



***Please take time to
complete the
following forms.***

Along with tracking membership,
this data will be used to assign staff
to networks and committees,
as well as maintain an updated database.

If you have any questions or concerns,
please contact
Communications and Member Services
at (217) 541-7300 or (312) 692-3000.

Thank You.



NETWORK
Membership Application

Membership Year
2008

Please send your completed application and all requested materials to:
IPHCA • Attention: Communications and Member Services
500 South 9th Street, Springfield, IL 62701

ILLINOIS PRIMARY HEALTH CARE ASSOCIATION • MY 2008

500 South 9th Street
Springfield, IL 62701

542 South Dearborn Street, Suite 300
Chicago, IL 60605

Tel: (217) 541-7300 Fax: (217) 541-7301

Tel: (312) 692-3000 Fax: (312) 692-3001

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IPHCA MEMBERSHIP APPLICATION

APPLICATION TYPE

Please check one:

- New Application
 Renewal Application

MEMBERSHIP CLASS

Network Membership

Applicant Name:	Title:
Name of Organization:	Membership Term: July 1, 2007 to June 30, 2008
Mailing Address:	Telephone:
	Fax:
City: State: Zip:	E-mail Address:

Please note that as a condition of membership, the above contact information will be published in our membership directory and on the IPHCA web site. Employee contact information may also be published in the membership directory, in the clinician directory, and/or on the IPHCA web site.

MEMBERSHIP DUES

- Network Membership **\$5,253**

New & Renewing Organizational Members please include payment with application:

- My check is enclosed and payable to IPHCA.

Please charge my: Visa MasterCard American Express
 Discover Diner's Club

Card number: _____ Expiration date: _____

Name as it appears on card (please print): _____

Cardholder's signature: _____

Renewing Network Members Only also include the required documents listed on page 2 of this membership application.

New Network Members Only, in addition to the required documents listed on page 2, also include the following:

- Bylaws
 Evidence of nonprofit, 501(c)(3) corporate or public sector status
 Description of your organization's history and services

REQUIRED DOCUMENTS

As required by **Article II, Section 6**, renewing Network members are required to submit specific documents by July 1 of every calendar year. If the documents are not received as specified in the bylaws, a dues surcharge will be applied. The following documents are required of renewing Organizational members no later than July 1:

- Most Currently Completed Audited Financial Statement**
- Board of Directors List including Contact Information**
- Bylaws** (*If changes have occurred within the last 12 months*)
- Current and Complete Listing of Clinical Providers**
- Most Currently Completed Health Resources and Services Administration Notice of Grant Award or Amended Award with the Scope of Project Changes**

IPHCA will not share individual CHC information obtained from the required documents without express permission, except to possibly publish board member names in the Membership Directory.

Please clearly mark the name of each required document. These documents should be submitted to:

Rebecca Phillips
Director of Communications and Member Services
Illinois Primary Health Care Association
500 South Ninth Street
Springfield, IL 62701

MEMBER CLASSIFICATION

Please print clearly or type. Use additional sheets as necessary.

Designate those Community Board Member(s) you wish to participate in IPHCA activities:

Name:	Name:
Address:	Address:
Fax/E-mail:	Fax/E-mail:

MEMBER CLASSIFICATION

Please print clearly or type. Use additional sheets as necessary.

Indicate any individual(s) who will serve as your representative on the **Professional Staff Sections**.

<i>Clinician</i>	<i>Data Information Systems</i>
Name:	Name:
Telephone:	Telephone:
Fax/E-mail:	Fax/E-mail:
Name:	Name:
Telephone:	Telephone:
Fax/E-mail:	Fax/E-mail:
<i>Human Resources</i>	<i>Finance</i>
Name:	Name:
Telephone:	Telephone:
Fax/E-mail:	Fax/E-mail:
Name:	Name:
Telephone:	Telephone:
Fax/E-mail:	Fax/E-mail:

MEMBER CLASSIFICATION

Please print clearly or type. Use additional sheets as necessary.

On the following page, indicate the individual(s) by job function, who serve on your staff.

IPHCA OFFICIAL USE ONLY

Date received: _____	Type of membership approved: _____
ID number: _____	Financial audit received: _____
Dues received: _____	Bylaws received: _____
History/services received: _____	Board of Directors received: _____

IPHCA MEMBERSHIP CLASSIFICATION • MY 2008

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<i>Clinical/Medical Director</i>		<i>Finance Director</i>	
Name:		Name:	
Telephone:		Telephone:	
Fax:	E-mail:	Fax:	E-mail:
Should receive the following publications:		Should receive the following publications:	
Health Source	Yes <input type="checkbox"/> No <input type="checkbox"/>	Health Source	Yes <input type="checkbox"/> No <input type="checkbox"/>
I-Mail	Yes <input type="checkbox"/> No <input type="checkbox"/>	I-Mail	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Information Systems Director</i>		<i>Human Resources Director</i>	
Name:		Name:	
Telephone:		Telephone:	
Fax:	E-mail:	Fax:	E-mail:
Should receive the following publications:		Should receive the following publications:	
Health Source	Yes <input type="checkbox"/> No <input type="checkbox"/>	Health Source	Yes <input type="checkbox"/> No <input type="checkbox"/>
I-Mail	Yes <input type="checkbox"/> No <input type="checkbox"/>	I-Mail	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Business Manager</i>		<i>Nursing Supervisor</i>	
Name:		Name:	
Telephone:		Telephone:	
Fax:	E-mail:	Fax:	E-mail:
Should receive the following publications:		Should receive the following publications:	
Health Source	Yes <input type="checkbox"/> No <input type="checkbox"/>	Health Source	Yes <input type="checkbox"/> No <input type="checkbox"/>
I-Mail	Yes <input type="checkbox"/> No <input type="checkbox"/>	I-Mail	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Other Pertinent Staff</i>		<i>Other Pertinent Staff</i>	
Name:		Name:	
Title:		Title:	
Telephone:		Telephone:	
Fax:	E-mail:	Fax:	E-mail:
Should receive the following publications:		Should receive the following publications:	
Health Source	Yes <input type="checkbox"/> No <input type="checkbox"/>	Health Source	Yes <input type="checkbox"/> No <input type="checkbox"/>
I-Mail	Yes <input type="checkbox"/> No <input type="checkbox"/>	I-Mail	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Other Pertinent Staff</i>		<i>Other Pertinent Staff</i>	
Name:		Name:	
Title:		Title:	
Telephone:		Telephone:	
Fax:	E-mail:	Fax:	E-mail:
Should receive the following publications:		Should receive the following publications:	
Health Source	Yes <input type="checkbox"/> No <input type="checkbox"/>	Health Source	Yes <input type="checkbox"/> No <input type="checkbox"/>
I-Mail	Yes <input type="checkbox"/> No <input type="checkbox"/>	I-Mail	Yes <input type="checkbox"/> No <input type="checkbox"/>

MEMBER CLASSIFICATION

Please print clearly or type.

If your organization has a shared integrated management information systems network agreement with IPHCA, designate an individual to serve as a *voting* member of the i-Net Users Group:

Name:		Title:	
Telephone Number:	Fax Number:		E-mail:

If your organization has a shared integrated management information systems network agreement with IPHCA, *non-voting* member(s) of the i-Net Users Group may be designated:

Name:		Title:	
Telephone Number:	Fax Number:		E-mail:
Name:		Title:	
Telephone Number:	Fax Number:		E-mail:
Name:		Title:	
Telephone Number:	Fax Number:		E-mail:

MEMBER CLASSIFICATION

IPHCA MEMBERSHIP CLASSES - There shall be five classes of Association membership:

- A. Organizational member
- B. Business member
- C. Associate member
- D. Coalition member
- E. Network member

A. Organizational membership: Organizational membership in the Association shall be available to any entity that is a Federally Qualified Health Center (FQHC) either federal section 330 Primary Care, Homeless, Migrant or Public Housing supported or “look-alike” designated. Organizational membership will also be available to any nonprofit community-based entity that was an existing Association Organizational member in good standing as of June 1, 1998.

B. Business membership: Business membership is available to any entity which transacts business with any entity which would qualify for Organizational membership, and which supports the IPHCA's purpose and goals.

C. Associate membership: Associate membership shall be available to any organization, agency, foundation or association that supports IPHCA's purpose and goals, and is not otherwise eligible for Organizational or Network membership.

D. Coalition membership: Coalition membership is available to any community or state-based organization that has a formal partnership with IPHCA. The organization must support the purposes and goals, and is not otherwise eligible for Organizational membership.

E. Network membership: Network membership shall be available to any integrated service network that receives or has received funding from the Health Resources and Services Administration Integrated Services Development Initiative (ISDI) or Shared Integrated Management Information Systems (SIMIS programs).

IPHCA MEMBER COMPOSITION

Delegates: There shall be an Assembly of Delegates which will consist of one voting delegate from each Organizational member of the Association. Each Organizational member shall appoint one individual who is a senior level employee of that Organizational member to be a Delegate on the Assembly of Delegates (*Article III, Section 1*).

Community Board Members: Each Organizational and Network member of the Association may designate any community board member(s) who are members of their governing board to participate in Association activities such as educational seminars and Association conferences (*Article XV, Section 3*).

Regional Coalitions: There shall be four Regional Coalitions—Southern Illinois, Collar Counties, Northern and Central Illinois, and Chicago. Each Organizational member's delegate to the Assembly of Delegates shall be eligible to be a member on one region by selecting on which region they wish to serve (*Article XI, Section 3*).

Standing Committees: There shall be standing committees on Access to Care, Community Health Center Financial and Corporate Operations, Clinical Support, Compliance and Risk Management, Senior Health Care, Managed Care and Legislation and Public Policy.

Professional Staff Sections: There are four Professional Staff Sections: Finance, Clinician, Human Resources, and Data Information Systems. Any person who is an employee of a member of the Association may belong to a Professional Staff Section by indicating their choice on the membership application (*Article XIV, Section 3*).

* For a more detailed description of member classification and composition, please refer to the *IPHCA Bylaws*.

IPHCA MISSION STATEMENT, PURPOSE & GOALS

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Who We Are: Established in 1982, the Illinois Primary Health Care Association (IPHCA) is a non-profit trade association that proudly serves as Illinois' sole primary care association. IPHCA operates two offices: one in Chicago and one in Springfield. IPHCA is governed by an Assembly of Delegates composed of one delegate from each of the association's organizational members. Members are nominated and elected to the Assembly annually. All funding is received from various state and federal grants.

Who We Represent: IPHCA represents Illinois' community health centers (CHCs), including migrant, homeless, and public housing health centers that operate more than 360 primary care sites statewide and in bordering states. These CHCs serve in excess of 996,000 patients annually. CHCs are local, nonprofit organizations that serve Medicaid, Medicare, and the uninsured, as well as privately-insured patients. All CHCs have multi-disciplinary practices serving Illinois' medically underserved areas that experience a shortage of physicians and other health professionals. They seek to improve access to quality primary and preventive health care by reducing the financial, cultural, geographical, or other barriers that would otherwise exist.

Our Mission: IPHCA 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, the Association 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 is committed to helping communities help themselves by advocating and expanding community primary care services across Illinois, and assists member organizations in fulfilling their goal of community empowerment through health care choice. By advocating on behalf of members' interests, IPHCA advocates for the underserved citizens and communities of Illinois.

IPHCA Seeks to:

- Serve as a **COMMUNICATION NETWORK** and **FORUM** for the exchange of information and the resolution of mutual problems.
- Provide **TECHNICAL ASSISTANCE** and coordinate **EDUCATION/TRAINING** opportunities concerning the establishment, expansion, and operation of primary care services.
- Serve as a united catalytic force to **ADVOCATE AND PUBLICIZE** the unique interests and contributions of the membership, including the development of dependable sources of **FINANCING**.
- Provide **FISCAL AND MANAGEMENT SERVICES** for appropriate business ventures, and develop **COLLABORATIVE EFFORTS** to promote efficiency and effectiveness of the centers' operations.
- Provide assistance in the **RECRUITMENT AND RETENTION** of professional staff consistent with the IPHCA-approved recruitment and retention program.
- Provide assistance in the development and operation/maintenance of **INFORMATION SYSTEMS**, through liaison with other organizations, technical consultation/assistance, joint purchasing, and contractual services.
- Promote and provide **LINKAGES** between the membership and related organizations and agencies.
- Maintain **ASSOCIATION DEVELOPMENT** through expansion of the membership base and staffing resources.

ESSENTIAL WAYS YOUR IPHCA MEMBERSHIP CAN WORK FOR YOU!

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IPHCA MAJOR ACCOMPLISHMENTS AND ONGOING WORK:

- Provides training and technical assistance related to Federally Qualified Health Centers (FQHCs) in regard to the **cost report completion and appeals process**. IPHCA has negotiated with the Illinois Department of Healthcare & Family Services regarding improvements/clarifications to the FQHC rate-setting methodology. Also, IPHCA has effectively advocated on behalf of the community health center appropriation line item increase in the state's budget.
- Secures **direct grants from state revenues for health centers' operations** (e.g., Downstate/Rural Health Initiative and the CHC Care Fund).
- Effectively advocates to **preserve FQHC choice for patients under the state's original Mediplan Plus proposal**; and subsequent efforts with the Centers for Medicare & Medicaid Services to protect FQHCs.
- Assists in **recruiting health providers**, including physician assistants, nurse practitioners, and certified nurse midwives, and serves as a resource for health professional training programs promoting potential health center relationships.
- Develops **key linkages and referral relationships** with other public sector providers serving the indigent, including securing resources for ancillary health care costs for patients and direct physician-related expenses in a pilot study.
- Secures resources to **implement new information systems projects**.
- Links CHCs to **capital development resources** in an era of diminishing federal resources.
- Convenes **meetings and educational programs** for IPHCA members (administrative, clinical, data information systems, financial, human resources, and board) to facilitate the exchange of information and mutual problem solving. IPHCA has established and maintains numerous committees, work groups, and caucuses.
- Maintains regular **communication** with membership regarding state and federal development via the IPHCA monthly newsletter "*IPHCA Health Source*," numerous memoranda, e-mails and faxes.
- Facilitates **shared services programs**, including reference laboratories, medical/dental, and preferred vendors.
- **Represents IPHCA members on policy-related groups** (e.g., Chicago/Cook County Ambulatory Care Council) and **funding sources** for CHCs (e.g., U.S. Department of Health and Human Services Region V, United Way, etc.).

BENEFITS AVAILABLE TO NETWORK MEMBERS:

- Regular **informational mailings**, updates, reports, and notices.
- Meetings and other **opportunities for mutual problem-solving** of administrative and clinical issues.
- Representation, **advocacy**, and collective action with federal, state, city, and local governmental officials.
- Maximum discounts on Association group purchasing agreements and other **shared services programs**.
- Unlimited attendance at maximum discounts for staff and board members at **educational and training** events.
- Copies of all Association **reports, studies**, and other completed surveys.
- **Linkages** with related national, statewide, and local organizations, and agencies.
- **Coordination and facilitation** of inter-community health center projects.

Not Eligible for:

- Specific advocacy representation on issues
- Voting privileges at Board of Directors meetings