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Serving Wisconsin Community Health Centers

Wisconsin Health Center Incubator Checklist

For organizations interested in becoming a Federally Qualified Community Health Center or Look-Alike

Contents

Wisconsin Primary Health Care Association

WPHCA
Serving Wisconsin Community Health Centers

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Contents

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Overview

Federally Qualified Health Centers (FQHCs)—often referred to as Community Health Centers (CHCs)—are nonprofit, community-directed health care providers serving low income and medically underserved communities. Created by Congress, the national network of community health centers provides high-quality, affordable primary and preventive care for those whom other providers do not serve, regardless of an individual's ability to pay.

In order to achieve the "federally qualified" status, CHCs must be located in or serve a high need community (designated Medically Underserved Area or Population) and must be governed by a community board composed of a majority (51 percent or more) of health center patients who represent the population served.

What are the benefits of becoming an FQHC?

There are many benefits associated with becoming a Federally Qualified Community Health Center. These benefits include:

- Federal grants to offset the costs of uncompensated care and other key enabling services (health center program grantees receive these grant funds).
- Access to free medical malpractice coverage under Federal Tort Claims Act (FTCA).
- Prospective Payment System reimbursement for services to Medicaid patients.
- Cost-based reimbursement for services to Medicare patients.
- Drug pricing discounts for pharmaceutical products under the 340B Program.
- Federal loan guarantees for capital improvements.
- Reimbursement by Medicare for "first dollar" of services because deductible is waived if FQHC is providing services.
- Access to Vaccines for Children Program for uninsured children.
- Access to National Health Service Corps (NHSC) medical, dental and mental health providers.
- National network of similar organizations committed to improving the mission.

Benefits to the community

An FQHC is a great place for the whole community to received top-quality care. Patients who are often overlooked by traditional health care systems can get the care they need. Community Health Centers improve public health outcomes and reduce the burden on hospital emergency rooms. Additionally, Community Health Centers administer needed services like free immunizations for uninsured children. Other benefits to the community include:

- A voice through the consumer majority board of directors in the operation of the community health center.
- Uninsured patients have better broader coverage options through Medicaid, CHIP and other public assistance programs.
- Lower cost care for Medicare patients, whose Medicare deductible costs are waived for FQHC-provided services.

Appling to become and FQHC

Public or private non-profit health care organization can apply for FQHC grant funding when there is an opening listed on the Healthcare Resources Services Administration (HRSA) website. An organization may apply for Look-Alike status at any time as these applications are accepted on a rolling basis. The application package includes detailed instructions, forms, and everything you need to complete the process. New FQHC grant opportunities are announced on the HRSA website and may be found on Grants.gov.

FQHC Look-Alike (LAL)

Public or private non-profit health care organization can apply to become an FQHC Look-Alike (LAL) at any time. FQHC Look-Alikes have to meet the same requirements as traditional FQHCs and are eligible for many of the same benefits. The review process takes about four months.

Look-Alikes are not eligible for:

- Federal Tort Claims Act (FTCA) medical malpractice coverage;
- Federal loan guarantees for capital improvements; and
- LALs don't automatically receive federal grant funds, but they are eligible to apply and are well-positioned to be successful.

HRSA has an LAL- specific Look-Alike website with multiple resources. The Look-Alike designation application and instructions are available on the HRSa Technical Assistance page.

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Section 330 FQHC vs FQHC LAL Support	Section 330 FQHCs	FQHC LALs
Competitive Application Process	✓	
Receive direct funding from the federal government	✓	
Located in medically underserved areas	✓	✓
Provide service regardless of patients' ability to pay	✓	✓
At least 51 percent of governing board members are patients	✓	✓
Provide a detailed scope of primary health care and enabling services	✓	✓
Enhanced Medicaid/Medicare Reimbursement	✓	✓
Access to National Health Services Corp/J-1 Visa Waiver programs	✓	✓
FTCA Coverage	✓	
340B Drug Pricing Program	✓	✓
Federal Loan Guarantee Program	✓	
Comply with BPHC Uniform Data System (UDS) and Performance Review Protocols	✓	

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Module 1: Community Organizing and Engagement

Community organizing is the capacity of a community to implement programs, policies and other changes as well as seek funding for Community Health Center development and expansion. Community organizing involves convening all appropriate stakeholders with the intent of developing a Community Health Center or expanding a current community-based clinic to serve additional populations (i.e. expanding from primary care to include dental, behavioral or pharmacy services). For more information and assistance, please visit WPHCA's website: https://www.wphca.org/page/EstablishCHC.

Define and Initiate Community Leadership	**Yes**	**No**	**N/A**
Individuals and/or organizations with an interest in addressing unmet medical, dental, or behavioral health need have been identified.			
A team of 4-6 individuals has been convened to identify the specific issues and engage other community stakeholders.			
Team members have identified their roles (i.e., meeting convener, note taker, logistics planners.)			
A primary point of contact is identified for the team.			

Clarify the Issues & Define the Community	**Yes**	**No**	**N/A**
Population(s) in need are identified- • Who are they? (i.e., uninsured, Medicaid eligible, or other targeted at-risk group such as migrant seasonal agricultural workers or people experiencing homelessness) • Where do they live? (i.e., specific geographic area) Based on current information, what unmet needs do you believe exist in this population or area?			
Key stakeholders are identified within the geographic area to be served, including any individual and/or organization that may have an interest (pro or con) in a Community Health Center. • Local health providers			

Wisconsin Community Health Center Incubator Checklist

• Neighboring CHCs • Public health and social service organizations • Faith-based community • City/County/Tribal governments School representatives			
Any barriers (historic, current, or future) to CHC development/expansion that may present during the planning effort in your community have been identified.			
Clarify the Issues & Define the Community	Yes	No	N/A
Population(s) in need are identified- • Who are they? (i.e., uninsured, Medicaid eligible, or other targeted at-risk group such as migrant seasonal agricultural workers or people experiencing homelessness) • Where do they live? (i.e., specific geographic area) Based on current information, what unmet needs do you believe exist in this population or area?			

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Conduct Informant Interviews and/or Focus Groups	Yes	No	N/A
Bring together a team of interviewers to conduct interviews and/or focus groups with a representative cross section of key stakeholders with diverse interests.			
Construct a timeline for conducting and completing interviews/focus groups that allows information gathered to remain current and relevant to the planning process.			
Notes or summaries of interviews/focus groups are distributed to all on the planning team to review in an effort to evaluate feedback.			
Evaluate the interview/focus group data and key findings, and identify themes.			

Develop Strategies for Next Steps	Yes	No	N/A
Identify any issues identified through interviews that support the need for this project.			
Identify additional barriers to this project.			
Identify any additional stakeholders interested in advancing the project and their ability/willingness to be engaged on the planning team.			
Identify any adversaries to the CHC initiative and identify strategies for informing and negotiating with them to better understand areas of common interest or opportunities to move forward together.			
Identify immediate next steps, assign individuals responsible for next steps and negotiate timelines.			

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Module 2: Organizational Development

The foundation of a successful Community Health Center is a strong non-profit organization with a clearly defined mission, sound management, strong governance and a continuous focus on results. The following items reflect the federal Health Center program requirements for Governing Boards and outline initial steps required in the development of a non-profit organization. For more information and assistance, please visit WPHCA's website: https://www.wphca.org/page/EstablishCHC.

Community Based Board of Directors	Yes	No	N/A
Consist of at least 9, but not more than 25 members.			
Maintain a majority (at least 51%) of members who are patients of the Health Center.			
Represent the diversity of the community (age, gender, race/ethnicity, expertise, community connections).			
Not have more than half of the members of the Board be individuals who derive more than 10 percent of their annual income from the health care industry.			
Not have members who are employed by the Health Center or relatives of Health Center employees.			

Draft Articles of Incorporation	Yes	No	N/A
Articles of incorporation establish the Health Center as a legal entity. Community Health Centers are generally incorporated as not-for-profit entities, which make them eligible to apply for tax-exempt status under state and federal income tax laws. Sample Articles of Incorporation at: • https://www.minnesotanonprofits.org/resources-tools/starting-a-nonprofit/incorporation-and-bylaws • https://managementhelp.org/boards/index.htm			

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Draft Mission, Vision, Bylaws	Yes	No	N/A
Bylaws provide governing rules for internal Health Center operations from defining the size and selection of the Board of Directors, the number of board meetings, how the board will operate. Sample Bylaws available at: • https://www.minnesotanonprofits.org/resources-tools/starting-a-nonprofit/incorporation-and-bylaws			

Convene an Initial Meeting of the Board	Yes	No	N/A
Approve Articles and Bylaws			
Authorize Tax-Exempt Filing			
Elect Officers			
Agree on monthly meeting schedule			
Agree on committee structure and appoint board members to committees			

Obtain Tax-Exempt Status Materials	Yes	No	N/A
Application for Recognition of Exemption: https://www.irs.gov/charities-non-profits/applying-for-tax-exempt-status For information on fees for this application: https://www.irs.gov/charities-non-profits/user-fees-for-tax-exempt-and-government-entities-division			

Wisconsin Community Health Center Incubator Checklist

File Articles of Incorporation	Yes	No	N/A
In Wisconsin, Submit Form 102-Nonstock Corporation Articles of Incorporation: https://www.wdfi.org/apps/gofr/Form/Index/5 Filing Fee: $35 For more information: http://www.wdfi.org/corporations/faqs.htm#forms			

File Application with IRS for Tax-Exempt Status	Yes	No	N/A
Submit Form 1023, Application for Recognition of Exemption: https://www.irs.gov/forms-pubs/about-form-1023 Instructions for e-filing this application: https://www.stayexempt.irs.gov/home/starting-out/overview-form-1023-e-filing-0			

Wisconsin Community Health Center Incubator Checklist

Obtain a Wisconsin Certificate of Exempt Status (CES)	Yes	No	N/A
Generally, federally exempt 501(c)(3) organizations will qualify for sales tax exemption in Wisconsin. To obtain a Certificate of Exempt Status (CES) number, the organization must submit Form S-103 (CES): https://www.revenue.wi.gov/DORForms/s-103.pdf For information visit: https://www.revenue.wi.gov/Pages/FAQS/pcs-n-profit.aspx			

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Register to the State of Wisconsin to Solicit or Receive Contributions	Yes	No	N/A
Wisconsin non-profit entities must register with the State of Wisconsin Department of Financial Institutions in order to solicit contributions or have contributions solicited on its behalf. Submit Form #296: https://www.wdfi.org/CharitableOrganizations/forms/dfi-dccs-296.pdf State of Wisconsin Department of Financial Institutions forms for non-profit organizations can be found at this website: https://www.wdfi.org/CharitableOrganizations/forms.htm For questions email: DFICharitableOrgs@wi.gov			

Strategic Planning and Organizational Work Plans and Budgets	Yes	No	N/A
Develop and obtain Board approval on strategic plan.			
Develop work plans and organizational operating budgets.			
Identify source of accounting experience.			
Establish accounting system and record-keeping procedures.			

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Fund Development	Yes	No	N/A
Develop a fundraising plan.			
Develop and submit grant proposals; initiate fund raising from individual donors.			

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Module 3: Community Health Center (Section 330) Grant Application Readiness

A successful Section 330 Community Health Center competitive grant application is necessary to become a Section 330 Community Health Center. Application submission includes organizational documents (501(c)3 status, bylaws, articles of incorporation); service area documentation; community needs assessment, health care plan, business plan, staffing plan, budget, and comprehensive narrative outlining organizational structure, leadership and community collaborations.

The health plans must address how grantees will provide primary, preventive and enabling health services (defined in section 33(b)(1)(A) of the PHS Act) and provide additional health services (defined in section 33(b)(2) of the PHS Act) as appropriate and necessary, either directly or through established written arrangements and referrals.

In addition, a competitive application will include letters of support documenting collaborations referenced in the narrative and formal memoranda of agreement documenting relationships with other community providers who will assist the health center in providing required services.

Health Center Compliance Manual: This Health Center Program Compliance Manual ("Compliance Manual") applies to all health centers that apply for or receive Federal award funds under the Health Center Program authorized by section 330 of the Public Health Service Act, as amended, as well as subrecipient organizations and Health Center Program look-alikes. Look-alikes do not receive Federal funding under section 330 of the PHS Act; however, to receive look-alike designation and associated Federal benefits, look-alikes must meet the Health Center Program requirements.
https://bphc.hrsa.gov/programrequirements/compliancemanual/introduction.html

Needs Assessment	Yes	No	N/A
Able to demonstrate and document the need of your target population based on geographic, demographic, and economic factors as well as health indices for the population and available health resources.			
Using the most recent health data for your service area to document need.			
Priority health needs are identified including, a) factors associated with access to care and health care utilization b) the most significant causes			

of morbidity and mortality c) any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care. Please list here:			
Serves in whole, or in part, a designated Medically Underserved Area or Medically Underserved Population.			
Primary service area is clearly defined by: a) the services to be provided through the center (including any satellite service sites) are available and accessible to the residents of the area b) boundaries of the area coincide to relevant boundaries of political subdivisions, school districts, and areas served by Federal and State health and social service programs c) boundaries of the area eliminate, whenever possible, barriers resulting from physical characteristics, residential patterns, economic and social groupings, and available transportation in the service area. Please describe or illustrate service area here:			
The health care plan reflects the health needs of the target population that resides within the service area.			

Required and Additional Services	**Yes**	**No**	**N/A**
Currently provides all of the required primary health services:			
1. General health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology			
2. Diagnostic laboratory and radiologic services			

3. Preventive health services, including: • prenatal and perinatal services • appropriate cancer screening • well-child services • immunizations against vaccine-preventable diseases • screenings for elevated blood lead levels, communicable diseases, and cholesterol • pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care • voluntary family planning services • preventive dental services			
4. Emergency medical services			
5. Pharmaceutical services as may be appropriate for particular centers			
6. Referrals to providers of medical services (including specialty referral when medically indicated)			
7. Referrals to other health-related services (including substance abuse and behavioral health services)			
8. Patient case management services (including counseling, referral, and follow-up services)			
9. Services designed to assist patients to establish eligibility for and gain access to Federal, State, and local programs (that provide or financially support the provision of medical, social, housing, educational, or other related services)			
10. Services that enable individuals to use the services of the health center, including: • outreach services • transportation services • appropriate personnel fluent in the language spoken by a predominant number of individuals in the population served			

by a center if a substantial number are of limited English-speaking ability			
11. Education of patients and the general population served by the health center regarding the availability and proper use of health services			
12. If designated under section 330(h) of the PHS Act to serve individuals experiencing homelessness, then substance use disorder services are required			
13. If the health center serves a population of which a substantial proportion of individuals are of limited English-speaking ability, it must: • Develop a plan and make arrangements for interpretation and translation that are responsive to the needs of such populations • Provide health center services to the extent practicable in the language and cultural context most appropriate to such individuals • Provide guidance to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences			
Other Services (e.g. urgent medical care, restorative and emergency dental, environmental health services, occupational therapy, STI testing, TB therapy, HIV testing, podiatry, etc.): Please list services below:			
Other non-clinical services (e.g. WIC, nutrition, childcare, housing assistance, employment and education counseling, food bank/meals, etc.): Please list services below:			

Wisconsin Community Health Center Incubator Checklist

Accurately record services using Form 5A	Yes	No	N/A
Direct services; required or additional services provided directly by health center employees or volunteers (recorded in Column I on Form 5A: Services Provided, reflecting that the health center pays for and bills for direct care).			
Formal Written Contract/Agreement; required or additional services provided on behalf of the health center via formal contract/agreement between the health center and a third party (recorded in Column II on Form 5A: Services Provided, reflecting that the health center pays for the care provided by the third party via the agreement). Such contractual agreements for services must include: a) How the service will be documented in the patient's health center record b) How the health center will pay for the service.			
Formal Written Referral Arrangement; access to required or additional services provided and billed for by a third party with which the health center has a formal referral arrangement (recorded in Column III on Form 5A: Services Provided, reflecting that the health center is responsible for the act of referral and any follow-up care for patients provided by the health center subsequent to the referral). Such formal referral arrangements for services address must include: a) The manner by which referrals will be made and managed b) The process for tracking and referring patients back to the health center for appropriate follow-up care (for example, exchange of patient record information)			
License of the outside provider has been verified.			
Organization's Board has approved all health services.			

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Staffing	Yes	No	N/A
Provide the required primary and approved additional health services of the center by utilizing staff that are qualified by training and experience to carry out the activities of the center, or by utilizing support resources of the center or contracts or cooperative arrangements.			
Operating procedures for the initial and recurring review of credentials for all clinical staff members who are health center employees, individual contractors, or volunteers.			
Consider the size, demographics, and health needs of the patient population to determine the number and mix of clinical staff necessary to ensure reasonable access to health center services.			
Operating procedures for the initial granting and renewal of privileges for clinical staff members who are health center employees, individual contractors, or volunteers.			
For Health Center employees with contracts, employment contracts address:			
• Length of service			
• On-call requirements			
• Cross-coverage requirements			
• Compensation and incentives			
• Continuing education			
• Moonlighting			
• Conflict of interest and non-compete provisions			
• Malpractice coverage			
• Provider expectations (productivity, etc.)			

Maintain files or records for clinical staff that contain documentation of licensure, credentialing verification, and applicable privileges, consistent with operating procedures.			
Organization has a personnel manual.			
Board has approved the personnel manual in the last 1-2 years.			

Accessible Hours of Operation/Location	**Yes**	**No**	**N/A**
Hours of operation ensure access for the population to be served.			
Location is accessible to the population to be served.			
Hours are posted in the appropriate languages for the population.			
Facilities meet applicable fire and life safety codes.			

Continuity of Care and Hospital Admitting	**Yes**	**No**	**N/A**
Develop an ongoing referral relationship with one or more hospitals.			
Documentation of formal arrangements between health center and hospital(s) for the purpose of admitting health center patients and/or documentation of provider hospital admitting privileges.			
Internal operating procedures and related provisions within formal arrangements (noted above) are established and followed in order to address the following areas for those hospitalized as inpatients or who visit a hospital's emergency department: • Receipt and recording of medical information related to the encounter (such as discharge follow-up instructions and laboratory, radiology, or other results) • Evidence of follow-up actions by health center staff			

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Sliding Fee Discounts	Yes	No	N/A
All patients are provided care at the Health Center regardless of ability to pay.			
Prepare a schedule of fees or payments for the provision of services consistent with locally prevailing rates or charges that is designed to cover its reasonable costs of operation and applies to all required and additional health services.			
Prepare a corresponding schedule of discounts (sliding fee discount schedule (SFDS)) to be applied to the payment of fees, by which discounts are adjusted based on the patient's ability to pay.			
Required to establish systems for sliding fee eligibility determination.			
Assessment of patients for sliding fee discount eligibility is based only on income and family size.			
Schedule of discounts must provide for: • Full discount to individuals and families with annual incomes at or below 100% of the most recent Federal Poverty Guidelines (FPG) (nominal charges for service may be collected from such individuals and families where imposition of such fees is consistent with project goals) • No discount to individuals and families with annual incomes greater than 200% of the most recent FPG.			

Quality Improvement/Assurance Plan	Yes	No	N/A
Has an ongoing QI/QA program that includes clinical services and management.			
QI/QA plan ensures the confidentiality of patient medical records.			
The QI/QA plan includes:			

Wisconsin Community Health Center Incubator Checklist

Periodic assessment of the utilization of services and the quality of services provided. Such assessments must: • Be conducted by physicians or under the supervision of physicians by other licensed health professionals • Be based on the systematic collection and evaluation of patient records • Address patient satisfaction, achievement of project objectives, and include a process for hearing and resolving patient grievances • Identify and document the necessity for change in the provision of services and how those changes were made			
Clinical Director whose focus of responsibility is to support the QI/QA program and the provision of high-quality patient care.			
The health center has a board-approved policy(ies) that establishes a QI/QA program that addresses the quality and utilization of health center services, patient satisfaction and patient grievance processes, and patient safety.			
The CHC has insurance coverage in place for the following:			
• General liability			
• Directors and officers			
• Malpractice, including tail or gap coverage			
• Property			
• Business interruption/revenue loss			
• Automobile/vehicle			

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Key Management Staff	Yes	No	N/A
The health center must have position descriptions for key personnel [also referred to as key management staff] that set forth training and experience qualifications necessary to carry out the activities of the health center.			
The health center must request prior approval from HRSA for a change in the key person specified in the Health Center Program award or Health Center Program look-alike designation.			
The health center must directly employ its Project Director/CEO.			
The health center must maintain sufficient key personnel [also referred to as key management staff] to carry out the activities of the health center.			

Contractual Affiliation Agreements	Yes	No	N/A
The health center must oversee contractors to ensure their performance is in accordance with the terms, conditions, and specifications of their contracts and to assure compliance with applicable Federal requirements.			
The health center must request and receive approval from HRSA to contract for [substantive programmatic] work under its Health Center Program award.			
The health center must retain financial records, supporting documents, statistical records, and all other records pertinent to the Health Center Program award carried out under contracts for a period of three years from the date of the submission of the final expenditures report to HHS.			
Assurances are in place that the subrecipient organization meets all Health Center Program statutory and regulatory requirements.			

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Collaborative Relationships	Yes	No	N/A
Makes every reasonable effort to establish and maintain collaborative relationships with other health care providers within the catchment area, local hospitals, and specialty providers in the catchment area, to provide access to services not available through the health center and to reduce the non-urgent use of hospital emergency departments.			
Coordinate and integrate project activities with the activities of other federally-funded health services, as well as State and local, delivery projects and programs serving the same population.			

Financial Management and Accounting Systems	Yes	No	N/A
Must maintain effective control over, and accountability for, all funds, property, and other assets. Must adequately safeguard all such assets and ensure that they are used only for authorized purposes.			
Must have established written policies and procedures that ensure the appropriate use of Federal funds in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.			
Must develop and utilize financial management and control systems which ensure at a minimum: • fiscal integrity of grant financial transactions and reports • compliance with Federal statutes, regulations, and the terms and conditions of the Health Center Program award or designation			

Wisconsin Community Health Center Incubator Checklist

Billings and Collections	Yes	No	N/A
Must prepare a schedule of fees for the provision of services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation.			
Assure that fees or payments required by the center for health care services will be reduced or waived so that no patient is denied such services due to inability to pay.			
Establish systems for eligibility determination and for billing and collections [with respect to third party payors].			
Make every reasonable effort to enter into contractual or other arrangements to collect reimbursement of its costs with the appropriate agency(s) of the State which administers or supervises the administration of: • A State Medicaid plan approved under title XIX of the Social Security Act • The Children's Health Insurance Program (CHIP) under title XXI of the Social Security Act			
Make every reasonable effort to collect appropriate reimbursement for its costs on the basis of the full amount of fees and payments for health center services without application of any discount when providing health services to persons who are entitled to: • Medicare coverage under title XVIII of the SSA • Medicaid coverage under a State plan approved under title XIX of the SSA • Assistance for medical expenses under any other public assistance program (for example, CHIP), grant program, or private health insurance or benefit program			
Make every reasonable effort to secure payment for services from patients, in accordance with health center fee schedules and the corresponding schedule of discounts.			

Organization has Medicare and Medicaid provider number.			

Budget	**Yes**	**No**	**N/A**
Develop an annual budget that identifies projected costs of the Health Center Program, projected costs to be supported by Health Center Program [award] funds, and which includes all other non-Federal revenue sources that will support the Health Center Program project. This includes: • State, local, and other operational funding • Fees, premiums, and third-party reimbursements which the health center may reasonably be expected to receive for its operation of the Health Center Program			
Submit this budget annually by a date specified by HRSA for approval through the Federal award or designation process.			
Annual operating/business plan is approved by the Board.			

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Program Monitoring and Data Reporting Systems	Yes	No	N/A
Establish systems for monitoring program performance to ensure: • Oversight of the operations of the Federal award or designation • Performance expectations are being achieved • Areas for improvement in program outcomes and productivity [efficiency and effectiveness] are identified			
Compile and report data and other information as required by HRSA, relating to: • Costs of health center operations • Patterns of health center service utilization • Availability, accessibility, and acceptability of health center services • Other matters relating to operations of the Health Center Program project, as required			
Submit required data and information to HRSA in a timely manner and with such frequency as prescribed by HRSA.			
Organization has a long-term (three-year) strategic plan.			
The strategic plan has been approved by the Board.			

Scope of Project	Yes	No	N/A
Scope of project has been developed delineating your organization's proposed sites, services, service area, target population, and providers.			

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

Board Authority	Yes	No	N/A
Establish a governing board that has specific responsibility for oversight of the Health Center Program project.			
Governing board must:			
• Consist of at least 9 and no more than 25 members			
• Include a minimum of 51% of board members who are patients of the health center, these members must be representative of individuals served by the health center in terms of demographic factors, such as race, ethnicity, and gender.			
• Include non-patient board members, of which no more than one-half may derive more than 10% of their annual income from the health care industry.			
• Not include any employee of the center, or spouse or child, parent, brother or sister by blood or marriage of an employee. Note: The CEO of the center may be a non-voting, ex-officio member of the board.			
• Develop bylaws which specify the responsibilities of the board.			
• Assure that the center is operated in compliance with applicable Federal, State, and local laws and regulations.			
• Hold monthly meeting, and record in meeting minutes the board's attendance, key actions, and decisions.			
• Approve the selection and termination/dismissal of the health center's Project Director/Chief Executive Officer (CEO).			
• Have authority for establishing or adopting policies for the conduct of the Health Center Program project and for updating these policies when needed.			
• Review and approve the annual Health Center Program project budget.			

• Provide direction for long-range planning, including but not limited to identifying health center priorities and adopting a three-year plan for financial management and capital expenditures.			
• Ensure that a process is developed for hearing and resolving patient grievances.			
• Adopt health care policies including the scope and availability of services to be provided, service site location(s), and hours of operation of service sites.			

Conflict of Interest Policy	**Yes**	**No**	**N/A**
No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest.			
Maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award, or administration of contracts that comply with all applicable Federal requirements.			
Standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the health center.			

Wisconsin Community Health Center Incubator Checklist

Module 4: Health Center Operations Readiness Checklist

Patient Care Systems	Yes	No	N/A
Quality of care standards			
Medical record documentation completed accurately and timely			
Filing system (for paper record) is well-organized, convenient, current and HIPAA compliant			
Telephone triage system			
Provider after-hours call system			
Patient communication and education			
Financial counseling is documented			
Educational materials are printed at appropriate reading level and in necessary languages			
Informed consent obtained when appropriate			
Treatment plan is discussed with patient			
Providers informed of excessive cancels, no-shows and inappropriate behavior			
Policy for termination of care			
Referral management			
System for tracking referrals			
Payer requirements are followed (prior authorization, participating providers, etc)			
Relevant information sent to referred provider			
Follow up with referred provider for findings and recommendations			

Wisconsin Community Health Center Incubator Checklist

Efficient patient flow patterns			
Appointment scheduling is simple and consistent			
Appointment slots allow sufficient time to complete necessary tasks			
Providers are able to accommodate urgent same-day add-ons			
Schedule is not routinely overbooked			
Provider schedules are available for one year in advance			
Provider time off is planned to minimize the need to reschedule patients			
Providers start, stay and finish on time			
Exam rooms are cleaned and stocked daily			
A sufficient number of exam rooms is assigned to each provider to allow for the steady flow of patients			
Front office management			
Sufficient staff and equipment are available to handle call volume			
Call volumes and flow are measured and analyzed			
Demographic and insurance data are obtained prior to the visit			
Patient is informed of what information to bring for the visit			
Waiting room and check-in provide sufficient space and privacy for the volume of patients			
Staff are trained and properly equipped to collect payments from patients			
Control of pharmaceutical supplies			
Pharmaceuticals are kept in a secure location with limited access			

Controlled substances are kept in a secure location with tightly controlled access			
Appropriate staff are used for administering/dispensing medications (according to state law)			
Expired items are appropriately disposed			
A log is kept of all medications stored and distributed			
Policy regarding pharmaceutical vendors			

Business Operations	**Yes**	**No**	**N/A**
Materials Management			
Inventory list of supplies and equipment			
Procedures for ordering and distributing supplies and equipment			
Appropriate maintenance and safety records are kept			
Group purchasing organizations are used where appropriate			
Biohazardous waste is properly disposed			
Facilities			
The layout is conducive to efficient workflow for patient care, business and support operations			
There is sufficient storage located in appropriate places			
The exterior is well lit and there is sufficient parking			
Housekeeping, maintenance, landscaping and snow removal are appropriately managed			
Vendor list for necessary repairs (HVAC, electrical, flooring, paint, etc.)			

Fire extinguishers in place and routinely inspected			
Fire alarms routinely tested			
Emergency evacuation plan is documented and tested			
OSHA and ADA regulations are followed			

Financial Management	**Yes**	**No**	**N/A**
Develop and Implement Budget			
Type of accounting system is identified			
GAAP is used for financial statements			
Annual budget is developed and approved by the Board			
Budget performance is monitored regularly			
A chart of accounts is established			
Appropriate controls are developed for accounts payable and receivable			
Accounting system - in house or outside service			
Establish a line of credit			
Internal Controls for Cash Management			
Charges are entered on date of service			
System in place to track charge entry			
Ability to accept credit and debit cards			
Issue receipts for payments made			

Wisconsin Community Health Center Incubator Checklist

Reconcile electronic insurance payments to report totals			
Deposits are made on a daily basis			
Daily balancing of payments received, deposited and posted			
Petty cash process			
Access to safe is limited			
Bank accounts and credit/debit statements are reconciled at least monthly			
Cash balances are reviewed daily			
Revenues and expenses are analyzed each month and compared to budget			
Variances are documented and analyzed			
Account abnormalities are identified, reviewed and addressed			
Accounting functions are separated (purchasing, receiving, payment and adjustment posting, check signing, etc)			
External Financial Audits			
Annual outside audit/review/compilation is performed			
Identified issues are addressed in a timely manner			
Appropriate relationships with external CPA firm is established			
Revenue Cycle and Accounts Receivable Management			
Key registration data (demographics, insurance, contact info) is obtained at initial appointment and verified routinely			
Cancelations, reschedules and no-shows are analyzed for trending patterns			

Wisconsin Community Health Center Incubator Checklist

Pre-authorizations are obtained as required by payers			
Copays are collected at check-in			
Medical record documentation is entered for ALL patient encounters			
Documentation supports diagnosis and procedure codes			
Encounters and charges are reconciled on a daily basis			
Fee schedule is reviewed annually			
Claims are submitted daily			
Patient statements are within no more than a 30-day cycle			
Accounts Receivable routinely works 90 and 120 day buckets			
Policy is developed to address outstanding accounts			
Payment denials (by insurers) are tracked by type			
Charge totals are monitored monthly and benchmarked to standards			
Collections are monitored and benchmarked			
Days in A/R are monitored and benchmarked			
Financial statements are generated within 1-3 days of the end of the period			
Payroll Process			
Establish a formal system for documenting time and attendance			
Overtime and time off policies exist			
Employee time and attendance is approved by management			
Payroll records are maintained as required by law			
State and federal filings are completed on time			

Worker compensations filings are completed o time			
W-2 forms are cross-checked to payroll records			
Appropriate 1099 forms are issued and filed on time			
Necessary records are kept for eligibility, contributions and payouts for retirement plans			
Insurance Contracts			
Copies of all payer contracts are kept on file			
Contracts are reviewed annually			
Payer reimbursements are audited annually			
Timeliness of payments are routinely analyzed			
Denials and appeals are routinely analyzed			

Human Resources Management	**Yes**	**No**	**N/A**
Recruitment and Orientation of Staff			
Maintain a core staff needed to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary			
Indentify recruitment sources for different types of staff (schools, professional associations, web sites, job fairs, etc)			
Recruitment is targeted to the skills and staff needed to fit the group and culture			
Job analysis is used to develop job descriptions, resulting in appropriate title, qualifications and supervisory relationships			

Wisconsin Community Health Center Incubator Checklist

Interview tools and techniques gather the necessary information and meet regulatory requirements			
Perform appropriate background checks - references, educational, licensure, criminal, credit, etc - on top candidate(s)			
A written offer is extended to the selected candidate			
Orientation program includes introductions to staff and facilities, policies and procedures, and organizational history and culture			
Personnel Record-Keeping			
Individual employees files are kept in a secure place with selected access			
Employee files contain information regarding hiring, training, promotions/transfers, discipline, layoffs and terminations			
Compliance with government reporting laws - labor relations, health and safety, benefits, civil rights, ADA, pay, age and immigration status			
Staffing Strategy			
A staffing plan is developed to indicate the number and mix of different positions; it is based on clinical services, patient acuity and hours of operation			
A job classification system is developed for use with planning, recruiting, training, and pay			
Job descriptions are routinely reviewed and updated			
Performance Management Program			
Orientation/probationary period is evaluated for continued employment			
Performance reviews are routinely scheduled			

Performance reviews evaluates key skills and duties identified in the job description			
Policies are in place regarding employee conduct, grievances, discipline and termination			
Compensation and Benefits Plan			
Methodology to gather wage/salary and benefits data			
Determine the type(s) of insurances and retirements plan(s) you will offer			
Identify what determinants will go into how physicians and non-physician providers will be compensated (straight salary, productivity, quality, citizenship, etc)			
Identify how pay increases (for all staff) will be determined and implemented			
Continuing education and training program (budget, time off, in-house offerings, etc)			
Staff training on appropriate regulatory and legal issues (OSHA, HIPAA, Dept of Labor, FLSA, FMLA, Civil Rights Act, etc)			

Quality Management	**Yes**	**No**	**N/A**
Quality management tools			
Multiple tools (ie - process maps, flow charts, checklists) are used to analyze and improve clinical, operational and financial services and systems			
Peer review processes			
Awareness of malpractice carrier's protocols on reporting potential and actual claims			

Wisconsin Community Health Center Incubator Checklist

Protocols and processes are in place to manage adverse events			
All adverse events are monitored and tracked			
Identify which incidents will trigger a peer review			
Peer review process complies with state and federal laws and accreditation requirements			
Patient satisfaction and customer service			
A survey method is selected and implemented on a routine basis; results are analyzed for opportunities to improve			
Staff receive training on appropriate knowledge, processes and behaviors			
Practice performance standards			
Identify clinical, operational and financial measures that will be monitored and compared to internal and external benchmarks			
Benchmark reports (dashboards/scorecards) are generated on a routine basis, shared with appropriate staff, and used to monitor performance and implement strategy			
Benchmark reports are linked to the strategic plan			
Credentialing and licensure			
Pre-employment verification of physician credentials			
Form I-9 and other basic employee documents completed and filed			
Physicians are listed in National Practitioner Data Bank			
Physician's National Provider Identifier (NPI)			
DEA certificate			
Malpractice coverage is obtained			

Hospital privileges are approved			
Education, licensure and certification for all appropriate staff is verified			
Clinical Laboratory Improvement Act (CLIA) requirements			
The appropriate level of CLIA certification is obtained (based on the testing performed at the site)			
Recommendations from CLIA inspections are implemented and monitored for continued adherence			

Risk Management	**Yes**	**No**	**N/A**
Risk management plan			
Identify areas of potential risk (ie - bloodborne pathogens, ergonomics, patient care supplies and equipment, radiation, facility security) and monitor routinely			
Implement actions to eliminate or reduce potential severity			
The practice is compliant with all local, state and federal laws and requirements regarding workplace safety			
Incident report system is in place and routinely reviewed with staff			
Risk plan is routinely reviewed with staff			
Insurance policies cover a full range of risk			
Formal processes are in place for patients and employees to report issues or concerns			
Disaster response and recovery			
Specific planning, implementation and recovery are managed by a designated disaster team			

Wisconsin Community Health Center Incubator Checklist

All staff are trained in primary and back-up responsibilities			
Checklists are developed or obtained for patient safety, staff security, aftermath counseling and ongoing financial viability of the practice			
Mandatory emergency and evacuation drills are routinely held and documented			
Federal and state compliance			
A compliance officer is designated			
The compliance program includes policies and standards of conduct			
A grievance procedure is available for employees			
The compliance system is routinely audited			
Identify the regulations, laws and agencies you will routinely monitor for compliance			

Wisconsin Community Health Center Incubator Checklist

WPHCA Technical Assistance

The Wisconsin Primary Health Care Association (WPHCA) provides communities with support and technical assistance throughout the process to explore and establish a federally funded Community Health Center. WPHCA provides assistance to current and prospective Health Centers as they contemplate strategic development opportunities, including expanding new sites, programs, and services. This training and technical assistance will include data collection, analysis, mapping for program development, monitoring of emerging state and federal policy and regulatory proposals, and monitoring trends within the broader health care industry. Communities interested in starting an FQHC can utilize this decision tree to determine which option best suits their situation and community needs. Other technical assistance may include:

- Identification of health care access needs
- Identification of different primary health care access models and their requirements
- Identification and connection to potential collaborators
- Orientation and training of Health Center board members

WPHCA does not assist with grant writing or grant reviewing. WPHCA may offer some suggestions of organizations with whom they have worked with in the past. Is important to recognize that the application for establishing a Community Health Center is extremely competitive.

If you are making plans to proceed with a Community Health Center in your community, please register your plans using this form on the WPHCA website. WPHCA will gather your community's and other communities' activities and work with you to facilitate and assist your plans.

Additionally, WPHCA is available to answer questions and help start your community on the road to establishing its own Community Health Center. Please feel free to reach out to Aleks Kladnitsky or Carly Meyer with any additional question or concerns or if you would like to set up a meeting.

Additional Resources

HRSA Health Center Program Compliance Manual

- This Health Center Program Compliance Manual ("Compliance Manual") applies to all health centers that apply for or receive Federal award funds under the Health Center Program. Look-alikes do not receive Federal funding under section 330 of the PHS Act; however, to receive look-alike designation and associated Federal benefits, look-alikes must meet the Health Center Program requirements. This Compliance Manual does not apply to activities conducted outside of a health center's Health Resources and Services Administration (HRSA)-approved scope of project.
    1. Health Center Program Eligibility
    2. Health Center Program Oversight
    3. Needs Assessment
    4. Required & Additional Health Services
    5. Clinical Staffing
    6. Accessible Locations & Hours of Operation
    7. Coverage of Medical Emergencies During & After Hours
    8. Continuity of Care & Hospital Admitting
    9. Sliding Fee Discount Program
    10. Quality Improvement/Assurance
    11. Key Management Staff
    12. Contacts and Subawards
    13. Conflict of Interest
    14. Collaborative Relationships
    15. Financial Management & Accounting Systems
    16. Billing & Collections
    17. Budget
    18. Program Monitoring & Data Reporting Systems
    19. Board Authority
    20. Board Composition
    21. Federal Tort Claims Act (FTCA) Deeming Requirements
    22. Appendix A: Health Center Program Non-Regulatory Policy Issuances that Remain in Effect
    23. Glossary

Wisconsin Community Health Center Incubator Checklist

Health Center Program Look-Alike (LAL) Initial Designation (ID) Application Instructions & Resources

- Health Center Program look-alikes are health centers that, like Health Center Program award recipients, improve the health of the nation's underserved communities and vulnerable populations by expanding access to comprehensive, culturally competent, quality primary health care services. While LALs do not receive Health Center Program funding, once designated, they become eligible to apply for several beneficial programs:
  - Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) reimbursement through the Centers for Medicare and Medicaid Services (CMS)
  - HRSA's 340B Federal Drug Pricing Program
  - National Health Service Corps

UDS Mapper

- The UDS Mapper is designed to help inform users about the current geographic extent of U.S. federal (Section 330) Health Center Program (HCP) awardees and look-alikes, and was largely designed upon algorithms and reporting methods developed by John Snow, Inc. for BPHC-requested service area analyses. The information available in the UDS Mapper includes estimates of the collective service area of these health centers by ZCTA, including the ratio of HCP awardee and look-alike patients reported in the Uniform Data System (UDS) to the target population, the change in the number of those reported patients over time, and an estimate of those in the target population that remain unserved by HCP awardees and look-alikes reporting data to the UDS (but may be served by other providers).
  - Tutorials & Resources

Technical Assistance Resources

- Initial Designation Technical Assistance Webinar Slides (PDF - 938 KB): overview of the LAL ID application process
- Health Center Program Compliance Manual: guidance for ensuring compliance with Health Center Program requirements (required for LAL ID eligibility)
- Site Visit Protocol: tool for assessing compliance during the operational site visit

- Supplement for Virtual LAL ID Operational Site Visit (OSV): an overview of modifications taken to adapt the on-site LAL ID OSV processes to a virtual site visit format
- EHBs Look-Alike Initial Designation User Guide: HRSA EHBs application module instructions
- Unmet Need Score (UNS) Workbook (XLS - 25.8 MB)
- UDS Mapper : Health Center Program mapping and data tool
- Health Center Program Strategic Partnerships (PCAs and NTTAPs): state and national technical assistance providers
- Medically Underserved Area/Population (MUA/MUP) Designations: geographic areas and populations with a lack of access to primary care services (required for LAL ID eligibility if requesting CHC designation)
- State Primary Care Offices (PCOs): support state-wide assessment and expansion of primary care (including applications to HRSA for MUA/MUP designations)

Sample Application Components

The following forms and templates are for planning purposes only. Applicants must upload attachments and enter information into EHBs according to the LAL ID instructions.

- Attachment 2: Instructions for Service Area Map and Table
- Form 1A: General Information Worksheet
- Form 1C: Documents On File
- Form 2: Staffing Profile
- Form 3: Income Analysis
- Form 3A: Look-Alike Budget Information
- Form 4: Community Characteristics
- Form 5A: Services Provided
- Form 5B: Service Sites

- Form 5C: Other Activities/Locations
- Form 6A: Current Board Member Characteristics
- Form 6B: Request for Waiver of Board Member Requirement
- Form 8: Health Center Agreements
- Form 12: Organization Contacts

Performance Measures

The following samples and templates are for planning purposes only. Applicants must enter information into EHBs.

- Performance Measure Crosswalk
- Performance Measure Fillable Form
- Clinical Performance Measure Form Field Guide and Sample

WPHCA
Serving Wisconsin Community Health Centers

Wisconsin Community Health Center Incubator Checklist

This document was developed for Wisconsin Primary Healthcare Association by Thomas Ludwig, RN, FACMPE, of Forward Healthcare Solutions, LLC. The primary resource for information was Assessment Workbook for Medical Practices, 5th edition, by Carolyn Pickles, MBA, FACMPE, and Alys Novak, MBA. This checklist is intended to be used in conjunction with the Summary of Key Health Center Program Requirements, published by the US Health Resources and Services Administration, Bureau of Primary Health Care.

This document was updated in September 2023 to reflect the most recent Health Center Program Compliance Manual, which was updated in August of 2018.