



Membership Benefits

- ✓ Innovative and bold leadership
- ✓ Top-notch advocacy representation in D.C.
 - Sophisticated strategy
 - Experienced government relations professionals
 - Aggressive advocacy for shared interests
- ✓ Forward leaning policy solutions
- ✓ Access to, and joint membership with the Association of Clinicians for the Underserved (ACU) to leverage programs and services

Membership Criteria

Organizational Membership	
Dues	\$40,000 annually
Baseline Criteria	<ul style="list-style-type: none">✓ Demonstrated commitment to policy agenda✓ In addition, Health Centers Must Meet 2 of 4 following criteria:<ol style="list-style-type: none">1. FTE of 300 or more2. Budget of \$30M or more3. 40K Patients Served or more4. Integrated service delivery systems
Subjective Criteria	<ul style="list-style-type: none">✓ Provide All Required Services✓ Demonstrated political relationships✓ In addition, Health Centers must meet 3 of the following 7 Innovation criteria:<ol style="list-style-type: none">1. HRSA Quality Awards2. Integration of patients among service lines3. Presentation and publication4. Alternative payment reimbursement arrangements5. Engagement of pipeline6. Use the emerging technology7. Equity of professional staff

Expanded Subjective Criteria

Subjective Criteria

1. HRSA Quality Awards - # of awards per year x2 years or more (excludes PCMH or IT awards, everyone gets them)
2. Integration of patients among service lines, % of patient population that receives care from more than 1 service line 5% 15% 25%. This could be based on C4 founding member stats.
3. Presentation and publication – 2 or more by staff at national meetings or peer-reviewed journal per calendar year.
4. Alternative payment reimbursement arrangements with 1 or more payers – assign a required percentage of patients for arrangement. Possibly >10% - 50%.
5. Engagement of pipeline – training programs with universities/hospitals/colleges, more than a single discipline, and train routinely more than a specific threshold on an annual basis. Possibly 5-10/year.
6. Use of emerging technology to deliver services to of overall patient population (examples: E-consults; telemedicine outside the PHE; retinal cameras; remote patient monitoring). Possible threshold of 10-25% of patients.
7. Equity of professional staff – exceeds national health center benchmarks for these demographics. This could be based on initiator C4 attestation of REaL/SOGI data of professional staff, and/or C-level leadership staff.

