services to the AHS Family Health Center, including complete oral health services, on-site WIC services, on-site breast and cervical cancer screenings, and outreach services to enroll eligible community members in Illinois All Kids, Medicaid and the new County Care health exchange. He is a true champion of CHCs and the communities they serve.

For more information about Asian Human Services and AHS Family Health Center, visit www.ahschicago.org.

Getting to Know Your Peers

Managing Risk for Community Health Centers, continued from page 6.

In addition, you may want to periodically conduct self-audits. If your self-audit finds problems, the DOL’s Voluntary Fiduciary Correction (VFC) Program and the IRS’s Employee Plans Compliance Resolution System (EPCRS) may offer you ways to correct the violations.

For details please contact Mike Mauzy, CRPS at (314) 746-4103 or michaelmauzy@ubs.com.

Upcoming Trainings

ICD-10: Now! How and Why
July 16, 2013

Managed Care Network Strategies Workshop
August 15, 2013

Medical & Dental Directors Leadership Training
September 6 - 7, 2013

Coming Soon
Operational Site Visit

For more information and registration, please visit www.iphca.org.
Through its Clinician Recruitment and Workforce Development Service, IPHCA provides complimentary recruitment and retention assistance to its member community health centers (CHCs) in Illinois and bordering states.

The IPHCA team is currently working to recruit for the following positions:

**Alivio Medical Center (Chicago)** - To apply for the following positions, e-mail cover letter and resume to hr@aliviomedicalcenter.org.

- Director of Finance
- Registered Nurse Team Leader

**Central Counties Health Centers (Springfield)** - To apply for the following positions, e-mail cover letter and resume to employment@centralcounties.org.

- Management Information Systems Specialist
- Patient Service Manager
- Patient Service Representative
- Pharmacy Assistant

**Crusader Community Health (Rockford)** - To apply for the following positions, e-mail cover letter and resume to hr@crusaderhealth.org.

- Health Educator
- Registered Dietitian

**Community Health Improvement Center (Decatur)** - To apply for the following position, e-mail cover letter and resume to scole@chealthctr.org.

- Chief Executive Officer

**Family Christian Health Center (Chicago)** - To apply for the following position, e-mail cover letter and resume to resumes@familychc.org.

- Senior Accountant

**Lawndale Christian Health Center (Chicago)** - To apply for the following positions, visit www.lawndale.org

- Medical Assistant
- Population Health Manager
- Quality Nurse

**Near North Health Service Corporation (Chicago)** - To apply for the following positions, send resume and cover letter to cbivens@nmh.org.

- Case Manager
- Director of Development
- Director of Operations

**PCC Community Wellness Center (Oak Park)** - To apply for the following positions, e-mail cover letter and resume to nmartorelli@pccwellness.org.

- Breastfeeding Peer Counselors
- Healthy Lifestyle Promoters

**Southern Illinois Healthcare Foundation, Inc. (East St. Louis)** - To apply for the following positions, e-mail resume and cover letter to apply2work@sihf.org.

- Accounting Assistant
- Community Outreach Worker
- EHR Trainer
- Healthy Start Case Manager
- Registered Nurse

**Will County Health Department (Joliet)** - To apply for the following position, fax cover letter and resume to Stacey Whitehead at (815) 727 - 8526 or apply online at www.willcountyhealth.org.

- Chief Executive Officer

Clinicians interested in pursuing a career in a CHC should submit a CV to Ashley Colwell, recruitment specialist, at acolwell@iphca.org or fax to (217) 541-7310. IPHCA will send job descriptions and updates directly to you as new positions become available. For more information about IPHCA's Clinician Recruitment and Workforce Development, visit www.iphca.org or call (217) 541-7309.

*Please note: These positions are in addition to those appearing below.*
Calendar

July 11, 2013
Dental Directors Mentoring Program
Illinois Primary Health Care Association
Chicago, Illinois
For more information, visit www.iphca.org.

July 16, 2013
ICD-10: Now! How and Why
IPHCA Institute for Learning
Springfield, Illinois
For more information, visit www.iphca.org.

August 11 - 17, 2013
National Health Center Week
For more information, visit www.healthcenterweek.com.

August 25 - 27, 2013
Community Health Institute & EXPO
National Association of Community Health Centers
Chicago, Illinois
For more information, visit www.nachc.com.

September 6 - 7, 2013
Medical & Dental Directors Leadership Training
IPHCA Institute for Learning
Springfield, Illinois
For more information, visit www.iphca.org.

October 2 - 4, 2013
IPHCA Annual Leadership Conference
IPHCA Institute for Learning
Springfield, Illinois
For more information, visit www.iphca.org.