Policy and Issues Forum

March 16-19

MARRIOTT WARDMAN PARK
WASHINGTON, DC
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Welcome!

On March 16, 2016 health center leaders will join decision makers and public health leaders in the heart of Washington, DC to focus on the nation’s healthcare. The annual NACHC Policy and Issues Forum (P&I) is the largest gathering of community health professionals in the nation and you are invited to participate.

This year’s conference comes at a time when health policy issues will be the focus of attention and debate as the nation moves into a presidential election year, and when budgetary issues percolate over healthcare spending. Debate will intensify as lawmakers at both the national and state levels seek to improve the effectiveness of healthcare delivery, reform the Affordable Care Act, constrain healthcare costs, and strengthen Medicare and Medicaid, all while meeting increased demands for health services. One fact remains certain – health centers will confront a minefield of challenges as they continue to carry forward their mission and maintain strong public support for the Health Center Program.

The P&I Forum is an opportunity for community health leaders to voice their perspectives to Members of Congress and offer constructive solutions to the issues at hand. Participants will also have the opportunity to hear from government officials, some of the nation’s leading healthcare experts, and their peers. Topics will include the latest state-level trends, emerging regulatory policies and proposals that will affect healthcare delivery and spending, Medicaid and Medicare reimbursement, workforce, and technology.

Do not miss this opportunity to get the most up-to-date information and tools to help your health center organization stay ahead of the game, achieve operational excellence, and prepare to engage public leaders at the local, state, and national levels.

Session highlights of the P&I include:

- The implications of the 2016 presidential election on the political environment in Congress and in the states.
- Working toward payment reform.
- The successful use of data analytics for policy and payment.
- 340B Drug Discount policy changes and their impact on health centers.
- Population health and transforming healthcare delivery.
- Attaining clinical and financial integration in an accountable care world.
- Advocacy and showcasing the health center value message in an election season.

Register now to attend this premier event!
2015–2016 NACHC Board of Directors

EXECUTIVE COMMITTEE

Chair of the Board
J. Ricardo Guzman
Community Health & Social Services Center
Detroit, MI

Chair-Elect
James Luisi
North End Waterfront Health
Boston, MA

Immediate Past Chair
Gary M. Wiltz, MD
Teche Action Clinic
Franklin, LA

Speaker of the House
Henry Taylor, MPA
Mile Square Health Center
Chicago, IL

Vice-Speaker of the House
Grace Wang, MD, MPH, FAAFP
International Community Health Services
Seattle, WA

Secretary
Lathran J. Woodard
South Carolina Primary Health Care Association
Columbia, SC

Treasurer
Michael A. Holmes
Cook Area Health Services
Cook, MN

Consumer/Board Member Representative
Yvonne G. Davis
Health Care Partners of South Carolina
Florence, SC

Parliamentarian
Rachel Gonzales-Hanson
Community Health Development
Uvalde, TX

REPRESENTATIVES FROM CHARTERED REGIONS

REGION I
Frances M. Anthes, MSW, LICSW
Family Health Center of Worcester
Worcester, MA
Tess Stack Kuennen
Bi-State Primary Care Association
Bow, NH

REGION II
Isolina Miranda
COSSMA, Inc.
Cidra, PR
Larry McReynolds, CHE, MHA, LNHA
Lutheran Family Health Centers
Brooklyn, NY

REGION III
Vincent A. Keane
Unity Health Care
Washington, DC
Cheri Rinehart
Pennsylvania Association of Community Health Centers
Wormleysburg, PA

REGION IV
Tary Brown
Albany Area Primary Health Care
Albany, GA
Philip A. Harewood
Lincoln Community Health Center
Durham, NC

REGION V
Berneice Mills-Thomas
Near North Health Service Corporation
Chicago, IL
Bruce A. Johnson
Illinois Primary Health Care Association
Springfield, IL

REGION VI
Santos Camarillo
Vida Y Salud Health Systems
Crystal City, TX
Vacant

REGION VII
Theodore J. Boesen, Jr.
Iowa Primary Care Association
Urbandale, IA
Dennis Kruse
Family Care Health Centers
St. Louis, MO

REGION VIII
John Mengenhausen
Horizon Health Care
Howard, SD
John Santistevan
Salud Family Health Centers
Ft. Lupton, CO

REGION IX
Benjamin H. Flores, MPH
Ampla Health
Yuba City, CA
Tara McCollum Plese
Arizona Alliance for Community Health Centers
Phoenix, AZ

REGION X
Anita Monoian
Yakima Neighborhood Health Services
Yakima, WA
Leslyn Phelps
Glenns Ferry Health Center
Glenns Ferry, ID

NATIONALLY ELECTED REPRESENTATIVES

CLINICIAN BOARD REPRESENTATIVES
Daniel Miller, MD
Hudson River Community Health
Peekskill, NY
Felix M. Valbuena, Jr., MD
Community Health & Social Services Center
Detroit, MI

HEALTH CENTER BOARD MEMBER REPRESENTATIVES
Virginia (Ginger) Fuata
Waianae Coast Comprehensive Health Center
Waianae, HI
Rita Sorrento
East Boston Neighborhood Health Center
Boston, MA
Networking Events

Friday, March 18

Conference Networking Reception
5:00pm – 6:00pm
Exhibit Hall C

Take this opportunity to visit with colleagues and learn more about the innovative services and products that NACHC vendors will be showcasing throughout the 2016 P&I EXPO: Your Solution Center. Identify new technologies and offerings that will enhance your health center operations and your overall delivery of patient care. Don’t forget the 5:45pm iPad2 and NACHC game prize drawings and announcement of Twitter Contest winners! All NACHC game cards should be submitted to the NACHC Booth by 5:40pm and remember that you must be present to win.

Board Members CONNECT!
Health Center Board Members Networking Reception
6:00pm – 7:00pm
Roosevelt 1

NACHC invites all Health Center Board Members to this networking reception. Get a chance to meet other committed volunteers who serve on health center boards throughout the United States. Pre-dinner snacks and refreshments will be provided, so take the time to connect at this unique event!

National LGBT Primary Care Alliance Reception
6:00pm – 7:00pm
Roosevelt 4

The National LGBT (Lesbian, Gay, Bisexual, and Transgender) Primary Care Alliance invites you to a reception to meet your colleagues from health centers across the country. Join us for a glass of wine and learn more about available education, training, and community-based research initiatives focused on the LGBT community.

New Member Welcome Reception
6:00pm – 7:00pm
Wilson C

NACHC welcomes all New Members, as well as those considering membership, to this event. This is an ideal opportunity to meet and build relationships with fellow health center professionals, and learn about the many benefits of NACHC Membership.

Young Professionals Leadership Exchange
6:30pm – 8:00pm
Off Site: Petits Plats

With an expansive network of clinics and an ever-increasing patient population reaching more than 1 in 15 Americans, health centers are now more than ever looking to the next generation of leaders to continue the mission of high-quality, cost-effective, accessible healthcare for all. NACHC invites young leaders from across the Health Center Movement to the Young Professionals Leadership Exchange. Take this opportunity to network with fellow health center leaders and exchange ideas related to our dynamic healthcare system, the future of health centers, and career development in the healthcare field. Take the opportunity to leave the hotel, discover the neighborhood, and join your peers!

## CONFERENCE SCHEDULE

(as of January 12, 2016 and subject to change)

All official 2016 P&I Forum events will be completed by Saturday, March 19

### TUESDAY, MARCH 15, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00pm – 6:30pm</td>
<td>Grassroots Advocacy Leadership Program <em>(Pre-meeting event; special registration required.</em>)</td>
</tr>
<tr>
<td>4:00pm – 6:00pm</td>
<td>Registration and Exhibitor/Speaker Check-In</td>
</tr>
<tr>
<td>7:00pm – 8:30pm</td>
<td>State Legislative Coordinators Meeting</td>
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### WEDNESDAY, MARCH 16, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am – 5:00pm</td>
<td>Registration and Exhibitor/Speaker Check-In</td>
</tr>
<tr>
<td>8:00am – 10:00am</td>
<td>Legislative Committee</td>
</tr>
<tr>
<td>8:00am – 2:45pm</td>
<td>Board Member Boot Camp <em>(Pre-meeting event; special registration required.</em>)</td>
</tr>
<tr>
<td>11:00am – 1:30pm</td>
<td>PCA and HCCN General Session</td>
</tr>
<tr>
<td>12:30pm – 2:45pm</td>
<td><strong>PWB1</strong> Be Ready to Head to the Hill: 2016 Health Center Policy Agenda, Advocacy Strategy, and How to Move Congress to ACT!</td>
</tr>
<tr>
<td>3:00pm – 5:30pm</td>
<td><strong>PGS1</strong> Opening General Session</td>
</tr>
<tr>
<td>5:45pm – 6:45pm</td>
<td>State Delegation Meetings</td>
</tr>
<tr>
<td>7:00pm – 8:00pm</td>
<td>State Delegation Meetings</td>
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</tbody>
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### THURSDAY, MARCH 17, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am – 3:30pm</td>
<td>Registration and Exhibitor/Speaker Check-In</td>
</tr>
<tr>
<td>8:00am – 10:00am</td>
<td>Education Sessions</td>
</tr>
<tr>
<td>9:00am – 5:00pm</td>
<td>Capitol Hill Visits</td>
</tr>
<tr>
<td>10:00am – 10:30am</td>
<td>Refreshment Break</td>
</tr>
<tr>
<td>10:30am – 12:00pm</td>
<td>Education Sessions</td>
</tr>
<tr>
<td>6:00pm – 9:00pm</td>
<td>Congressional Awards Reception at the NEWSEUM</td>
</tr>
</tbody>
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### FRIDAY, MARCH 18, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>7:00am – 3:30pm</td>
<td>Registration and Exhibitor/Speaker Check-In</td>
</tr>
<tr>
<td>7:30am – 8:30am</td>
<td>Continental Breakfast in EXPO Hall</td>
</tr>
<tr>
<td>7:30am – 6:00pm</td>
<td><strong>EXPO Hall Open</strong></td>
</tr>
<tr>
<td>8:00am – 9:30am</td>
<td>Education Sessions</td>
</tr>
<tr>
<td>9:30am – 10:30am</td>
<td>Dedicated Exhibit Time (Refreshment Break in EXPO Hall)</td>
</tr>
<tr>
<td>10:30am – 12:30pm</td>
<td><strong>PGS2</strong> General Session: HRSA and CMS Updates</td>
</tr>
<tr>
<td>12:00pm – 5:00pm</td>
<td>Training for New Medical Directors - Day 1 <em>(Special registration required.</em>)</td>
</tr>
<tr>
<td>12:30pm – 1:30pm</td>
<td>Dedicated Exhibit Time (Refreshment Break in EXPO Hall)</td>
</tr>
<tr>
<td>12:30pm – 2:00pm</td>
<td>Bylaws Committee</td>
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<tr>
<td>12:30pm – 2:00pm</td>
<td>Community HealthCorps Steering Committee <em>(Invitation Only)</em></td>
</tr>
<tr>
<td>12:30pm – 2:00pm</td>
<td>PCA Lunch <em>(Invitation Only)</em></td>
</tr>
<tr>
<td>12:30pm – 2:00pm</td>
<td>NACHC NextGen User Group</td>
</tr>
<tr>
<td>1:30pm – 4:30pm</td>
<td>Education Sessions</td>
</tr>
<tr>
<td>3:00pm – 3:30pm</td>
<td>Dedicated Exhibit Time (Refreshment Break in EXPO Hall)</td>
</tr>
<tr>
<td>3:00pm – 5:00pm</td>
<td>Education Sessions</td>
</tr>
<tr>
<td>3:30pm – 5:00pm</td>
<td>LGBT Task Force</td>
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</tbody>
</table>
### FRIDAY, MARCH 18, 2016, continued

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:30pm – 5:30pm</td>
<td>Consumer/Board Member Committee</td>
</tr>
<tr>
<td><strong>5:00pm – 6:00pm</strong></td>
<td><strong>Conference Networking Reception in EXPO Hall</strong></td>
</tr>
<tr>
<td>6:00pm – 7:00pm</td>
<td>BOARD MEMBERS CONNECT! Health Center Board Members Networking Reception</td>
</tr>
<tr>
<td>6:00pm – 7:00pm</td>
<td>National LGBT Primary Care Alliance Reception</td>
</tr>
<tr>
<td>6:00pm – 7:00pm</td>
<td>New Member Welcome Reception</td>
</tr>
<tr>
<td>6:00pm – 7:00pm</td>
<td>Grassroots Advocacy Leadership Program Reception <em>(Invitation Only)</em></td>
</tr>
<tr>
<td>6:00pm – 7:30pm</td>
<td>NACHC eClinicalWorks User Group</td>
</tr>
<tr>
<td>6:30pm – 8:00pm</td>
<td>Young Professionals Leadership Exchange</td>
</tr>
<tr>
<td>7:00pm – 8:30pm</td>
<td>Subcommittee on Health Center Financing</td>
</tr>
<tr>
<td>7:00pm – 8:30pm</td>
<td>Subcommittee on Elderly Issues</td>
</tr>
</tbody>
</table>

### SATURDAY, MARCH 19, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am – 10:30am</td>
<td>Registration and Speaker Check-In</td>
</tr>
<tr>
<td>8:00am – 10:00am</td>
<td>Education Sessions</td>
</tr>
<tr>
<td><strong>10:30am – 12:00pm</strong></td>
<td><strong>PGS3  General Session</strong></td>
</tr>
</tbody>
</table>

#### Committee Meetings and Post Conference Trainings

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am – 5:00pm</td>
<td>Training for New Medical Directors - Day 2 <em>(Special registration required.)</em></td>
</tr>
<tr>
<td>12:30pm – 2:00pm</td>
<td>Rural Health Committee</td>
</tr>
<tr>
<td>12:30pm – 2:00pm</td>
<td>Committee on Health Center Excellence and Training</td>
</tr>
<tr>
<td>12:30pm – 2:00pm</td>
<td>Health Care for Homeless Committee</td>
</tr>
<tr>
<td>12:30pm – 2:00pm</td>
<td>Health Center Controlled Networks Task Force</td>
</tr>
<tr>
<td>12:30pm – 2:00pm</td>
<td>Finance Committee</td>
</tr>
<tr>
<td>12:30pm – 2:00pm</td>
<td>Clinical Practice Committee</td>
</tr>
<tr>
<td>12:30pm – 2:00pm</td>
<td>Health Care in Public Housing Task Force</td>
</tr>
<tr>
<td>12:30pm – 2:00pm</td>
<td>Membership Committee</td>
</tr>
<tr>
<td>2:30pm – 4:00pm</td>
<td>Committee on Service Integration for Behavioral Health and HIV</td>
</tr>
<tr>
<td>2:30pm – 4:00pm</td>
<td>Committee on Agricultural Worker Health</td>
</tr>
<tr>
<td>2:30pm – 4:00pm</td>
<td>Health Policy Committee</td>
</tr>
<tr>
<td>4:30pm – 6:00pm</td>
<td>NACHC Board of Directors Meeting</td>
</tr>
</tbody>
</table>

*Go to *meetings.nachc.com* for link to register for those sessions requiring “special registration.”
**Education Sessions At-A-Glance**  
*(as of January 12, 2016 and subject to change)*

**Tuesday, March 15, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00pm – 6:30pm</td>
<td>Grassroots Advocacy Leadership Program <em>(Pre-meeting event; special registration required)</em></td>
<td>Lincoln 5</td>
</tr>
<tr>
<td>4:00pm – 6:00pm</td>
<td>Registration and Exhibitor/Speaker Check-In</td>
<td>Lobby Level</td>
</tr>
<tr>
<td>7:00pm – 8:30pm</td>
<td>State Legislative Coordinators Meeting</td>
<td>Exhibit Hall C</td>
</tr>
</tbody>
</table>

**Wednesday, March 16, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am – 5:00pm</td>
<td>Registration and Exhibitor/Speaker Check-In</td>
<td>Lobby Level</td>
</tr>
<tr>
<td>8:00am – 2:45pm</td>
<td>Board Member Boot Camp*</td>
<td>Exhibit Hall C</td>
</tr>
<tr>
<td></td>
<td>Setting the Stage (8:00am – 8:45am)</td>
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</tr>
<tr>
<td></td>
<td>Part A: The Quality Umbrella (8:45am – 9:35am)</td>
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<tr>
<td></td>
<td>Part B: Legal Responsibilities and Liability (9:45am – 11:00am)</td>
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<tr>
<td></td>
<td>Part C: Administrative Oversight/Personnel Policies and Procedures (11:10am – 12:00pm)</td>
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<tr>
<td></td>
<td>Part D: Financial Responsibilities (1:00pm – 2:45pm)</td>
<td></td>
</tr>
<tr>
<td>12:30pm – 2:45pm</td>
<td>Be Ready to Head to the Hill: 2016 Health Center Policy Agenda,</td>
<td>Washington 1-3</td>
</tr>
<tr>
<td></td>
<td>Advocacy Strategy, and How to Move Congress to ACT!</td>
<td></td>
</tr>
<tr>
<td>3:00pm – 5:30pm</td>
<td>Opening General Session</td>
<td>Marriott Ballroom</td>
</tr>
</tbody>
</table>

**Thursday, March 17, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am – 3:30pm</td>
<td>Registration and Exhibitor/Speaker Check-In</td>
<td>Lobby Level</td>
</tr>
<tr>
<td>8:30am – 10:00am</td>
<td>PThA1 Visualizing and Understanding Health Data: Social Determinants and Your Health Center</td>
<td>Maryland</td>
</tr>
<tr>
<td></td>
<td>PThB1 Aligning the Revenue Cycle for Payment Reform: Moving From Volume to Value</td>
<td>Thurgood Marshall North</td>
</tr>
<tr>
<td></td>
<td>PThC1 Leading a Successful Executive Team</td>
<td>Thurgood Marshall East</td>
</tr>
<tr>
<td></td>
<td>PThD1 Special Exhibitor Session</td>
<td>Thurgood Marshall South</td>
</tr>
<tr>
<td></td>
<td>PThE1 Special Exhibitor Session</td>
<td>Thurgood Marshall West</td>
</tr>
<tr>
<td>10:00am – 10:30am</td>
<td>Refreshment Break</td>
<td>Lobby Level Foyer</td>
</tr>
<tr>
<td>10:30am – 12:00pm</td>
<td>PThA2 Attaining Clinical and Financial Integration in an Accountable Care World</td>
<td>Maryland</td>
</tr>
<tr>
<td></td>
<td>PThC2 Hallmarks of High Performance: Exploring the Relationship Between Clinical, Financial, and Operational Excellence at America’s Health Centers</td>
<td>Thurgood Marshall North</td>
</tr>
<tr>
<td></td>
<td>PThD2 Special Exhibitor Session</td>
<td>Thurgood Marshall East</td>
</tr>
<tr>
<td></td>
<td>PThE2 Special Exhibitor Session</td>
<td>Thurgood Marshall South</td>
</tr>
<tr>
<td>6:00pm – 9:00pm</td>
<td>Congressional Awards Reception at the NEWSEUM</td>
<td></td>
</tr>
</tbody>
</table>
EXPLANATION OF SESSION CODES

The first letter of the code is the meeting: P = P&I. The second letter of the code indicates the day of the week: W = Wednesday, Th = Thursday, F = Friday, and Sa = Saturday. The third letter in the code indicates the location with each letter A–K representing a different meeting room. The number at the end of the code signals whether it is the 1st, 2nd, or 3rd time slot of each day.

### Thursday, March 17, 2016

<table>
<thead>
<tr>
<th>Virginia</th>
<th>Delaware</th>
<th>Washington 1</th>
<th>Washington 2-3</th>
<th>ROOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Registration and Exhibitor/Speaker Check-In Lobby Level</td>
<td></td>
<td>7:00am – 3:30pm</td>
</tr>
<tr>
<td><strong>PThF1</strong></td>
<td><strong>PThG1</strong></td>
<td><strong>PThH1</strong></td>
<td><strong>PThJ1</strong></td>
<td><strong>PThB2</strong></td>
</tr>
<tr>
<td>Population Health</td>
<td>P2P Networking Session</td>
<td>Identifying the Drivers of Maximum Performance</td>
<td>Understanding Accountable Care for Health Center Boards</td>
<td>Thurgood Marshall North</td>
</tr>
<tr>
<td></td>
<td>Accountable Care Readiness</td>
<td>8:00am – 10:00am</td>
<td></td>
<td>Second time slot of the day</td>
</tr>
<tr>
<td></td>
<td>Population Health</td>
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<tr>
<td></td>
<td>Accountable Care</td>
<td>Management</td>
<td>Accountable Care</td>
<td></td>
</tr>
<tr>
<td><strong>PThF2</strong></td>
<td><strong>PThG2</strong></td>
<td><strong>PThJ2</strong></td>
<td></td>
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<tr>
<td></td>
<td>Veterans</td>
<td>Outreach and Enrollment</td>
<td></td>
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</tr>
<tr>
<td><strong>Refreshment Break</strong></td>
<td>Lobby Level Foyer</td>
<td></td>
<td></td>
<td>10:00am – 10:30am</td>
</tr>
<tr>
<td><strong>Congressional Awards Reception at the NEWSEUM</strong></td>
<td></td>
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<td></td>
<td>6:00pm – 9:00pm</td>
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## Friday, March 18, 2016

### ROOMS ➔

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<tbody>
<tr>
<td>7:00am – 3:30pm</td>
<td></td>
<td>Registration and Exhibitor/Speaker Check-In Lobby Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:30am – 8:30am</td>
<td></td>
<td>Continental Breakfast in EXPO Hall Exhibit Hall C</td>
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<td>8:00am – 9:30am</td>
<td>PFA1</td>
<td>Working Toward Payment Reform: Utilizing NACHC’s Payment Reform Readiness Assessment Tool</td>
<td>PFB1  The 340B Drug Discount Program: Policy Changes and the Impact on Health Centers</td>
<td>PFC1 Leveraging Health Center-Hospital Partnerships to Inform, Influence, and Implement Policy</td>
<td>PFD1 Predictive Analytics</td>
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<td>Payment Reform</td>
<td>340B</td>
<td>Partnerships</td>
<td>Population Health</td>
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<td>General Session: HRSA and CMS Updates PGS2 Marriott Ballroom</td>
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<td>PFA2</td>
<td>The Capitol Hill &quot;Kitchen Sink&quot;: An In-Depth Look at What’s Percolating on Capitol Hill</td>
<td>PFB2 P2P Networking Session Be the Change: Improve Health Outcomes for LGBT People Through Operational and Cultural Excellence</td>
<td>PFC2 Wrestling With State Payments Reform</td>
<td>PFD2 The Health Center of 2020: Implications of the Senior Leadership Team</td>
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<td>3:30pm – 5:00pm</td>
<td>PFA3</td>
<td>Health Center and Workforce: Where Do We Go From Here?</td>
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<td>Conference Networking Reception in EXPO Hall Exhibit Hall C</td>
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ALL NACHC Learning Labs are limited in participant space and require special registration. Learning Labs are open only to full-paying attendees. The $25 fee for lab participation partially subsidizes the light refreshments included in ALL labs. Preregistration and $25 fee required by March 11, 2016. No on-site registration is available.
## Friday, March 18, 2016

<table>
<thead>
<tr>
<th>Virginia</th>
<th>Delaware</th>
<th>Washington 1</th>
<th>Washington 2-3</th>
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<th>Rooms</th>
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<td><strong>PFF1</strong> CMS Administrative Update: What’s New With Medicare, Medicaid, and the Exchanges</td>
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<td><strong>PFG1</strong> Ten Things Every Health Center Can Do To Provide Inclusive Care for LGBT People</td>
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<td><strong>PFH1</strong> Meeting the Behavioral Health Needs of Health Center Patients: Patient Centered Models and Policies That Change Lives and Improve Health Outcomes</td>
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<td><strong>PFJ1</strong> Accessing Claims Data and What to Do With It to Assess Performance: Examples From the Field</td>
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<td><strong>PFK1</strong> The Role of Board Members in the HRSA Operational Site Visit</td>
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<td><strong>PFG2</strong> Identifying and Cultivating Private State and Local Sources of Support</td>
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<td><strong>PFJ2</strong> Making It Count: A Network’s Successful Use of a Data Analytics Platform to Improve Outcomes</td>
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<td><strong>PFK3</strong> HRSA Administrative Update</td>
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<td><strong>PFF3</strong> Assuring Oral Health is Integrated With Primary Care When Serving Populations of Focus</td>
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<td><strong>PFJ3</strong> Getting the Most Out of National Health Center Week: Event Planning, Sponsorships, and Public Relations</td>
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## Saturday, March 19, 2016

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## NACHC 2016 POLICY & ISSUES FORUM
### Saturday, March 19, 2016

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NACHC Board Member Boot Camp

**Special Registration Required**
(refer to NACHC P&I Registration Form)

Wednesday, March 16, 2016
8:00am – 2:45pm

Coffee will be available for all Boot Camp participants from 7:30am - 9:00am.

Exhibit Hall C

A changing and increasingly complex healthcare environment presents many challenges for health center governing boards. To be effective, board members must be fully knowledgeable about their roles and responsibilities and the many issues their health centers face as healthcare businesses. This four-part comprehensive seminar is for new board members (as well as “seasoned” board members who want a refresher).

8:00am – 8:45am
Setting the Stage

Julie Bodën Schmidt, MS, Associate Vice President, Training and Technical Assistance, NACHC

8:45am – 9:35am
Part A  The Quality Umbrella

Providing quality healthcare services is central to the mission, goals, and policies of health centers. The governing board is not only the caretaker and champion of the mission, but is also responsible to adopt and review healthcare policies, including quality assurance and quality improvement. Part A describes various health center activities that fall under the Quality Umbrella such as the Patient-Centered Medical Home Initiative, deeming and credentialing requirements, and partnering with local health systems.

Donald L. Weaver, MD, Associate Medical Officer, Clinical Workforce Center, NACHC

9:45am – 11:00am
Part B  Legal Responsibilities and Liability

Health center boards must ensure full compliance with local, state, and federal laws governing the operations of healthcare businesses. Part B of this seminar covers the nuts and bolts of the board’s legally mandated fiduciary responsibilities, including: federal regulations; statutes and policies impacting the health center; the board’s legal liability and financial responsibility in connection with its decision-making role; and staff/board relationships and roles.

Jacqueline C. Leifer, Esq., Senior Partner, Feldesman Tucker Leifer Fidel LLP

11:00am – 12:00pm
Part C  Administrative Oversight/Personnel Policies and Procedures

Health center boards are responsible for establishing general policies for the organization. Part C addresses the governing board’s oversight responsibilities related to personnel policies and procedures – including staff satisfaction – and policies related to facility standards.

Malvise A. Scott, Senior Vice President, Partnerships and Resource Development, NACHC

12:00pm – 1:00pm
Lunch (on your own)

1:00pm – 2:15pm
Part D  Financial Responsibilities

The governing board is responsible for safeguarding the organization’s assets. Part D of this seminar covers the establishment of financial priorities for the organization, the budget process, internal control policies and procedures, long-range planning, financial statements, and audits.

Mary Hawbecker, CPA, Senior Vice President, Operations and Chief Financial Officer, NACHC

2:25pm – 2:45pm
Table Discussions

Julie Bodën Schmidt, MS, Associate Vice President, Training and Technical Assistance, NACHC
Continuing Education

By attending education workshops, participants may qualify for continuing education units. Only full-paying participants and daily registrants are eligible for continuing education credits.

PHYSICIANS (CME)

This program is being considered by the American Academy of Family Physicians for 12.5 continuing education contact hours.

ACCOUNTING PROFESSIONALS (CPE)

The National Association of Community Health Centers, Inc. (NACHC) is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Suite 700, Nashville, TN 37217-2417 or by visiting their website at www.nasba.org. (Sponsor #108392)

SOCIAL WORKERS (CE)

This program was approved by the National Association of Social Workers for 12.5 continuing education contact hours. (Provider #886419070)

OTHER HEALTH PROFESSIONALS (CE)

The National Association of Community Health Centers, Inc. (NACHC) Certificate of Participation may be used toward state licensing requirements for a variety of disciplines requiring continuing education credits (i.e., health educators, nurses, physician assistants, doctors of osteopathic medicine, etc.). It is recommended that a Certificate of Participation and a copy of a conference program be submitted to your state-licensing agency.

Scanning and Evaluations

In order to receive Continuing Education Units (CEUs) at this NACHC conference, ALL attendees must:

• Have their conference badges scanned by room monitors at the end of each education session attended.

AND

• Complete session evaluations distributed at the conclusion of each session attended.

These simple steps ensure that CEUs are accurately processed and that valuable feedback is provided for the development of future NACHC programs.

In addition to earning educational credits through NACHC conference attendance, participants can receive credits online via MyNACHC Learning Center (MyNACHC) at mylearning.nachc.com.

This icon designates sessions that will be recorded in multimedia format and available online after the conference. These sessions are FREE to ALL paid 2016 P&I attendees via the MyNACHC Learning Center (MyNACHC).

Need your governance status? No more waiting!

All records will be updated within four weeks after the conference. Using your NACHC login information, go to the MyNACHC Learning Center (MyNACHC) at mylearning.nachc.com. Log in using your iMIS ID and password, information for the governance program will be found under the “Governance Program” tab. If you need login assistance or additional information about the Board Governance Program, contact Neha Desai at ndesai@nachc.com or (301) 347-0469.

If you have questions about board governance credits during the conference, NACHC staff is available to assist you at the NACHC Speaker and Exhibit Check-In desk.
NACHC Certificate in Health Center Governance Program for Board Members

NACHC is pleased to provide a certificate program designed for Health Center Board Members who wish to follow a formal path of training and skills enhancement in the area of health center governance. Individuals who wish to enroll in the Certificate in Health Center Governance Program must complete the enrollment form and submit it at the beginning of the conference to the NACHC Governance counter along with a $25 application fee.

Note: The application fee is waived for applicants who serve on the board of a NACHC Organizational Member in good standing and who are registered for the conference.

How do I become certified in Health Center Governance?

To obtain certification, you must complete a total of 31 contact hours through attendance/participation in education sessions offered at one of NACHC’s national conferences (Community Health Institute (CHI), the Policy & Issues Forum (P&I), or the Conference for Agricultural Worker Health). One contact hour equals one hour of session time.

The total required number of contact hours must be obtained within three years of enrollment in the program. If 31 contact hours are not completed within that three-year time period, you must re-enroll and pay the application fee, if applicable. Due to the changing scope and nature of information related to health centers and the healthcare environment, previously earned contact hours will not be counted toward the new enrollment period.

Program participants must attend the following sessions in person:

- Board Member Boot Camp: Parts A, B, C, and D (5 contact hours offered only at the CHI and P&I)
- At the Bar for Board Members (2 contact hours offered only at the CHI)

Program participants must attend a minimum of 24 contact hours within the three-year enrollment period. Participants may choose from all other NACHC conference education sessions that are designated for contact hours. NACHC provides education content in the areas of CLINICAL, FINANCE, GOVERNANCE, MANAGEMENT, TECHNOLOGY, and POLICY. Participants are encouraged to select a comprehensive course of study based on individual interests and needs.

In addition to earning educational credits through NACHC conference attendance, participants can receive credits online via MyNACHC Learning Center (MyNACHC) at mylearning.nachc.com.

This icon designates sessions that will be recorded in multimedia format and available online after the conference. These sessions are FREE to ALL paid 2015 P&I attendees via the MyNACHC Learning Center (MyNACHC).

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If you have questions about board governance credits during the conference, NACHC staff is available to assist you at the NACHC Speaker and Exhibit Check-In desk.
NACHC
Certificate in Health Center Governance Program for Board Members

ENROLLMENT FORM

Name: ____________________________________________ Title: ____________________________________________

Health Center Organization: ________________________________________________________________

Address: ________________________________________________________________________________

City: __________________________ State: __________________________ Zip: __________________________

Phone: __________________________ Fax: __________________________

E-Mail: ____________________________________________ IMIS ID: __________________________

(in the event NACHC may need to contact you directly) (your badge #)

I wish to receive all correspondence related to the Certificate in Health Center Governance Program:

☒ at the above address

☒ at the following address:

Mailing Address: ________________________________________________________________________________

City: __________________________ State: __________________________ Zip: __________________________

Phone: __________________________ Fax: __________________________

E-Mail: ____________________________________________

The Certificate Program enrollment fee of $25 is waived for individuals who serve on the board of a NACHC Organizational Member in good standing.

☒ My health center is not a NACHC Organizational Member, and my enrollment fee of $25 is enclosed.

__________________________________________________  ______________________________
Signature  Date

For NACHC use only:

Date received: ______________________________

Organizational Member in Good Standing:  ______Yes  ______No

Enrollment Fee: $___________  Enclosed Amount: $___________
Conference Basics

Business Center
The Marriott Wardman Park Business Center can serve as your extended office while you’re in town. The business center, located on the Mezzanine Level, offers a full range of services including: photocopying, faxing, word processing, computer workstation rental, and much more.

Business Center Hours:
Monday – Friday 7:00am – 6:00pm
Saturday – Sunday 8:00am – 4:00pm

Cellular Telephones — PLEASE Turn OFF Your Cell Phone
Please be considerate of others. Ringers on cell phones and other electronic devices should be turned off or switched to vibrate mode in conference education sessions, meetings, and social events.

Conference Attire
We invite you to dress in comfortable business casual style for the conference. Hotel meeting rooms can sometimes be chilly, so you are advised to bring a sweater or light jacket as well.

Health Center Board Members
Health Center Board Members are encouraged to visit with members of the NACHC Consumer/Board Member Committee. Share experiences with other board members from around the country and learn how to make the most of your conference experience. Committee members will be located on the Lobby Level for your convenience.

Job Board
A job placement board will be on display in the NACHC Registration area on the Lobby Level. If you wish to advertise job vacancies for your organization, please post them on the job board. Please limit all job postings to one page.

Lost and Found
Please check with the hotel’s front desk for lost and found items.

Messages
In case of an emergency, callers should contact the hotel directly and request that a copy of the message be given to the NACHC Registration staff. The telephone number of the Marriott Wardman Park is (202) 328-2000. Messages will be posted on a designated message board near the NACHC Registration area, located on the Lobby Level.

Membership
Organizations or individuals who are not members of NACHC and are interested in joining may contact the NACHC office at (301) 347-0400 or obtain a membership application by visiting the NACHC Member Services Kiosk located on the Lobby Level. You may also visit the NACHC Booth, in the EXPO Hall, on Friday, March 18.

MyNACHC Learning Center (MyNACHC) — Continuing education right at your fingertips
The world of NACHC events is just a click away! The MyNACHC Learning Center (MyNACHC) is your online portal to educational content from all NACHC events. All P&I education sessions are FREE to all paid 2016 P&I attendees.
This valuable online service provides access to meeting content on digital media — WHENEVER you need it — captured live and available to you via MyNACH! View courses online (as released for inclusion), captured as true multimedia re-creations with synchronized slides, handouts, and much more. Listen to a motivating, informative general session or a compelling workshop you may have missed. This is an excellent training tool and informational resource for missed courses.

The MyNACHC Learning Center (MyNACHC) provides:
- Quick and easy access to past and current content from NACHC conferences and other training events.
- The ability to earn additional continuing education (CME/CE) credits in the professional disciplines currently offered onsite at NACHC conferences (including NACHC’s Certificate of Board Governance Program).
- Session audio recordings synchronized to PowerPoint presentations.
- The ability to track your own continuing education units and attendance certification.

This icon designates sessions that will be recorded in multimedia format and available online after the conference. These sessions are FREE to all paid 2016 P&I attendees via the MyNACHC Learning Center (MyNACHC).
Registration and Exhibitor/Speaker Check-In

Hours and Location

Registered Attendees
The NACHC Registration area is located on the Lobby Level of the Marriott Wardman Park Hotel. Registered attendees can pick up their badges and registration packets during the following hours:

<table>
<thead>
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<th>Registration Hours</th>
<th>Tuesday, March 15</th>
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<tr>
<td></td>
<td>Wednesday, March 16</td>
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Exhibitor and Speaker Check-In
NACHC’s Exhibitor and Speaker Check-In is located in the NACHC Registration area on the Lobby Level. All exhibitors and speakers are asked to report to this area upon arrival at the conference. At this location, exhibitors will receive badges and booth packets. Speakers will receive badges, provide NACHC staff with copies of materials, and review or upload presentations.

(Exhibitor and Speaker Check-In hours are the same as registration hours.)
Hotel Information

Marriott Wardman Park
2660 Woodley Rd., NW
Washington, DC 20008
(202) 328-2000

Churchill Embassy Row
1914 Connecticut Ave., NW
Washington, DC 20009
(202) 797-2000

Omni Shoreham Hotel
2500 Calvert St., NW
Washington, DC 20008
(202) 234-0700

Washington Hilton
1919 Connecticut Ave., N.W.
Washington, DC 20009
(202) 483-3000

Courtyard Marriott, Washington, DC/Dupont Circle
1900 Connecticut Ave., NW
Washington, DC 20009
(202) 332-9300

Embassy Row Hotel
2015 Massachusetts Ave., NW
Washington, DC 20036
(202) 265-1600

Note: Shuttle transportation will be provided between the Marriott Wardman Park Hotel and overflow hotels throughout the conference. Shuttle schedules, outlining the details of this service, will be posted at each conference hotel.

Housing Policies

The Marriott Wardman Park Hotel is the Host Hotel for the NACHC 2016 Policy & Issues Forum. In an effort to ensure that all hotels are able to accept the maximum number of reservations, NACHC has implemented the following housing policies:

- Each reservation must have a unique name. No person may book more than one room in their name.
- A deposit of one night’s room and tax will be taken at the time of booking in order to guarantee your reservation.
- Should you need to cancel a reservation, you must do so 30 days in advance of your arrival in order to receive a deposit refund. For cancellations within the 30 days, prior to your arrival date, deposits are non-refundable unless the hotel is able to resell your cancelled room.

Shuttle Service for Capitol Hill Visits
Thursday, March 17

Continuous shuttle service will be provided for congressional visits on Thursday, March 17, from 7:00am to 12:30pm. Please refer to the schedule posted at your hotel for specific times of service to and from Capitol Hill.

In planning your Capitol Hill visit, please note that Garfield Circle is the only authorized drop-off point for either side of Capitol Hill. Garfield Circle, at First Street and Maryland Avenue, SW, is directly behind the U.S. Botanical Gardens and approximately two blocks away from the House buildings.

One way travel time from the hotels to Capitol Hill is approximately 35 minutes, so please plan your trip accordingly.

Check the shuttle schedule posted at each conference hotel for detailed pick-up and drop-off times.
Wednesday, March 16, 2016

Education sessions do not have prerequisite/pre-work unless otherwise noted within their descriptions.

12:30pm – 2:45pm
Education Session

**PWB1**

Be Ready to Head to the Hill: 2016 Health Center Policy Agenda, Advocacy Strategy, and How to Move Congress to ACT!

CPE: 2.7  CME/CE/Governance: 2.25
Level: Basic
Topic: Policy

As thousands of health center advocates take to Capitol Hill, Congress is weighing questions related to funding, payment, and our role within the healthcare system. This session will provide a clear rundown of the 2016 Health Center Policy Agenda and advocacy strategy. It will be the main opportunity for advocates to hear this year’s “ask” and to dialogue with NACHC policy and advocacy staff about how best to carry our collective message forward. We will showcase tips and information on how to effectively communicate our agenda to members of Congress and their staff. Don’t go to the Hill unprepared – this is your best opportunity to prepare for your 2016 Hill visits and hone your skills to be a more effective advocate.

**Learning Objectives:**
- Understand the 2016 NACHC Policy Agenda and what specific “ask” we are making of Congress.
- Prepare for your visits with Members and staff on Capitol Hill – get tips on how to have an effective meeting.
- Deepen your knowledge of how Congress works and how they make decisions in order to improve your advocacy.

**Presenter(s):**
- **Amanda Pears Kelly**, Director, National Advocacy and Civic Engagement, NACHC
- **Jana Eubank**, Associate Vice President, Public Policy and Research, NACHC
- **John Sawyer**, Director, Federal Affairs, NACHC
- **Abigail Pinkele**, Deputy Director, Federal Affairs, NACHC
- **Jennifer Taylor**, Deputy Director, Federal Affairs, NACHC

3:00pm – 5:30pm
OPENING GENERAL SESSION

**PGS1**

Program is being finalized.

This icon designates sessions audiotaped with PowerPoint for the MyNACHC Learning Center (MyNACHC).
Thursday, March 17, 2015

8:00am – 10:00am  P2P NETWORKING SESSION

**PThG1**

**Accountable Care Readiness**

Is an accountable care platform the right choice for your health center? Many health centers are asking their leadership, PCAs, and HCCNs that very question and being prepared is the key to these conversations. The healthcare delivery system is rapidly moving toward accountable care and understanding the legal, contracting, and financial aspects are critical.

This networking session focuses on how health centers/PCAs/HCCNs have reacted to and continue to refine their roles with qualified health plans, managed care organizations, and other accountable care organizations. Utilize this time to network with your colleagues and ask questions of our experts to enhance your own position in the ever-changing healthcare environment.

- **Discussion Table 1:** Accountable Care Contracting Issues and Opportunities
- **Discussion Table 2:** Emerging Opportunities for Clinically Integrated Networks

**Presenter(s):**

Andy Principe, Chief Executive Officer, Starling Advisors
Adam Falcone, Esq., Partner, Feldesman Tucker Leifer Fidell LLP

8:30am – 10:00am  EDUCATION SESSIONS

**PThA1**

**Maryland**

**Visualizing and Understanding Health Data: Social Determinants of Health and Your Health Center**

CPE: 1.8  
CME/CE/Governance: 1.5

Level: Basic

Topic: Data Collection and Assessment

Social determinants of health (SDH) influence personal health. Although an important pillar of the Health Center Movement since the beginning, the SDH are suddenly in the spotlight of the healthcare environment. HealthLandscape has focused on building online mapping tools that make these data available to the public for the past ten years.

In 2010, HealthLandscape launched the UDS Mapper which combines health center utilization data with the social determinants of health. The UDS Mapper is an effective, robust mapping tool built specifically for health centers. Users can map their service area or other area of interest to better understand the needs of the people who live there. Additionally, users can choose from a library of safety-net providers who serve the community and tools that allow users to add other community resources and data.

**Learning Objectives:**

- Create a map and extract data from the UDS Mapper based on an area of interest.
- Effectively use advanced tools that contain SDH.
- Populate a map with safety-net healthcare facilities and local community resources.

**Presenter(s):**

Jennifer Rankin, PhD, MPH, MS, MHA, Senior Manager for Research and Product Services, HealthLandscape

**PThB1**

**Thurgood Marshall North**

**Aligning the Revenue Cycle for Payment Reform: Moving From Volume to Value**

CPE: 1.8  
CME/CE/Governance: 1.5

Level: Basic

Topic: Finance

Health reform is transforming the payment system for Medicare and state Medicaid agencies and introducing the concept of Value-Based Purchasing (VBP). Most VBP models also introduce the payment mechanism of rewarding health centers for managing the total cost of care of their patients. As these VBP arrangements evolve and begin to crystalize, common themes are evolving. In this regard, health centers should stay abreast of these changes and begin to develop strategies and assess their readiness to take part in these new payment models. This session will provide an overview of VBP arrangements, the individual payment components, and what can be done today to prepare for the future.

**Learning Objectives:**

- Identify common themes across VBP models.
- Recognize key facilitators and challenges for health centers engaging in VBP arrangements.
- Evaluate strategies and opportunities for health centers considering or engaging in payment reform.

**Presenter(s):**

Peter R. Epp, CPA, Partner, Community Health Centers Practice Leader, CohnReznick LLP
Ross Brooks, Chief Executive Officer, Mountain Family Health Centers
PThC1  Thurgood Marshall East

Leading a Successful Executive Team

CPE: 1.8  CME/CE/Governance: 1.5

Level: Advanced  
Topic: Management

What are key things that health center senior leaders – CEOs, COOs, finance directors, and medical directors – need to know to lead their teams successfully? What surprises might you discover about the complexity of leadership and gaining buy-in from your team? This session will answer these questions and offer practical tools to lead your team successfully! This interactive session provides tips and resources to expand critical leadership skills, improve communications, implement coaching strategies for better performance, and build a cohesive team around five functions that promote excellence in teamwork. The presenters will help you identify leadership behaviors to put into practice to support your management team and cultivate healthy relationships at every level of your organization.

Learning Objectives:
- Identify ways to develop critical relationships within the health center.
- Examine various leadership skills needed to lead a successful team.
- Identify key pitfalls to avoid when leading a successful team.

Moderator:
Cindy Thomas, Director, Leadership Trainings, NACHC

Presenter(s):
Jackie Moen, MA, Senior Consultant, Ray & Associates, LLC  
Emmanuel Kintu, Chief Executive Officer, Kalihi-Palama Health Center  
Jeanne S. Twohig, MPA, Senior Consultant, Ray & Associates, LLC

8:30am – 10:00am  
SPECIAL EXHIBITOR SESSION

PThD1  Thurgood Marshall South

Program being developed.

8:30am -10:00am  
SPECIAL EXHIBITOR SESSION

PThE1  Thurgood Marshall West

Program being developed.
Thursday, March 17, 2015, continued

**PThH1**  
**Identifying the Drivers of Maximum Performance**  
Washington 1  
CPE: 1.8  
CME/CE/Governance: 1.5  
Level: Basic  
Topic: Management

Healthcare managers struggle with the need to manage the cost of care without jeopardizing patient and staff satisfaction or quality of care. Often it is perceived that there is a trade-off between these items. By understanding the specific factors that most influence the cost and quality of care (drivers), it is possible to improve all variables simultaneously.

This session will identify and explore those key elements which drive health center performance, linking specific steps in the process of care to cost and satisfaction outcomes. Understanding the relationship between the discrete steps in the process of care to outcomes provides managers with the insight needed to implement performance improvements and forecast operations based on these changes. Common perceptions such as the idea that more provider time with a patient results in higher patient and staff satisfaction will be challenged.

**Learning Objectives:**
- Identify the key variables that determine the efficiency in which clinical services are delivered.
- Understand the most important elements in the process of delivering clinical services that influence patient and staff satisfaction.
- Understand how performance can be altered to result in significant improvement to your center’s net margin.

**Presenter(s):**
- Jonathan Chapman, Director, Community Health Center Advisory Services, Capital Link  
- Charles L. Moore, President and CEO, HealthMETRICS Partners, Inc.

**PThJ1**  
**Understanding Accountable Care for Health Center Boards**  
Washington 2-3  
CPE: 1.8  
CME/CE/Governance: 1.5  
Level: Basic  
Topic: Accountable Care

The Affordable Care Act (ACA) fundamentally changed the way healthcare is delivered in the United States in several ways. Most fundamental to the Health Center Program is the ACA-heralded local decision making as the preferred method for healthcare delivery. As a result, health center boards now have even greater responsibility for assuring that care provided inside the health center is of the highest quality—creating and establishing “networks of care” at the local level. This session will examine basic health center financing, the new types of care models health centers will be asked to join (accountable care organizations, independent practice associations, etc.), and how a health center board should strategize for entering into these types of conversations with external partners or other health centers.

**Learning Objectives:**
- Identify the basics of the ACA and how it impacts health centers.
- Understand the types of accountable care available in the marketplace.
- Identify methods for engaging in accountable care strategy discussions for your health center.

**Moderator:**
- Betsy Vieth, MPH, Director, Governance Support, NACHC

**Presenter(s):**
- Yvonne G. Davis, Board Chair, Health Care Partners of South Carolina  
- Shawn Frick, Associate Vice President, PCA and Network Relations, NACHC  
- Jennifer Nolty, Director, Innovative Primary Care, PCA and Network Relations, NACHC

**PThA2**  
**Attaining Clinical and Financial Integration in an Accountable Care World**  
Maryland  
CPE: 1.8  
CME/CE/Governance: 1.5  
Level: Intermediate  
Topic: Accountable Care

A successful provider organization in a value-based environment understands the need to prepare for and operate under payment systems as they move away from fee-for-service to some form of shared financial risk involving a variety of upside and downside risk options. At the same time, provider organizations are being required to measure and report outcomes and patient satisfaction in accordance with a variety of measures and be transparent about it. All of these emerging payment arrangements will demand, and reward, effective clinical and financial integration among providers across the continuum of care. The importance of multi-provider collaboration, aka “accountable care,” best integrates the concepts of financial and clinical integration.

This session will demonstrate various levels of and examples from the field of clinical and financial integration from the individual health center to the accountable care organization (ACO)/independent practice association (IPA) organization levels. It will discuss the steps needed on this journey to eventually attain both as an organization.
Learning Objectives:
- Understand the importance of clinical and financial integration in the new healthcare landscape.
- Identify the steps and resources needed for an organization to become clinically and financially integrated.
- Understand the various levels of clinical and financial integration needed to be successful.

Presenter(s):
Andy Principe, Chief Executive Officer, Starling Advisors

PThC2 Thurgood Marshall East
Hallmarks of High Performance: Exploring the Relationship Between Clinical, Financial, and Operational Excellence at America's Health Centers
CPE: 1.8 CME/CE/Governance: 1.5
Level: Basic Topic: Management

We all know that health centers must strive for operational excellence – but what does “operational excellence” actually look like? Capital Link will help us explore this question by presenting highlights from a new study that explores the relationship between health center financial and operational performance and strong clinical outcomes. This HRSA-supported study seeks to illuminate the characteristics of health centers that perform well, both financially and from a quality of care perspective, to assist the health center sector in better understanding the factors that may contribute to the success of these “high performers” and to provide benchmarks toward which other health centers might strive to improve their performance. A leading health center CFO will respond to the study’s findings and discuss how health centers can effectively use benchmarks to monitor and improve performance.

Learning Objectives:
- Understand the factors that influence positive clinical, financial, and operational performance.
- Identify key trends in the health center sector.
- Understand how to use comparative data to benchmark and improve performance.

Presenter(s):
Allison Coleman, MBA, Chief Executive Officer, Capital Link
Robert Urquhart, Chief Financial Officer, Greater Lawrence Family Health Center

10:30am – 12:00pm
SPECIAL EXHIBITOR SESSION

PThE2 Thurgood Marshall West
Program being developed.

10:30am – 12:00pm
SPECIAL EXHIBITOR SESSION

PThF2 Virginia
Population Health: Transforming the Care Delivery System, Part II
CPE: 1.8 CME/CE/Governance: 1.5
Level: Basic Topic: Population Health

In the second of a two-part series, this session will focus on the creation of a population health strategy and the effective use of data and tools in care coordination that lead to better patient outcomes and increased practice revenue. We will work to overcome key barriers in achieving true transformation: (1) utilization and quality of data; (2) defining and understanding our population (evidence-based guidelines and risk stratification); and (3) optimization of our decision support systems to improve efficiencies in workflow. This will help identify target patient populations which should be monitored, identify trends and outcomes, and demonstrate how clinicians can utilize population health data to improve the overall health and quality of care in the communities they serve. An exploration of a health center’s population health strategy, tools, and effective use of data will also be featured as part of this session.

Learning Objectives:
- Identify technologies, processes, and tools used to measure and manage patient data.
- Understand how technology enables you to transform your practice and supports the care team approach.
- Leverage data to provide proactive care coordination before, during, and after point-of-care to achieve value-based results.

Presenter(s):
Shannon Nielson, MHA, PCMH-CCE, Vice President of Consulting Services, Centerprise, Inc.
Thursday, March 17, 2015, continued

**PThG2 ▶ Delaware**

**Veterans Choice Act Update: Innovative Practices in Health Centers to Engage Veterans, the VA, and the Community**

CPE: 1.8 CME/CE/Governance: 1.5

Level: Basic  
Topic: Veterans

In July 2014, the president signed into law the Veterans Choice Act, which allows Veterans greater choice in how they access healthcare in their local communities. Since becoming law, the Veterans Choice Act has been revised and updated to better meet the needs of Veterans in both rural and urban communities. It has opened the door for health centers to serve more Veterans in their communities and implement a variety of strategies to become a provider of choice within the Veteran community.

This session will provide an update on the Veterans Choice Act and highlight three health centers and the strategies they’ve used to connect and engage Veterans and their families in their communities. These organizations will share best practices and lessons learned from working with the Veterans Administration (VA), Veteran Services Organizations (VSOs), and other community stakeholders.

**Learning Objectives:**
- Understand recent developments of the Veterans Choice Act, with a focus on health centers.
- Describe the Veteran engagement efforts of three health centers.
- Identify best practices for working with local VSOs, VA medical centers, and government to connect with Veterans and bring them into the health center universe.

**Moderator(s):**
Richard Bohrer, Consultant, Network Relations, NACHC

**Presenter(s):**
Gina Capra, MPA, Director, Office of Rural Health, Veterans Health Administration  
Danielle Nugent, Healthcare Transformation Specialist, Virginia Community Healthcare Association  
Regan Crump, MSN, DrPH, Director, Office of Strategic Planning and Analysis, Veterans Health Administration  
Kim Schwartz, Chief Executive Officer, Roanoke Chowan Community Health Center

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**PThJ2 ▶ Washington 2-3**

**Creating Dynamic, Innovative Models for Health Center Outreach and Enrollment**

CPE: 1.8 CME/CE/Governance: 1.5

Level: Basic  
Topic: Outreach and Enrollment

In 2015, over 1,200 health centers received HRSA funding to conduct outreach and enrollment (O&E) activities. During the third open enrollment period (OE3) – which ends on January 31, 2016 – health centers will assist millions of consumers with plan selection and experiment with innovative enrollment tools, outreach strategies, and staffing models. This session will provide a debrief on OE3, which will include: best practices collected by the Bureau of Primary Health Care through the quarterly progress reports and PCA calls; an overview of lessons learned and enrollment tools developed and implemented by Enroll America, the nation’s leading healthcare enrollment coalition; and innovative strategies for enhancing the role of assisters at health centers through training, certification, and skill-building initiatives.

**Learning Objectives:**
- Assess key ongoing challenges and emerging trends/best practices in O&E.
- Assess the effectiveness of new enrollment assistance tools developed during OE3.
- Provide an overview of how health centers are strengthening and enhancing the role of enrollment assisters.

**Moderator:**
Ted Henson, MS, Director, Health Center Performance and Innovations, NACHC

**Presenter(s):**
Julie Tatko, MSW, Enabling Services Director, Michigan Primary Care Association  
Matt Kozar, Director, Strategic Initiatives and Planning Division, Office of Policy and Program Development, Bureau of Primary Health Care/HRSA  
Sophie Stern, Deputy Director, Best Practices Institute, Enroll America

**6:00pm – 9:00pm**

**SPECIAL EVENT**

**Congressional Awards Reception**

The Newseum  
555 Pennsylvania Ave., NW  
(located at Pennsylvania Ave. and 6th St.)  
Washington, DC 20001  
Metro: Archives/Navy Memorial/Penn Quarter (Green and Yellow Lines) or Judiciary Square (Red Line)
Friday, March 18, 2016

8:00am – 9:30am
EDUCATION SESSIONS

PFA1  ➤  Maryland

**Working Toward Payment Reform: Utilizing NACHC’s Payment Reform Readiness Assessment Tool**

CPE: 1.8  CME/CE/Governance: 1.5

**Level:** Basic  
**Topic:** Payment Reform

NACHC, with the help of John Snow, Inc., developed the Payment Reform Readiness Assessment Tool to assist health centers in their pursuit of cost-effective care by identifying key competency areas needed for successful implementation of a payment reform model. The panelists will walk the participants through the use of the tool which has a new web-based component. Panelists will then share results of the health centers that used the tool in 2015-2016 and how health centers can move forward with payment reform efforts together with their PCAs.

**Learning Objectives:**

- Assess your health center’s current state of readiness and identify areas for improvement via the Readiness Assessment Tool.
- Identify resources and strategies to achieve payment reform with your state’s PCA.
- Apply lessons learned from other states to drive payment reform efforts in your health center or state.

**Presenter(s):**

- **Elena Thomas Faulkner**, Senior Consultant, JSI Research and Training Institute, Inc.
- **Stacey Moody**, Senior Consultant, John Snow, Inc.
- **Rebecca Cienki**, Chief Operating Officer, Michigan Primary Care Association
- **Polly Anderson**, Chief Policy Officer, Colorado Community Health Network

PFB1  ➤  Thurgood Marshall North

**The 340B Drug Pricing Program: Policy Changes and the Impact on Health Centers**

CPE: 1.8  CME/CE/Governance: 1.5

**Level:** Intermediate  
**Topic:** 340B Drug Pricing Program

This session will start with a brief overview of the 340B Program, followed by an update on recent legislative and regulatory activity, including the so-called “Mega-Guidance” published last fall. It will conclude with a discussion of strategies and tools for ensuring that your health center is appropriately enacting these policies and helpful hints to prepare for a HRSA or manufacturer audit.

**Learning Objectives:**

- Understand the latest developments in the 340B Mega-Guidance.
- Identify developments on Capitol Hill regarding the 340B Program.
- Understand how these policies affect your health center.

**Moderator:**

**Colleen Meiman**, Director, Regulatory Affairs, NACHC

**Presenter(s):**

- **Captain Krista Pedley, PharmD, MS**, Director, Office of Pharmacy Affairs, Bureau of Health Professions/HRSA
- **Cindy DuPree, CPA**, Partner, Draffin & Tucker, LLP
- **Michael Glomb, Esq.**, Partner, Feldesman Tucker Leifer Fidell LLP
- **Michaela Keller**, Manager, Federal Affairs, NACHC

PFC1  ➤  Thurgood Marshall East

**Leveraging Health Center-Hospital Partnerships to Inform, Influence, and Implement Policy**

CPE: 1.8  CME/CE/Governance: 1.5

**Level:** Basic  
**Topic:** Partnerships

Health centers have developed partnerships with their local community hospitals around the needs and common policy priorities of their communities and patients. The National Partnership for the Health Care Safety Net, funded by Kaiser Permanente Community Benefit, is a partnership between NACHC, America’s Essential Hospitals, and The George Washington University, and has been working with four local health center-hospital partnerships in Atlanta, Cleveland, Denver, and Richmond on a two-year project. In response to changes in the policy environment, the four partnerships have been addressing issues related to access to specialty care, outreach and enrollment, and access to coverage for vulnerable populations.

In this session, participants will hear from health center leaders about their experiences with this project, how they engaged with hospitals on a specific priority area, lessons learned and best practices for building relationships with hospitals, and perspectives on how partnerships can be leveraged to benefit the communities they serve.

**Learning Objectives:**

- Identify common priorities and policy issues of health centers and safety-net hospitals.
- Recognize key facilitators and challenges in the development of partnerships.
- Evaluate strategies and opportunities for leveraging health center-hospital partnerships.
Moderator:
Heidi Emerson, Manager, State Affairs, NACHC

Presenter(s):
Simon Hambidge, MD, PhD, Chief Executive Officer and CMO, Denver Community Health Services
Karen K. Butler, Chief Operating Officer, Northeast Ohio Neighborhood Health Services, Inc.
David M. Williams, MD, Chief Executive Officer, Southside Medical Center, Inc.
Maureen Neal, CFRE, Chief Operating Officer for Advancement, The Daily Planet Health Center

PFD1 Thurgood Marshall South
Predictive Analytics
CPE: 1.8 CME/CE/Governance: 1.5
Level: Basic
Topic: Population Health

The use of predictive analytics is becoming more common in the health payer world. Certain data collected by a health center is only a portion of the information necessary to be effective in improving patient care, reducing costs, and negotiating favorable contracts with payers. The use of predictive analytics to make and support business decisions is essential as a health center's payer mix changes and they become responsible for all patients attributed to them by managed care and accountable care organizations (regardless if treated or not). A health center's ability to engage with payers and understand which patients are more likely to seek inappropriate care or to assist them in avoiding expensive hospital readmissions is becoming a critical skill set.

This session will define predictive analytics, specifically address the data and sources needed to predict or forecast a patient population's future behavior, identify how a health center can begin using it, and include specific examples of its success in the field.

Learning Objectives:
- Define predictive analytics and identify the types and sources of data.
- Identify the types and sources of data needed and how to acquire them.
- Identify the ways a health center can and should use this data to forecast a patient population's future behavior and identify possible interventions to positively impact the outcome.

Presenter(s):
Jonathan Chapman, Director of Community Health Center Advisory Services, Capital Link

Friday, March 18, 2016, continued

PFE1 Thurgood Marshall West
Harnessing the Power of #SocialNetworks: One of the Most Effective Advocacy Tools to Make Your Voice Heard
CPE: 1.8 CME/CE/Governance: 1.5
Level: Basic
Topic: Advocacy

Social media has emerged as one of the most effective tools for advocacy and organizing. In the ongoing effort to secure desirable federal and state policy for health centers, social media is an incredible tool for advocates to stand up against budget cuts, rally supporters, and capture the attention of members of Congress.

This session will cover how health center advocates can use social media such as Facebook, Twitter, and Instagram to grow supporters, strengthen capacity to respond to policy developments, and engage in new advocacy tactics with members of Congress. Explore how to use social networks to engage the press and broader audiences through learning what elements of the health center movement resonate with them. Finally, presenters will review dos and don’ts for social media outreach and correspondence. Panelists will include health center and PCA professionals and members of the NACHC Communications department.

Learning Objectives:
- Provide tangible examples of how health centers/PCAs have used social media to advance their advocacy efforts.
- Understand how health center advocates can use social media such as Facebook, Twitter, and Instagram to grow supporters, strengthen capacity to respond to policy developments, and engage in new advocacy tactics with members of Congress.
- Identify general guidelines, how tos, and best practices for using social media for advocacy.

Moderator:
Dorian Wanzer, MPA, Grassroots Advocacy Manager, Outreach and Communications, NACHC

Presenter(s):
Aracely Navarro, Regional Advocate, California Primary Care Association
Leslie Gianelli, Director, Public Relations and Communications, Community Health Center, Inc.
Marisol Murphy Ballantyne, Assistant Director, Communications, NACHC
This session will provide conference attendees with the latest updates impacting health centers from the Centers for Medicare & Medicaid Services (CMS). Attendees will hear from top CMS officials on new regulations and guidance impacting health centers in Medicare (including the new cost report forms and coverage for the Chronic Care Management fee), federal Medicaid policies, new policies on the Marketplace Exchanges, and other topics. An overview of recent litigation involving CMS issues and FQHCs will also be presented.

**Learning Objectives:**
- Identify the latest developments from CMS in Medicare PPS and other new policies.
- Identify developments in Medicaid impacting health centers.
- Understand how these policies affect your health center.

**Moderator:**
Susan Sumrell, Deputy Director, Regulatory Affairs, NACHC

**Presenter(s):**
- Corinne Axelrod, MPH, Senior Health Insurance Specialist, Hospital and Ambulatory Policy Group, Division of Ambulatory Services /CMS
- Susannah Vance Gopalan, Esq., Partner, Feldesman Tucker Leifer Fidell LLP
- Edward Waters, Esq., Managing Partner, Feldesman Tucker Leifer Fidell LLP

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**PFF1**  
**CMS Administrative Update: What's New With Medicare, Medicaid, and the Exchanges**  
Virginia

CPE: 1.8  
CME/CE/Governance: 1.5

**Level:** Basic  
**Topic:** CMS

This session will provide an overview of LGBT health concerns and steps your health center can take to make healthcare services both welcoming to and appropriate for LGBT people. Hear from both LGBT consumers describing their personal experiences accessing care, as well as health centers about their commitment to creating an affirmative environment for LGBT people and where that commitment has led them. Finally, we want to hear from you as you consider challenges your center may face or has already overcome in creating programs for LGBT people.

**Individuals attending this session should also consider attending the education session (PFB2) Be the Change: Improve Health Outcomes for LGBT People Through Operational and Cultural Excellence offered during this conference.**

**Learning Objectives:**
- Define sexual orientation and gender identity.
- Describe health disparities experienced by LGBT people.
- Identify steps your health center can take to create a more welcoming environment for LGBT people.

**Moderator:**
W. Paul Curtis, Board Member, Family HealthCare Network

**Presenter(s):**
- Harvey Makadon, MD, Director, The National LGBT Health Education Center at The Fenway Institute, Fenway Health
- Brian Toomey, MSW, Chief Executive Officer, Piedmont Health Services, Inc.
- Janice Bacon, MD, Director of Clinical Services and Quality Assurance, Central Mississippi Health Services
- Cyril Ubiem, PhD, Director of HIV Services, Whittier Street Health Center

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**PFG1**  
**Ten Things Every Health Center Can Do To Provide Inclusive Care for LGBT People**  
Delaware

CPE: 1.8  
CME/CE/Governance: 1.5

**Level:** Basic  
**Topic:** LGBT Care

People who are lesbian, gay, bisexual, and transgender (LGBT) experience health disparities that are different from the general population. They experience higher rates of depression, suicide, homelessness, substance abuse, smoking, HIV infection, viral hepatitis, and other sexually transmitted diseases. These disparities persist across the life cycle and are linked to a long and painful history of stigma and discrimination. LGBT people live in every community across the country, and chances are your health center already provides care to this very diverse population.
**Meeting the Behavioral Health Needs of Health Center Patients: Patient-Centered Models and Policies That Change Lives and Improve Health Outcomes**

CPE: 1.8  CME/CE/Governance: 1.5

Level: Basic  
Topic: Behavioral Health Integration

Many health center patients benefit from behavioral health services, yet delivering these services in the primary care setting can be challenging both from operations and policy perspectives. During this session you will hear from health center colleagues who have implemented evidence-based practices to improve the quality of care and health outcomes for patients using three successful models: Collaborative Care and Behavioral Health Consultant Models, Trauma-Informed Care, and Chronic Pain Management. And because the federal policy environment impacts implementation of these behavioral health models, you will learn about the policy response to the shifting environment in behavioral health, payment reform, and regulatory and administrative policy.

**Learning Objectives:**
- Define trauma-informed care.
- Describe attributes of a successful chronic pain management program in a health center.
- Identify a current federal policy proposal that impacts behavioral healthcare delivery in health centers.

**Moderator:**  
Jessica Sanchez, RN, FNP, MS, Chief Quality and Development Officer, Colorado Community Health Network

**Presenter(s):**  
Daniel Miller, MD, Chief, Clinical Integration and Graduate Medical Education, Hudson River HealthCare, Inc.  
Anne Shields, MHA, RN, Assistant Director for Translation and Implementation, Division of Population Health, Department of Psychiatry and Behavioral Sciences  
Daren Anderson, MD, Vice President/Chief Quality Officer, Community Health Center, Inc. and Director, The Weitzman Institute

**Accessing Claims Data and What to Do With It to Assess Performance: Examples From the Field**

CPE: 1.8  CME/CE/Governance: 1.5

Level: Basic  
Topic: Data Collection and Assessment

Having access to clinical claims and total cost of care data from payers can help inform quality improvement and cost control efforts. Many – but not all – health centers, health center controlled networks, and primary care associations have access to clinical claims and total cost of care data from payers. Hear how some have worked with state or managed care partners to access current claims data, the process they went through to get the data, how they used it to assess performance, and the key issues they had to deal with to ensure fair provider comparisons. This session will walk participants through the practical decision points in using the data and is intended for audiences with little or no background in research methodology.

**Learning Objectives:**
- Identify strategies to work with state or managed care partners to access clinical claims and total cost of care data.
- Identify best practices and common barriers in utilizing data to assess performance.
- Gain awareness of key issues that could arise in ensuring fair provider comparisons during analysis.

**Moderator:**  
Caitlin Crowley, Policy Research Analyst, NACHC

**Presenter(s):**  
Ross Brooks, Chief Executive Officer, Mountain Family Health Centers  
Jason Greer, Chief Executive Officer, Colorado Community Managed Care Network, Inc.  
Ginny Roberts, Managed Care Director, Arizona Alliance for Community Health Centers  
Abby Sears, Chief Executive Officer, Oregon Community Health Information Network (OCHIN)
The Role of Board Members in the HRSA Operational Site Visit

At least once every three years, Health Center Program grantees and look-alikes will have an operational site visit (OSV), from the Health Resources and Services Administration’s (HRSA) Bureau of Primary Health Care, to assess the health center’s compliance with program requirements. The governing board of a health center provides leadership and guidance in support of the health center’s mission and is legally responsible for ensuring that the health center is operating in accordance with applicable federal, state, and local laws and regulations.

This session will present an overview of specific requirements applicable to board members on which reviewers tend to focus, the site visit format, and the role of governing board members before and during the visit. Panelists include health center CEOs and board members that have successfully completed the site visit. They will share their experiences and lessons learned on topics that include board/staff collaboration, board preparation before the visit, board responsibilities during the OSV, and lessons learned.

Learning Objectives:
- Understand why HRSA conducts the OSV and how the governing board is involved.
- Provide guidance on involving the governing board in preparation for an OSV.
- Identify what is expected of the governing board during the OSV.

Moderator: Betsy Vieth, MPH, Director, Governance Support, NACHC

Presenter(s):
- J. Cornelius Brown, President/CEO, HealthNet, Inc.
- Phillip Dothard, Board Chair, Heartland Health Centers
- Gwenn Rausch, Chief Executive Officer, Heartland Health Center
- Toby Salyers, Board Member, HealthNet, Inc.
- Marcie H. Zakheim, Esq., Partner, Feldesman Tucker Leifer Fidell LLP

HRSA and CMS Updates

Program is being finalized.

The Capitol Hill “Kitchen Sink”: An In-Depth Look at What’s Percolating on Capitol Hill

You’ve heard the policy agenda for the year, and you’ve been to the Hill. Now dive in with the NACHC Federal Affairs team for a more in-depth look at the range of legislative issues on Congress’ plate in the coming year. Whether it’s related to funding, reimbursement, workforce, pharmaceutical policy, or a host of other issues, decisions made (or not made) on Capitol Hill will have a real-world impact on your health center’s operations. Learn about what’s at stake, what we expect in the year ahead, and what you can do about it.

Learning Objectives:
- Get up to speed on the congressional health policy agenda for 2016.
- Anticipate and contribute to health center advocacy on key issues of importance to our future.
- Understand the structure and responsibility of the NACHC Federal Affairs team, and how to use them as a resource.

Presenter(s):
- John Sawyer, Director, Federal Affairs, NACHC
- Abigail Pinkele, Deputy Director, Federal Affairs, NACHC
- Jennifer Taylor, Deputy Director, Federal Affairs, NACHC
- Michaela Keller, Manager, Federal Affairs, NACHC
- Alyssa Shinto, Program Associate, Federal Affairs, NACHC
Friday, March 18, 2016, continued

1:30pm – 3:00pm  P2P NETWORKING SESSION

PFB2
Thurgood Marshall North

Be the Change: Improve Health Outcomes for LGBT People Through Operational and Cultural Excellence

Note: Due to the format of this networking session, participation is limited to the first 50 attendees on a first-come, first-served basis.

The Health Center Program is celebrated for its accomplishments in improving health outcomes for and reducing health disparities experienced by underserved and vulnerable populations. That’s what health centers do. It’s in our DNA. This networking session will focus specifically on how all health centers can operationalize care for people who are lesbian, gay, bisexual, or transgender (LGBT). LGBT people are often marginalized in our society, experience healthcare discrimination, and have very specific healthcare needs and concerns, including higher rates of depression, suicide, homelessness, substance abuse, smoking, HIV and other STDs, and certain cancers. As the largest primary care network in the nation, health centers can be the change.

This session will provide a dynamic round table format in which you will engage in discussion with and learn from your peers. With guidance and facilitation by content experts, you will build your technical and cultural competencies and acquire operational strategies that you can take back to your health center and use almost immediately in such areas as sexual orientation and gender identity data collection; medical-legal considerations, including issues related to confidentiality; creating a welcoming and affirming environment; and transgender patient engagement and family support.

Individuals attending this session should also consider attending the education session (PFG1) Ten Things Every Health Center Can Do to Provide Inclusive Care for LGBT People offered during this conference.

Facilitator(s):
Eric Gutierrez, MDiv, Director of Health Policy, Los Angeles LGBT Center
Michelle Wetzel, JD, Senior Vice President, Policy, Strategy and Business Development and General Counsel, Howard Brown Health Center

Expert(s):
Harvey Makadon, MD, Director, The National LGBT Health Education Center, The Fenway Institute, Fenway Health

- Discussion Table 1: Sexual Orientation and Gender Identity Data Collection
  Expert(s):
  Chris Brown, MBA, MPH, Director of Health and Mental Health Services, Los Angeles LGBT Center
  Chris Grasso, MPH, Associate Director for Informatics and Data Services, The Fenway Institute, Fenway Health
  Andy Gulati, Manager, Health IT Training, NACHC

- Discussion Table 2: Medical-Legal Considerations
  Expert(s):
  Daniel Bruner, JD, MPP, Senior Director of Policy, Whitman-Walker Health
  Michelle Wetzel, JD, Senior Vice President, Policy, Strategy, and Business Development and General Counsel, Howard Brown Health Center
  Ronald Wilcox, MD, Chief Medical Officer, NO/AIDS Task Force, A Division of CrescentCare

- Discussion Table 3: Creating an Inclusive and Affirmative Environment
  Expert(s):
  Kristin Keglovitz Baker, PA-C, AAHIVS, Chief Operating Officer, Howard Brown Health Center
  Omoro Omoighe, MPH, Associate Director, Health Equity/Health Care Access, National Alliance of State and Territorial AIDS Directors

- Discussion Table 4: Transgender Patient Engagement and Family Support
  Expert(s):
  David Klein, Peer Support Program Coordinator, Community HealthCorps, AmeriCorps Member, Whitman-Walker Health, District of Columbia Primary Care Association
  Deborah Dunn, MBA, PAC, Physician Assistant, Chase Brexton Health Services
1:30pm – 3:00pm
EDUCATION SESSIONS

**PFG2**

**Delaware**

**Identifying and Cultivating Private State and Local Sources of Support**

CPE: 1.8  
CME/CE/Governance: 1.5  
Level: Basic  
Topic: Development/Fundraising

Too often FQHCs have looked only to public state, local, and federal entities for support – overlooking private state and local sources. This session will provide guidance on how to identify categories of potential private supporters, the amounts given in recent years, and favored types of recipients. In addition, panelists will discuss how to approach, establish, and maintain relationships. Attendees will be encouraged to share relevant experiences.

**Learning Objectives:**
- Identify which local/state organizations (foundations, corporations, etc.) have a history of giving to promote healthcare-related projects that fit your organization’s needs.
- Determine what “official” descriptions of donor organizations can reveal about how they make decisions and who their target recipients are.
- Determine how and when to approach a donor of interest.

**PFJ2**

**Washington 2-3**

**Making It Count: A Network’s Successful Use of a Data Analytics Platform to Improve Outcomes**

CPE: 1.8  
CME/CE/Governance: 1.5  
Level: Basic  
Topic: Data Collection and Assessment

There has been an explosion of clinical data since the advent of electronic health records. The introduction of Meaningful Use was the accelerant which spread electronic health records (EHRs) across the industry in small, large, private, and public healthcare facilities. CHCs are held accountable for higher quality care at a lower cost which requires the collection, management, integration, and analysis of ever more complex clinical data. This issue gets multiplied when you are a multi-specialty practice and have disparate systems that don’t talk to each other.

The challenge is managing clinical data and integrating different data sources. The reports provided by individual vendors of electronic systems many times are retrospective and provide little ability to make improvements in your practice before the data is due to funders or payers. There are vendors that provide aggregate data, reports, and data warehousing capabilities but these are usually expensive and never truly meet your needs. Our goal was to provide a platform that integrates these disparate systems and provides real-time results to a wide array of users while maintaining focus on improving quality of care. CHCs need a new workforce focused on data analytics and technologies to allow them to understand and manage both clinical and financial data for optimal outcomes.

**Learning Objectives:**
- Ensure that the excellent quality of care received at CHCs is captured and recognized.
- Understand the complexity and purpose of data integration and aggregation.
- Tackle the challenges associated with achieving compliance with quality reporting requirements with limited resources.

**Presenter(s):**
- **Ricardo Gomez, MBA**, Senior Director, Business Intelligence and Health Solutions, Health Choice Network, Inc.
- **Michele Russell**, Senior Vice President of CIO Services, Health Choice Network, Inc.

**PFK2**

**Washington 4-6**

**Health Center Advocacy for Board Members**

CPE: 1.8  
CME/CE/Governance: 1.5  
Level: Basic  
Topic: Advocacy

The role health center board members play in driving effective and powerful advocacy at their health centers, both personally and as an organization, cannot be overstated. Working with health center leadership and community partners, active participation by the board of directors is a key element to building a successful advocacy program at all levels of health center operations and outreach. This session will share best practices on how health center boards can and should work with health center leadership to drive advocacy initiatives, develop board structure and advocacy planning to make advocacy an organizational priority, and effectively leverage relationships with other community leaders to raise awareness and increase power and influence.

**Learning Objectives:**
- As a board member, effectively participate in and lead the advocacy effort at your health center.
- As health center staff, effectively engage and involve your board of directors on advocacy.
- Understand current action items board members can take as part of the Access Is the Answer campaign.

**Presenter(s):**
- **David L. Brown**, Board Chair, Family Medical Center of Michigan, Inc.
- **Howard Castay**, Board Member, Teche Action Clinic
- **Wayne E. Linscott, MPA**, Chief Operating Officer, Health Help, Inc. dba White House Clinics
1:30pm – 4:30pm  
**PFC2** Thurgood Marshall East  
**Wrestling With State Payment Reform**  
CPE: 3.6  
CME/CE/Governance: 3.0  
Level: Intermediate  
Topic: Payment Reform  

*Limited to 30 participants.*  
Health centers are strongly positioned to achieve the *Triple Aim* within low-income and underserved populations nationwide. To help achieve the *Triple Aim*, health centers are exploring ways their payment systems can be aligned to better support innovation and the patient-centered care they deliver. This session will outline key elements of payment, diagram existing FQHC payment models, and help participants to begin conceptualizing payment reform in their states.

Session participants should be teams of three from states considering FQHC payment reform efforts. A state team should include leadership from the state primary care association and individuals who provide leadership on financial, operational, clinical, data and IT, and/or policy issues in the state. Up to 10 PCAs may register as attendance is limited to 30 individuals.

**Learning Objectives:**  
- Identify key elements of payment models.  
- Understand existing FQHC payment models.  
- Evaluate strategies and opportunities for payment reform efforts at the state level.

**Presenter(s):**  
**Curtis Degenfelder,** President, Curtis Degenfelder Consulting, Inc.

All NACHC Learning Labs are limited in participant space and require special registration. Learning labs are open ONLY to full-paying attendees. The $25 fee for lab participation partially subsidizes the light refreshments included in all labs. Preregistration and $25 fee required by March 11, 2016. No on-site registration available.

1:30pm – 4:30pm  
**PFD2** Thurgood Marshall South  
**The Health Center of 2020: Implications for the Senior Leadership Team**  
CPE: 3.6  
CME/CE/Governance: 3.0  
Level: Advanced  
Topic: Management  

*Limited to 50 participants.*  
We can no longer work in our own silos while we prepare for the future of our health centers. What worked yesterday will not work in the near future. The health center of 2020 will require a high-performing, collaborative approach to success. In this interactive workshop, participants will have the chance to share ideas, learn from others, dream of the opportunities, and plan for this incredible transformation. This three-hour session will involve a panel discussion with forward-thinking health center C-Suite leaders and small-group peer discussions around the health center of 2020. Transformational leadership, technology, workforce, and patient workflows will be up for discussion and review.

**Learning Objectives:**  
- Describe new ideas and possibilities in the future of health care delivery.  
- Define the expectations about the future of CHCs and begin rethinking the current leadership roles and responsibilities in order to engineer a thoughtful path to the future.  
- Outline a clear plan to aid in decision making around technology investments, workforce development and future hiring, as well as operational management and process design for the future.

**Moderator:**  
**Faz Bashi, MD,** Coach/Deep Dive and Redesign Trainer, Coleman Associates  
**Melissa Stratman,** Chief Executive Officer and Trainer/Coach/Innovator, Coleman Associates  

**Presenter(s):**  
**Fred Rachman, MD,** Chief Executive Officer and CMO, Alliance of Chicago Community Health Services and Co-Executive Officer, Chicago HIT Regional Extension Center  
**Greg L. Wolverton, FHIMSS,** Chief Information Officer, ARcare/KentuckyCare  
**Celia S. Hightower,** Chief Financial Officer, El Rio Community Health Center

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Friday, March 18, 2016, continued

1:30pm – 4:30pm

**LEARNING LAB**

**PFE2**
Thurgood Marshall West

**Sitting at the Head of the Table: Dimensions of Board Chair Leadership**

CPE: 3.6  CME/CE/Governance: 3.0
Level: Intermediate
Topic: Board Governance

Limited to 60 participants.

Back by popular demand, this expanded learning lab offers new and experienced board chairs the opportunity to understand and model the dimensions of board chair leadership that can make their health center boards more effective in discharging their duties, and board meetings more meaningful for health center CEOs/EDs and fellow directors. Whether a chair-elect, a new chair, or a seasoned incumbent, this learning lab will give participants insights and hands-on opportunities to hone their own leadership skills while learning from others who lead their boards in these dynamic times. Learn how to facilitate more meaningful board meetings; recruit, retain, and inspire board colleagues; understand how to collaborate with the center’s CEO/ED; and groom the next generation of board leaders.

Preregistered participants will be asked to complete a confidential questionnaire outlining their most important challenges in leading their boards so that facilitators can share their expertise on specific issues during the lab. This session will include real-life group exercises and time to develop specific goals to improve participants’ leadership effectiveness.

**Learning Objectives:**
- Define steps to maximize the value of board and committee meetings.
- Describe the board chair’s role in recruiting, retaining, and inspiring board member colleagues.
- Explore critical aspects of the board chair/CEO relationship.

**Presenter(s):**
Paula Woods, MPH, Principal, Woods/Lidell Group
Felix H. Liddell, Principal, Woods/Lidell Group

3:00pm – 5:00pm

**EDUCATION SESSION**

**PKF3**
Washington 4-6

**HRSA Administrative Update**

CPE: 2.4  CME/CE/Governance: 2.0
Level: Intermediate
Topic: Policy

This session will provide conference attendees with the latest updates from the Bureau of Primary Health Care (BPHC). Attendees will hear from top BPHC speakers on topics such as the upcoming Program Compliance Manual developments from the Office of Quality Improvement, projected funding opportunities, as well as any breaking developments relating to health centers.

**Learning Objectives:**
- Understand the latest BPHC policies impacting health centers.
- Identify new BPHC funding opportunities for health centers.
- Understand the latest developments regarding the Compliance Guide.

**Moderator:**
Colleen Meiman, Director, Regulatory Affairs, NACHC

**Presenter(s):**
Jennifer Joseph, PhD, MDEd, Director, Office of Policy and Program Development, Bureau of Primary Health Care/HRSA
Suma Nair, MS, RD, Director, Office of Quality Improvement, Bureau of Primary Health Care/HRSA
Jacqueline C. Leifer, Esq., Senior Partner, Feldesman Tucker Leifer Fidell LLP
3:30pm – 5:00pm
EDUCATION SESSIONS

**PFA3**  ➜  Maryland

**Health Centers and Workforce: Where Do We Go From Here?**

CPE: 1.8  CME/CE/Governance: 1.5
Level: Basic  Topic: Workforce

Over the past five years, the Health Center Program has added over 1,000 new sites with increased funding provided by Congress through the Health Center Fund. The recent growth of the Health Center Program poses challenges and opportunities for health centers and their workforce on the ground as they work to meet patient demands for care.

This session will provide updates from the Administration’s and NACHC’s Public Policy and Research staff on the current and proposed workforce policies related to community health centers, as well as possible congressional action on healthcare workforce-related issues in the coming year. Workforce innovation at community health centers and results from the NACHC workforce survey will also be discussed.

**Learning Objectives:**
- Understand the current workforce demands facing health centers.
- Communicate with health center staff, boards, community members, and legislators about the current health center workforce needs.
- Advocate health center workforce priorities with your health center organizations, policy makers, and third parties.

**Moderator:**
Abigail Pinkele, Deputy Director, Federal Affairs, NACHC

**Presenter(s):**
Caitlin Crowley, Policy Research Analyst, NACHC

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**PFF3**  ➜  Virginia

**Assuring Oral Health Is Integrated With Primary Care When Serving Populations of Focus**

CPE: 1.8  CME/CE/Governance: 1.5
Level: Basic  Topic: Oral Health Integration

To maximize health outcomes for populations of focus served by your health center, it is essential that all members of your care team have cultural awareness when integrating oral health with primary care. Attend this session to learn about health centers that have been successful in integrating oral health with primary care when serving farmworker children, people who are homeless, and people with HIV/AIDS. Each presenter will outline specific steps their health center has taken to achieve health equity for their population(s) of focus.

**Learning Objectives:**
- Understand the common cultural awareness factors that need to be addressed in serving a population of focus.
- Identify factors that need to be considered to fully integrate oral health with primary care when serving farmworker children, people who are homeless, and people with HIV/AIDS.
- Identify activities you can implement at your health center to improve the integration of oral health with primary care for your population(s) of focus.

**Moderator:**
Donald L. Weaver, MD, Associate Medical Officer, Clinical Workforce Center, NACHC

**Presenter(s):**
Isaac R. Navarro, DMD, MPH, Clinical Dental Director, Family HealthCare Network
Vincent A. Keane, President and CEO, Unity Health Care, Inc.
Colleen Anderson, DDS, Dentist, Boston Healthcare for the Homeless Program
As of February 1, 2016, there have been three open enrollment periods for health insurance coverage under the Affordable Care Act. Sustained funding from the Bureau of Primary Health Care for health center outreach and enrollment (O&E) activities has allowed health centers to make ongoing investments in O&E staff, outreach events, and enrollment assistance tools and resources. This peer-to-peer session will provide a dynamic format for discussing a range of O&E issues with your peers.

Despite the fact that the total number of uninsured individuals in the United States has fallen as a result of the ACA, health centers continue to serve large numbers of the uninsured and the underinsured. One of the discussion tables will focus on developing successful in-reach and outreach strategies for identifying the remaining uninsured and, in particular, hard-to-reach populations such as rural residents, immigrant communities, minority communities, and people with disabilities. Health insurance and financial literacy is another major issue that enrollment assisters and Navigators deal with on a daily basis. This table will discuss the challenges around educating newly insured consumers on how to make sense of their coverage and access health care services. The final discussion topic will focus on local, state, and federal policies designed for improving the outreach and enrollment landscape. This will include a discussion of regulations concerning Navigator and assister activities, state initiatives to expand the role of community health workers, and other local policy initiatives.

Facilitator:
Ted Henson, MS, Director, Health Center Performance and Innovations, NACHC

- **Discussion Table 1:** Who’s Left? Identifying and Enrolling the Remaining Uninsured
  
  **Expert(s):**
  Keshia Bradford, MPA, Director, Outreach and Enrollment/Strategic Initiatives, Health Center Association of Nebraska

- **Discussion Table 2:** Health Insurance and Financial Literacy Tools and Strategies
  
  **Expert(s):**
  Gerrard Jolly, MA, National Director, Community HealthCorps, NACHC

- **Discussion Table 3:** Promising Enrollment Policy Initiatives
  
  **Expert(s):**
  Elizabeth Hagan, MPA, Senior Policy Analyst, Families USA
3:30pm – 5:00pm
EDUCATION SESSIONS

PFH3  Washington 1
La Defensa de los Centros de Salud 101: Lo Necesario para ser un Líder de la Defensa de los Centros de Salud
CPE: 1.8  CME/CE/Governance: 1.5
Level: Basic
Topic: Advocacy

Los centros de salud comunitarios sirven a más de 24 millones de pacientes con cuidado de salud de alta calidad y bajo costo a personas que, de otra manera, no tendrían acceso al cuidado de salud. Con tanto en la cuerda floja, incluyendo amenazas al financiamiento de los centro de salud y otras regulaciones de nivel local, estatal y federal, los centros de salud necesitan su voz en apoyo al trabajo que hacen. Cada persona puede hacer un gran impacto para aumentar el acceso al cuidado de salud para los que lo necesitan. Para ser un defensor de los centros de salud, simplemente hay que mantenerse informado sobre los temas importantes a los centros de salud y correr la voz sobre esos temas.

Learning Objectives:
- Los participantes podrán explicar sencillamente qué es un centro de salud y por qué son importantes.
- Aprenderán las normas acerca de la defensa en de los centros de salud.
- Desarrollarán algunas estrategias prácticas para hacer la defensa incluyendo los mensajes críticos y los recursos necesarios para comunicar información acerca de políticas afectando los centros de salud.

Presenter(s):
Erika Martinez, Grassroots Coordinator, Arizona Alliance for Community Health Centers
Alex Harris, Grassroots Advocacy Manager for Special Populations, NACHC

PFJ3  Washington 2-3
Getting the Most Out of National Health Center Week: Event Planning, Sponsorships, and Public Relations
CPE: 1.8  CME/CE/Governance: 1.5
Level: Basic
Topic: Advocacy

National Health Center Week (NHCW) has become one of the most powerful and effective tools in health center advocacy, public relations, and capital campaigns. This session presents effective tools and highlights lessons learned for maximizing NHCW as an annual linchpin of your health center grassroots advocacy and public awareness strategies. This includes event planning, securing state and local sponsors, and media outreach ideas and tools used successfully by health centers and primary care associations. Attend this session to learn how to plan and hold successful National Health Center Week events.

Learning Objectives:
- Identify ways to recognize and celebrate the positive work of the health center, staff and providers, as well as health center champions and devotees.
- Identify and develop relationships for the purpose of local sponsorship, media coverage, and visits with elected officials.
- Maximize opportunities for visibility and positive identification in the community.

Moderator:
Amanda Pears Kelly, Director, National Advocacy and Civic Engagement, NACHC

5:00pm – 6:00pm
SPECIAL EVENT
Conference Networking Reception in EXPO Hall
Exhibit Hall C
EDUCATION SESSIONS

**PSaB1**  
Thurgood Marshall North  
**Data Ammunition for Policy and Payment Change: Making the Connection Between Patients’ Social Risks and Their Risk of Poor Health and Higher Costs**  
CPE: 2.4  
Level: Basic  
Topic: Data Collection and Assessment  
Embarking on a data strategy to collect data on patients’ non-clinical risk factors can be used to inform the interventions necessary to improve health for the most complex patients and demonstrate value to payers. Over the past year, many health centers gathered patient-level data on the social determinants of health (SDH) using a standardized tool recently created by NACHC, the Association of Asian Pacific Community Health Organizations, the Oregon Primary Care Association, and the Institute for Alternative Futures. This session will review what some health centers are learning when they stratify patients by their social determinants against measures of quality, cost, and utilization. Speakers will describe how they envision their efforts to collect and assess patients’ social risks that will drive discussions with payers, policy makers, and other partners, as well as how these efforts are helping health centers expand and streamline care management efforts. Additionally, the session will compare these findings to one plan’s experience in identifying and quantifying the social determinants that drive lower quality rankings for plans serving dual eligibles.

**Learning Objectives:**
- Identify which SDH drive lower quality outcomes, higher costs, and more utilization.
- Compare and contrast talking points to encourage policies, payment systems, and partnerships that consider patients’ social risks given different political environments.
- Outline ways to use data on patients’ social risks to expand and streamline care management programs.

**Moderator:**
**Michelle Proser, MPP**, Director of Research, NACHC

**Presenter(s):**
**Lindsay Farrell, MBA, FACMPE**, President and CEO, Open Door Family Medical Center, Inc.
**Beverly Grossman**, Senior Policy Director, Community Health Care Association of New York State
**Christie Teigland**, Senior Director, Statistical Research, Inovalon

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**PSaD1**  
Thurgood Marshall South  
**Is My Health Center Covered for That?**  
CPE: 2.4  
Level: Intermediate  
Topic: FTCA  
This session on the Federal Tort Claims Act (FTCA) will cover the common issues and concerns that arise for health centers around the FTCA, from issues related to their applications and participation (either deeming or redeeming) in the FTCA program (with a particular emphasis on credentialing and privileging issues) to recent concerns around the complex set of rules on which FTCA coverage is based. Presenters will also cover the newest FTCA-related concerns that health centers face as they continue to innovate and transform the way they provide care, while navigating a changing policy landscape and healthcare marketplace and increased regulatory scrutiny.

Topics of discussion will include the new challenges around FTCA coverage for care provided in alternative care and specialty care settings. Designed for health center executive staff, clinical leadership, and human resource staff, this session will review who is covered by the FTCA, under what circumstances, and key limitations of the coverage.

**Learning Objectives:**
- Better understand your health center’s FTCA coverage.
- Identify the newest FTCA guidance affecting your health center’s coverage.
- Understand FTCA coverage in alternative care and specialty care settings.

**Moderator:**
**Vincent A. Keane**, President and CEO, Unity Health Care, Inc.

**Presenter(s):**
**Molly S. Evans, Esq.**, Partner, Feldesman Tucker Leifer Fidell LLP
**Matthew S. Freedus, Esq.**, Partner, Feldesman Tucker Leifer Fidell LLP

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**PSaH1**  
Washington 1-3  
**BPHC’s New Program Requirements Manual: What Does It Mean for My Health Center?**  
CPE: 2.4  
Level: Intermediate  
Topic: Policy  
Earlier this summer, the Bureau of Primary Health Care (BPHC) released a Program Requirements Manual (PRM) which aims to consolidate and clarify all policies around the 19 Program Requirements. The PRM will replace Program Information Notices (PINs) and Program Assistance Letters (PALs), and will provide guidance on how compliance will be demonstrated and evaluated. In this session, NACHC staff and counsel will review which policies have been changed, expanded, or added in the
transition from PINs to the PRM. They will also identify areas where health centers may want to provide input to the BPHC during the public comment period.

**Learning Objectives:**
- Understand the goal of the PRM, including how it relates to Operational Site Visits, Service Area Competitions, and PINs and PALs.
- Identify areas in the PRM which contain significant changes or expansions to existing policies.
- Identify topics on which your health center may want to provide input to the BPHC during the public comment period.

**Moderator:**
**Colleen Meiman**, Director, Regulatory Affairs, NACHC

**Presenter(s):**
**Betsy Vieth, MPH**, Director of Governance Support, NACHC  
**Marcie H. Zakheim, Esq.**, Partner, Feldesman Tucker Leifer Fidell LLP

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**8:30am – 10:00am**

**EDUCATION SESSIONS**

**PSaA1**

**Maryland**

**Advocacy 201: Take Your Health Center Advocacy Program to the Next Level**

CPE: 1.8  
CME/CE/Governance: 1.5

**Level:** Basic  
**Topic:** Advocacy

Given the strong history of bipartisan support for health centers, some may think the need for effective grassroots advocacy has disappeared. The truth is that as health centers continue on a path of growth, while also grappling with ever-shrinking and uncertain state and federal resources, the need for powerful and organized grassroots advocacy remains critical. This session will take health center advocacy programming to the next level by highlighting advocacy tools, tactics, and strategies to create a robust and ongoing advocacy program at your health center. Presenters will also showcase social media applications to effectively educate elected officials and the public about what health centers do and how they play a key role in the healthcare system.

**Learning Objectives:**
- Develop tailored strategies for incorporating grassroots advocacy activities into your health center’s operations.
- Leverage advocacy technology and social media platforms to enhance health center advocacy effectiveness and influence.
- Implement the best practices and models currently in use at health centers and PCAs with highly effective and robust advocacy programs.

**PSaC1**

**Thurgood Marshall East**

**Medicaid in the Weeds**

CPE: 1.8  
CME/CE/Governance: 1.5

**Level:** Intermediate  
**Topic:** Medicaid

Are you interested in the flexibilities that states are seeking in Medicaid? How about what CMS has approved via waivers? Are you wondering what the difference is between section 1115 and 1332 waivers? Do you want to learn how your state can change from an APM to PPS with a SPA? Want to find out what’s in the Medicaid Managed Care Rules? If you answered yes to any of these questions, then this session is for you. We’ll do a deep dive into the most recent Medicaid developments that impact FQHCs.

**Learning Objectives:**
- Understand recent Medicaid developments including waivers and the managed care rules.
- Identify what CMS has approved for state flexibility within waivers.
- Understand what can be done regarding FQHC PPS via waivers.

**Moderator:**
**Dawn McKinney**, Director, State Affairs, NACHC

**Presenter(s):**
**Colleen Meiman**, Director, Regulatory Affairs, NACHC  
**Susan Sumrell**, Deputy Director, Regulatory Affairs, NACHC

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**PSaF1**

**Virginia**

**Motivation and Methods for Engaging Health Center Special Populations in Grassroots Advocacy**

CPE: 1.8  
CME/CE/Governance: 1.5

**Level:** Basic  
**Topic:** Advocacy

Health center patients come from a wide range of cultural, socio-economic, and linguistic backgrounds, and health centers have been successful at delivering culturally competent care to all of their patients and successfully bringing community members in for care. During a time of polarizing political issues, healthcare reform, immigration reform debate, and other policy challenges and opportunities for health centers, it is more important than ever that health center patients express their voice to its full force.

This session will discuss methods for integrating advocacy into health center operations and the best practices for doing so in culturally competent ways. Participants will hear from experts working with the farmworker population, the homeless population, and other diverse groups to learn methods for culturally competent outreach and education, strategies for engaging in more advocacy and civic engagement with these populations, and the importance and power of doing so for the future of health centers and the millions of patients they serve.
Learning Objectives:
- Identify strategies for operationalizing advocacy at your health center.
- Identify methods for engaging and mobilizing patient populations in health center advocacy.
- Discuss the benefits of participating in advocacy for health centers and patients alike.

Presenter(s):
Alex Harris, MSPH, Grassroots Advocacy Manager for Special Populations, NACHC

PSaG1 Delaware
Showcasing the Health Center Value Story in the Election Season
CPE: 1.8 CME/CE/Governance: 1.5
Level: Basic
Topic: Communications

The election season brings new challenges as well as opportunities to leverage community health centers in the political “conversation” about healthcare, and their role as a successful and sustainable healthcare system that offers cost-effective solutions. Now is the opportunity to educate future elected officials on the value your health center provides the local community by delivering healthcare that addresses the root causes of poor health – enhancing the quality of healthcare while reducing costs.

This session will focus on how to tell your health center story to new audiences using media, social media, and public events and forums as platforms. Attendees will learn best practices and take away key messaging and communications tools to make their case, and understand the ground rules for engaging candidates in political forums.

Learning Objectives:
- Identify new and cutting edge ways to engage new audiences about the health center story using media and social media.
- Understand how to appropriately engage candidates at political forums in the election season.
- Identify communications tools for educating candidates about the value and cost savings of health centers.

Presenter(s):
Amy Simmons Farber, Director, Communications, NACHC
Amanda Pears Kelly, Director, National Advocacy and Civic Engagement, NACHC
Marisol Murphy Ballantyne, Assistant Director, Communications, NACHC

PSaK1 Washington 4-6
Building Confident Boards Engaged in Fundraising
CPE: 1.8 CME/CE/Governance: 1.5
Level: Intermediate
Topic: Development/Fundraising

Raising funds for a health center could be viewed as a responsibility for all, but it often falls to the job of a few. Health center board members can be great assets to any development effort once they are empowered with the strategies, terminology, and processes that go into fundraising. This session will provide board members and health center staff with knowledge and resources to increase their understanding on the art and practice of fundraising, identify roles board members may be able to play, discuss questions around board contributions and internal giving campaigns, and guide attendees through interactive discussions on board member engagement.

Learning Objectives:
- Identify giving strategies where health center board member involvement may be beneficial.
- Identify the necessary training all board members should receive prior to engaging in any fundraising efforts on behalf of the health center.
- Network with other health centers engaged in developing board members for fundraising roles.

Moderator:
Jason Patnosh, Associate Vice President, Partnership and Resource Development, NACHC

Presenter(s):
Molly Kaser, MPH, President & CEO, Center for Family Health

10:30am – 12:00pm
GENERAL SESSION

PGS3 Marriott Ballroom
Program is being finalized.
### COMMONLY USED ACRONYMS IN THE HEALTH CENTER INDUSTRY

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AAAHC</td>
<td>Accreditation Association for Ambulatory Health Care</td>
</tr>
<tr>
<td>AAFP</td>
<td>American Academy of Family Physicians</td>
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<tr>
<td>ACA</td>
<td>Affordable Care Act</td>
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<tr>
<td>ACO</td>
<td>Accountable Care Organization</td>
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<tr>
<td>ACOG</td>
<td>American College of Obstetricians and Gynecologists</td>
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<tr>
<td>ACSW</td>
<td>Academy of Certified Social Workers</td>
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<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
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<tr>
<td>AHEC</td>
<td>Area Health Education Center</td>
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<tr>
<td>AHIP</td>
<td>America's Health Insurance Plans</td>
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<tr>
<td>AHRQ</td>
<td>Agency for Healthcare Research and Quality</td>
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<td>AMA</td>
<td>American Medical Association</td>
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<tr>
<td>APHA</td>
<td>American Public Health Association</td>
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<tr>
<td>ARRA</td>
<td>American Reinvestment and Recovery Act</td>
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<tr>
<td>ASPR</td>
<td>Office of the Assistant Secretary of Preparedness and Response</td>
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<tr>
<td>BHPPr</td>
<td>Bureau of Health Professionals</td>
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<tr>
<td>BPHC</td>
<td>Bureau of Primary Health Care</td>
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<tr>
<td>CACC</td>
<td>Certified Application Counselor</td>
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<tr>
<td>CCHS</td>
<td>Community Clinics and Health Centers</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CDFI</td>
<td>Community Development Financial Institution</td>
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<tr>
<td>CEEP</td>
<td>Community Health Center Capital Enhancement and Equipment Program</td>
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<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>CFAHC</td>
<td>Campaign for America’s Health Centers</td>
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<td>CFO</td>
<td>Chief Financial Officer</td>
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<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
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<td>CHC</td>
<td>Community Health Center</td>
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<td>CHIP</td>
<td>Children’s Health Insurance Program</td>
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<tr>
<td>CIO</td>
<td>Chief Information Officer</td>
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<tr>
<td>CMII</td>
<td>Center for Medicare &amp; Medicaid Innovation</td>
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<td>Chief Medical Officer</td>
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<td>Centers for Medicare &amp; Medicaid Services</td>
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<td>DCMH</td>
<td>Division of Community and Migrant Health</td>
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<tr>
<td>DMD</td>
<td>Doctor of Dental Medicine</td>
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<tr>
<td>DO</td>
<td>Doctor of Osteopathy</td>
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<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
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<td>EMC</td>
<td>Expanded Medical Capacity</td>
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<td>EMR</td>
<td>Electronic Medical Record</td>
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<tr>
<td>EPSDT</td>
<td>Early and Periodic Screening, Diagnosis, and Treatment</td>
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<tr>
<td>FFR</td>
<td>Federal Financial Report</td>
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<td>FPG</td>
<td>Federal Poverty Guidelines</td>
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<td>FPL</td>
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<td>FQHC</td>
<td>Federally Qualified Health Center</td>
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<tr>
<td>FTCA</td>
<td>Federal Tort Claims Act</td>
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<tr>
<td>FY</td>
<td>Fiscal Year</td>
</tr>
<tr>
<td>GAAP</td>
<td>Generally Accepted Accounting Principles</td>
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<tr>
<td>GME</td>
<td>Graduate Medical Education</td>
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<td>HCCN</td>
<td>Health Center Controlled Network</td>
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<td>HDC</td>
<td>Health Disparities Collaborative</td>
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<td>HHS</td>
<td>Health &amp; Human Services</td>
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<tr>
<td>HIE</td>
<td>Health Information Exchange</td>
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<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<tr>
<td>HIT</td>
<td>Health Information Technology</td>
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<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/ Acquired Immuno-deficiency Syndrome</td>
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<td>HMO</td>
<td>Health Maintenance Organization</td>
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<td>HPBSA</td>
<td>Health Professions Shortage Area</td>
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<td>HRSA</td>
<td>Health Resources and Services Administration</td>
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<tr>
<td>ICD</td>
<td>International Classification of Diseases</td>
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<td>IDS</td>
<td>Integrated Delivery Service</td>
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<td>IHI</td>
<td>Institute for Healthcare Improvement</td>
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<tr>
<td>IPA</td>
<td>Independent Practice Association</td>
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<tr>
<td>IRS</td>
<td>Internal Revenue Service</td>
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<td>LALs</td>
<td>Look-Alikes</td>
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<tr>
<td>LGBT</td>
<td>Lesbian, Gay, Bisexual, and Transgender</td>
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<td>LIP</td>
<td>Licensed Independent Practitioner</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<td>MCO</td>
<td>Managed Care Organization</td>
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<td>Medical Group Management Association</td>
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<td>MH/SA</td>
<td>Mental Health/Substance Abuse</td>
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<td>MLP</td>
<td>Medical-Legal Partnership</td>
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<td>MOU/MOA</td>
<td>Memorandum of Understanding/ Agreement</td>
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<tr>
<td>MU</td>
<td>Meaningful Use</td>
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<td>MUA</td>
<td>Medically Underserved Area</td>
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<td>MUP</td>
<td>Medically Underserved Population</td>
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<td>NAP</td>
<td>New Access Point</td>
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<td>NCQA</td>
<td>National Committee for Quality Assurance</td>
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<td>NHCW</td>
<td>National Health Center Week</td>
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<td>NHSC</td>
<td>National Health Service Corps</td>
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<td>NIH</td>
<td>National Institutes of Health</td>
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<td>NIMH</td>
<td>National Institute of Mental Health</td>
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<td>NoA</td>
<td>Notice of Award</td>
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<td>NP</td>
<td>Nurse Practitioner</td>
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<td>O&amp;E</td>
<td>Outreach and Enrollment</td>
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<td>Office of Inspector General</td>
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<td>OMB</td>
<td>Officer of Management and Budget</td>
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<td>OPA</td>
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<td>OSV</td>
<td>Operational Site Visit</td>
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<td>PA</td>
<td>Physician Assistant</td>
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<td>PACE</td>
<td>Program of All-Inclusive Care for the Elderly</td>
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<td>PAL</td>
<td>Program Assistance Letter</td>
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<td>PBPN</td>
<td>Practice-Based Research Network</td>
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<td>PCA</td>
<td>Primary Care Association</td>
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<tr>
<td>PCER</td>
<td>Primary Care Effectiveness Review</td>
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<td>PCMH</td>
<td>Patient-Centered Medical Home</td>
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<td>PCOR</td>
<td>Patient-Centered Outcomes Research</td>
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<tr>
<td>PCORI</td>
<td>Patient-Centered Outcomes Research Institute</td>
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<td>PDPA</td>
<td>Prescription Drug Purchase Assistance Program</td>
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<td>PEERS</td>
<td>Patient Experience Evaluation Report System</td>
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<td>PHARMD</td>
<td>Doctor of Pharmacy</td>
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<td>PHS</td>
<td>Public Health Service</td>
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<td>PI</td>
<td>Program Integrity Initiative</td>
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<td>PIN</td>
<td>Policy Information Notice</td>
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<td>POS</td>
<td>Point of Service</td>
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<td>PPS</td>
<td>Prospective Payment System</td>
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<td>PSO</td>
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<td>QA</td>
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<td>Qi</td>
<td>Quality Improvement</td>
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<td>QM</td>
<td>Quality Management</td>
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<tr>
<td>RHC</td>
<td>Rural Health Clinic</td>
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<tr>
<td>SBIRT</td>
<td>Screenings, Brief Intervention, and Referral to Treatment</td>
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<tr>
<td>SDH</td>
<td>Social Determinants of Health (also SDOH)</td>
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<td>SDFP</td>
<td>Sliding Fee Discount Program</td>
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<td>TANF</td>
<td>Temporary Assistance to Needy Families</td>
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<td>THC</td>
<td>Teaching Health Center</td>
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<td>UDS</td>
<td>Uniform Data System</td>
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<tr>
<td>VHA</td>
<td>Veterans Health Administration</td>
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</table>
| WIC     | Women, Infants, and Children Program