



Leveraging HRSA's Operational Site Visit

Staying Continuously Compliant and to
Improve Health Center Performance

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



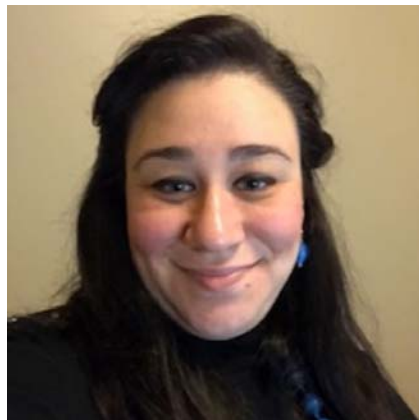
Disclaimers

- This presentation is not endorsed by Management Strategists Consulting Group (MSCG)
- This presentation is not endorsed by Health Resources Services Administration (HRSA) or the Bureau of Primary Health Care (BPHC)
- Not employed by MSCG or BPHC
- Independent Consultant who is contracted to conduct Operational Site Visits (OSV), provide Technical Assistance and assist health centers with preparation for their OSV
- This information should not be considered legal advice

Session Speakers



Moderator
Ted Henson
Director
NACHC



Jen Genua-McDaniel
CEO
Genua Consulting



Renee Filson
Principal
Fiscal Solutions

Learning Objectives

- Describe HRSA's process and tools for assessing compliance with the Health Center Program Requirements
- Implement specific strategies or processes for ensuring continuous compliance and performance improvement
- Identify pain points found through the Operational Site Visit (OSV) that health centers can proactively address in order to achieve operational excellence



Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: When is your OSV?

Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: How prepared do you feel for your OSV?

HRSA's Processes and Tools



HRSA's Processes and Tools



Support HRSA's oversight of the Health Center Program

Provide an objective assessment and verification of a health center's compliance with statutory and regulatory requirements of the Health Center Program

Conducted at least once per project/designation period (PP/DP)

3 year PP/DP = between 14 and 18 months

1 year PP/DP = between 2-4 months



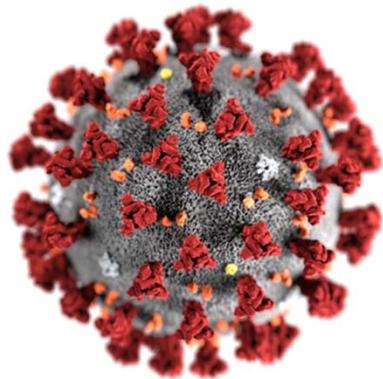
Onsite/Virtual OSV teams include federal representation and consultants



Operational Site Visit

Source: HRSA Session, CHI, August 2021

HRSA's Process and Tools



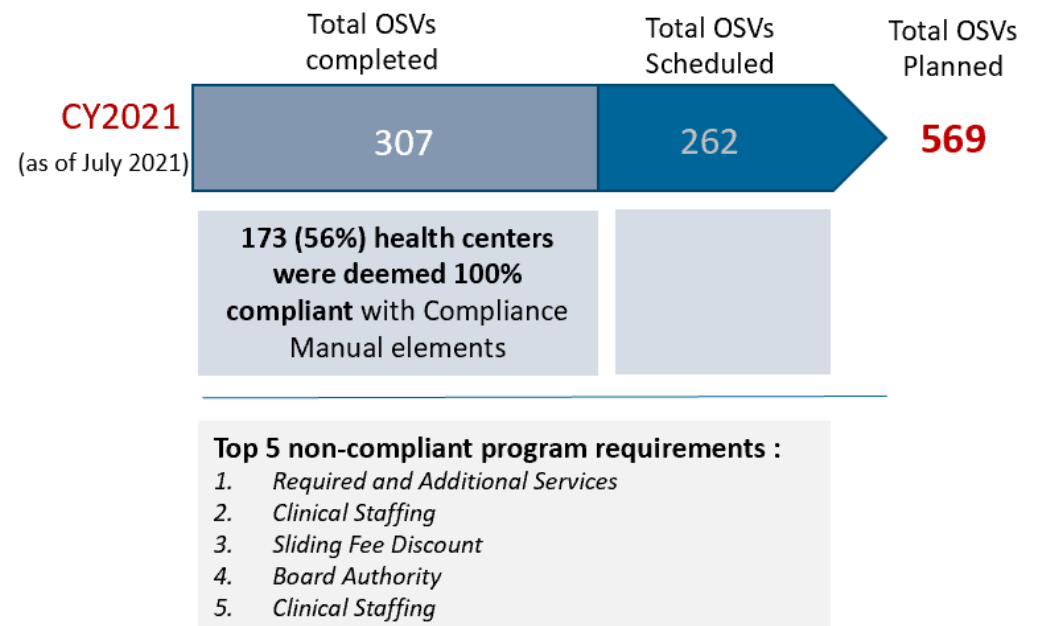
- Postponement of OSVs
- Onsite OSV → Virtual OSV (vOSV) Model
- vOSV executed
 - Secure file sharing
 - Video conferencing technology allowed for remote access to documents and people during virtual OSVs.
- Added COVID discussions during OSV
- 12-month project period extension affected OSV schedule

Source: HRSA Session, CHI, August 2021

HRSA's Processes and Tools

CY2021 Key Updates:

- Maintain virtual model of OSV through the remainder of 2021
- Updated [Health Center Program Site Visit Protocol \(SVP\)](#) (Last updated: 5/27/21)
- Updated [Virtual OSV Supplements and Resources](#)
- Compliance Conversations- Add Form 5B Instructions: Service Sites and: [5B Scope Accuracy Worksheet](#)



Source: HRSA Session, CHI, August 2021

HRSA's Processes and Tools

Summary of Substantial Updates

- Site Visit Documentation Consolidation
- Removal of Performance Analysis section
- Expanded Methodology to assess contracts and subawards, board authority, board composition, and sliding fee discount program requirement
- Eligibility Requirements for LAL Initial Designation(ID) Applicants

Updated [Virtual OSV Supplements and Resources](#)

Items covered in SVP Supplement

- Pre-Site Visit Preparation
- Documentation
- Virtual Site Visit Schedule and Logistics
- Video Conferencing Expectations
- Live Virtual Tour Expectations
- Screen Sharing Expectations

Source: HRSA Session, CHI, August 2021

HRSA's Processes and Tools

Operational Site Visit

Compliance Resolution Opportunity(CRO) Process

- Health Centers have the opportunity to submit documentation demonstrating compliance following an OSV through a streamlined process called Compliance Resolution Opportunity.
- If determined that a health center did not demonstrate compliance during the OSV, HRSA will send the health center a correspondence request task through the EHB.
- Health Centers will have 14 calendar days from the issuance of the EHB task to submit documentation to resolve the OSV non-compliant findings, prior to the finalization of the OSV report.
- If the health center is unable to provide acceptable evidence of compliance, the element will remain marked as non-compliant in the TA report and a progressive action condition will be applied.

Source: HRSA Session, CHI, August 2021

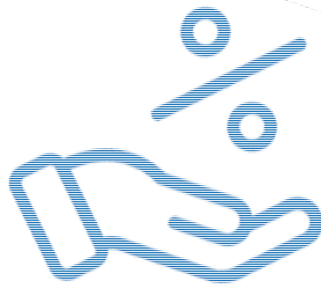


- Fewer Conditions
- Faster resolution of conditions
- Fewer one-year project periods

Sliding Fee Discount Program



Sliding Fee Discount Program



Sliding Fee Discount Program

Element j: Sliding Fee for Column III Services Formal Referral Agreement

- Must ensure the fees for such services are discounted as follows:
 - Individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG receive an equal or greater discount (“good deal”) for these services than if the health center’s SFDS were applied to the referral provider’s fee schedule (for example, health center has a referral arrangement with organizations that charge no fee at all for patients with incomes at or below 200 percent of the FPG); and
 - Individuals and families with incomes at or below 100 percent of the current FPG receive a full discount or a nominal charge for these services?

Sliding Fee Discount Program

Element I: Evaluate the Sliding Fee Discount Program

26. Does the health center evaluate the effectiveness of the SFDP in reducing financial barriers to care?

YES NO

If No, an explanation is required:

27. **If Yes:** Is this evaluation conducted at least once every 3 years?

YES NO NOT APPLICABLE

If No, an explanation is required:

28. Does the health center collect utilization data in order to assess whether patients within each of its discount pay classes are accessing health center services?

YES NO

Sliding Fee Discount Program

- An example of evaluation of the program:
 - Evaluation should include patient input from all pay classes
 - Patient focus groups, patient satisfaction, collections data etc.
 - Generate a report indicating number of patients on each sliding fee pay class
 - Generate a report indicating the amount of outstanding patient balance in each sliding fee pay class
 - Generate a report indicating the number of patients with a balance on a payment plan
 - Present information for the board to discuss. Document any changes if needed, or if due to the reports, any process that has changed. If no changes are made, then also document that

Sliding Fee Discount Program- Operational Excellence

- Continuous feedback about the program provides “real time” data to make decisions
 - Be able to pivot quickly (especially during pandemic)
 - Be able to know how patients feel about cost of care
 - “When you think about seeing your doctor (dentist, etc.) is our \$XX fee a reason why you would not schedule a visit?”
 - “Do you hesitate to make an appointment at XXXX because you’re worried about not being able to pay your bill?”



Required and Additional Services



Form 5A: Services Provided

OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED (REQUIRED SERVICES)	FOR HRSA USE ONLY		
	Grant Number	Application Tracking #	
This form will pre-populate for competing continuation applicants. For more information, refer to the Service Descriptors for Form 5A: Services Provided and the Column Descriptors for Form 5A: Services Provided .			
Service Type	Service Delivery Methods		
	Direct (Health Center pays)	Formal Written Contract/ Agreement (Health Center pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)



Required and Additional Services

- Element A: Providing and Documenting Services within Scope of Project
 - Defines the service being provided along with the method of delivery
 - Outlines the required, additional and specialty services provided
 - Column I-Services provided directly by W-2 employees, National Health Service Corps (NHSC) and volunteers of the health center
 - Column II-Services provided through a **formal written contract/agreement** which the health center pays for. Includes 1099 staff who provide services onsite
 - Column III-Services provided through a formal written referral arrangement which the health center **does not pay** for

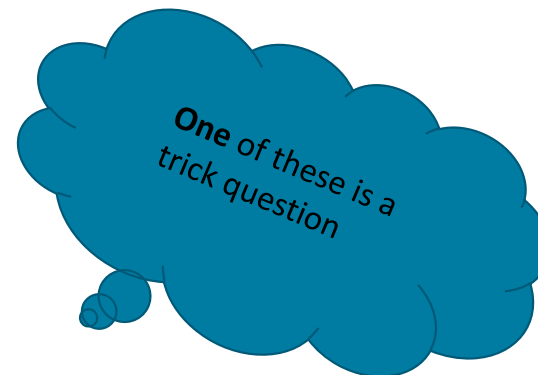
Required and Additional Services

Things That
Make You Go



www.kookyrunner.com

- Form 5A Exercise:
 - Where do the following services go?
 - Tele-health services
 - LabCorp Contract (health center pays and refers)
 - Acupuncture
 - Dental Services
 - General Family Medicine provided by 1099 provider (also provides wellness visits and immunizations)



Required and Additional Services

- **Column II formal written contracts:**
 - Compliance can be demonstrated through internal operating procedures that address how the service will be documented in the patient's medical record
- *Column II contracts must still include how the health center will pay for the service
- **Column III formal written referral arrangements:**
 - Compliance can be demonstrated through internal referral tracking procedures that address how referrals are made and managed, as well as the process for tracking



Required and Additional Services- Operational Excellence

- Use the Form 5A to determine the needs of your health center
 - Addition of services?
 - Expansion of care?
 - Contract or refer for services if it's cost prohibitive to bring the service inhouse
 - Specialty care for diabetic care (endocrinology, podiatry, cardiology)
 - Can you collaborate through shared services with other health centers?
- Patient feed back through surveys can provide real time feedback
 - Best practice-report and review quarterly to the board



Contracts and Subawards



Contracts and Subawards

- Element F: Required Contract Provisions
 - Specific activities or services to be performed or goods to be provided
 - How the health center will monitor contract performance
 - Data reporting expectations and intervals for reporting
 - Provisions for record retention and access, audit, and property management

What to do if these requirements are not in your contracts?



Contracts and Subawards-Operational Excellence

- Create a procedure / check list to ensure required language is included in all contracts / agreements
 - Create a template
- Leverage “systems” to keep track of contracts and expirations
 - Tickler systems, email reminders
 - Work “smarter” not “harder”
- Include required contract provisions in contracts / referral agreements for both Column II and III services



Clinical Staffing



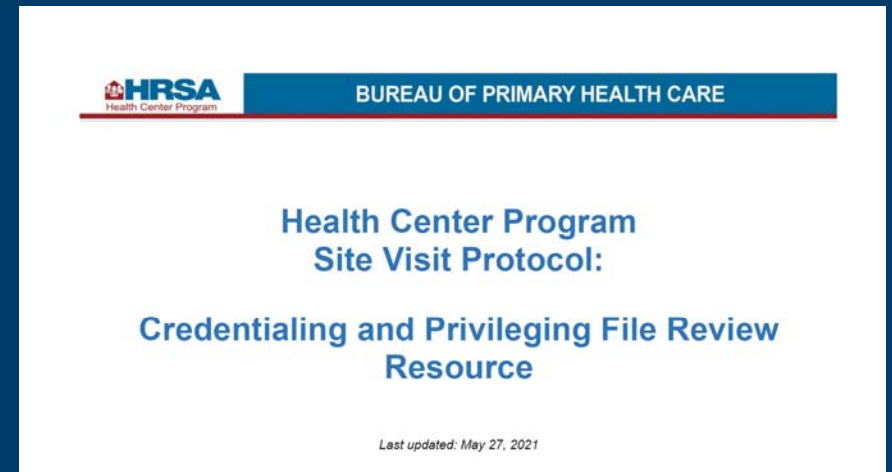
Clinical Staffing

- Credentialing and Privileging (C&P) Policy & Procedure
 - Must have operating procedures for the initial and recurring review of credentials for all clinical staff
 - Must have operating procedures for the initial granting and renewal of privileges for all clinical staff
 - This applies to all health center employees, individual contractors and volunteers:
 - Licensed Independent Practitioners (LIP)
 - Other Licensed and Certified Practitioners (OLCPs)
 - **Other Clinical Staff (OCS) (NEW)**

¹ Clinical staff includes licensed independent practitioners (for example, physician, dentist, physician assistant, nurse practitioner), other licensed or certified practitioners (for example, registered nurse, licensed practical nurse, registered dietitian, certified medical assistant), and other clinical staff providing services on behalf of the health center (for example, medical assistants or community health workers in states, territories or jurisdictions that do not require licensure or certification).

Clinical Staffing Considerations

- An NPDB Query is required for ALL categories of clinical staff – No longer “as reportable”
 - Element f-Credentialing and Privileging of Contracted or Referral Providers
 - Health Centers must ensure contracted and referral providers are appropriately credentialed and privileged
 - Contracts/referral arrangements must include provisions to support credentialing and privileging of the contracted/referral providers;
- or**
- Review the contracted organization’s credentialing and privileging process or documentation from a nationally recognized accreditation organization



<https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/credentialing-privileging-file-review.pdf>

Clinical Staffing-Operational Excellence

- Best practice-leveraging technology to keep track of files and expirations
 - Time= Valuable Commodity
 - Be able to work to the top of licensure not ability
- Improve workflows based on clinical staffing
 - Ex. if your state has “expanded” providers (dental hygienists etc.) privilege to their licensure scope and improve efficiencies
 - Review standing for improved workflows
 - Chronic illnesses, “symptom standing orders”
 - Providers interested in certifications above scope of practice



Billing and Collections



"My doctor told me to avoid any unnecessary stress, so I didn't open his bill."

Billing and Collections

- Element h: Policy and Procedure for waiving / reducing fees

The health center has and utilizes board-approved policies, as well as operating procedures, that include the specific circumstances when the health center will waive or reduce fees or payments required by the center due to any patient's inability to pay.

- Sample provisions include, but not limited to:
 - Bankruptcy; medical necessity; homelessness; recent loss of employment, pandemic



Billing and Collections-Operational Excellence

- Reviewing of systems may demonstrate lost of \$\$\$\$
 - Coding and Billing review to determine if money is being left on the table
 - Do providers need additional training to improve coding practices?
 - At times not taught in medical, dental or other schooling
- Training for billing department= maximizing billing
 - Keep up to date with new codes
 - Tele-health, G-codes for Medicare, self management billing codes for patients that use certain technology to manage chronic illnesses
 - Certification for employees
 - Does your health center offer tuition reimbursement?
 - Do you “grow your own staff”? Assists with recruitment and retention

Financial Management and Accounting Systems

A word cloud centered around the terms 'financial management' and 'business'. Other visible words include 'strategy', 'finance', 'investment', 'concept', 'planning', 'marketing', 'data', 'project', 'business', 'banking', 'computer', 'modelling', 'success', 'economy', 'paper', 'document', 'money', 'corporate', 'idea', 'report', 'management', 'plan', 'major', 'workplace', 'review', 'papers', 'people', 'work', 'office', 'strategy', 'office', 'education', 'advertising', 'communication', 'information', 'consultation', 'analysis', 'research', 'development', 'innovation', 'technology', 'innovation', 'development', 'innovation', 'technology', 'innovation', 'development', 'innovation', 'technology'.



Financial Management and Accounting Systems

- Include a Funding Source segment in the Chart of Accounts
 - Description in accounting system should contain relevant information and related source documentation (i.e. CFDA title and number; federal award identification number and year; name of the HHS awarding agency)

Financial Management and Accounting Systems-Operational Excellence

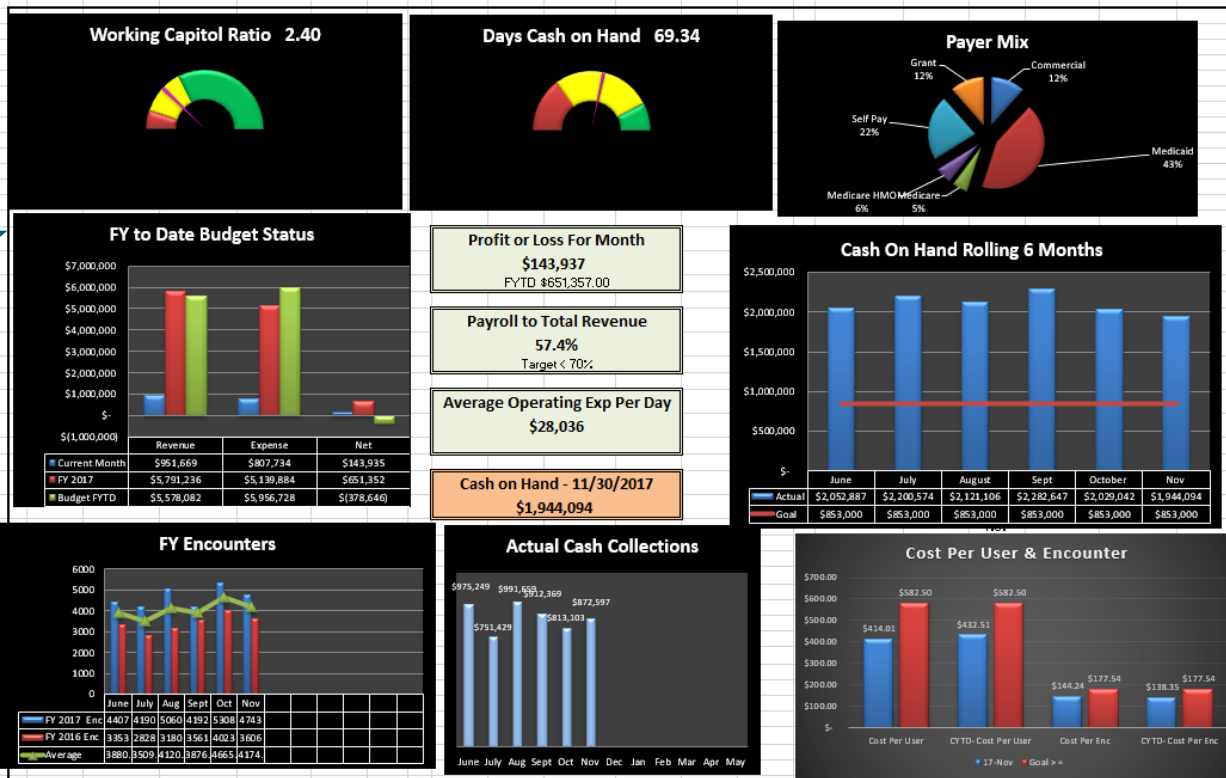
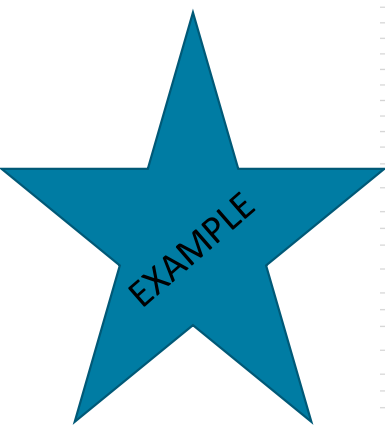
- Using technology to keep track of data
 - “Excel Spreadsheets” vs higher level systems
- Provide data to the Finance Committee and Board of Directors that is easy to understand
 - Systems should be able to provide data that is meaningful
 - Graphs vs. numbers
 - “Stoplight” dashboard



Financial Management and Accounting Systems-Operational Excellence

Name of FQHC

Executive Finance & Operation Dashboard Report - November 2017



Governance



Governance

- Board Authority
 - Element C-Exercising Required Authorities and Responsibilities
 - Full board approval of the performance evaluation of the CEO/Executive Director
 - Ensure there is a motion of approval
 - If completed in Executive Session, ensure that the motion is approved and adopted and documented in the Board Meeting minutes.
 - Approval of any applications related to the Health Center Program including the annual budget
 - Covid funding approval, other federal funding



Health Center Name: _____	
Dates of Board Minutes that Confirm or Approved Items Below (Board Minutes or Resolutions)	
	Date of Board Minutes or Resolutions and PAGE
Met Monthly With Quorum (quorum determined by health center)	
Approval, Selection Evaluation, Dismissal of CEO (Please circle one or all and document dates for all)	
Approval of applications related to the health center project. Please provide dates for the following:	
<ul style="list-style-type: none"> • Annual Budget • Any CIS • HRSA SAC • Other HRSA Grants 	
Approval of health center (Please provide dates for the following):	
<ul style="list-style-type: none"> • Sites • Hours of Operations • Form SA, B, C (Services) 	
Monitoring Financial Status of the Health Center:	
<ul style="list-style-type: none"> • Approval of Auditor • Reviewing Results of the Audit • If Audit findings, follow up action (corrective action plan) approval 	
Strategic Plan/Long Range Planning (at least 1x every 3 years) Approval (to include financial management and capital expenditure needs)	
Evaluation of health center performance based on QI/QA and other info	
Achievement of Project Objectives	
Service Utilization Patterns	
Quality of Care	
Efficiency and effectiveness of the center	
Patient Satisfaction including any patient grievances	
Billing and collections	
<ul style="list-style-type: none"> • Including policy on waiving or reducing charges • Refusal to Pay Policy (if APPY/CASE) 	
Sliding fee discount program Approval Date and dates for the following:	
<ul style="list-style-type: none"> • Evaluation of each of the pay classes to ensure patients are accessing health center services • Data used once every three to evaluation effectiveness of the sliding fee scale • Implementation of follow up based on data 	

Quality Improvement/Assurance Plan and Program	
1-3 examples of actions taken as a result of evaluations of policies or programs	
Financial Management and Accounting Systems Policies	
Personnel Policies	
Needs Assessment-Service Area review process completed at least annually? Completed every 3 years	

Misc. Comments:

Governance

- Board Composition
 - Element C: Current Board Composition

Health Center Program Site Visit Protocol
Board Composition

9. Are patient board members as a group representative of the health center's patient population in terms of race, ethnicity, and gender consistent with the demographics reported in the health center's UDS report?

Note: Select "Not Applicable" only if the health center has an approved waiver.

YES NO NOT APPLICABLE

If No, an explanation is required regarding why patient board members as a group are not representative of the health center's patient population and what efforts the health center has made to evaluate board composition and recruit representative patient board members based on the health center's UDS data:



Governance-Operational Excellence

- Continuous compliance with governance = moving the board in a generative direction
 - Visionary board asking the tough questions
 - Focusing on the bigger picture
 - Why doesn't matter-it's the meaning behind it
 - Ex. What is the meaning behind the increase of diabetes in our community
- Good Governance allows Health Center Staff on becoming the employer and provider of choice
 - Focusing on the organization
 - Inspiring employees to become leaders within their own department
 - Combat Covid/Imitative fatigue
- Consent Agendas
 - Items that do not need any discussion or routine procedures or are already unanimous consent
 - Allows the board to approve items together
 - Minutes, Routine committee reports, Reports that are informational only
 - Items can be pulled from the consent agenda for discussion from the board

Resources

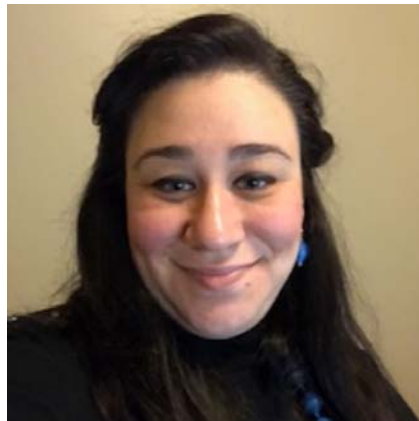
- <https://bphc.hrsa.gov/programrequirements/compliancemanual/introduction.html>
- <https://bphc.hrsa.gov/programrequirements/compliance-manual-faqs.html>
- <https://bphc.hrsa.gov/programrequirements/site-visit-protocol>
- <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/credentialing-privileging-file-review.pdf>
- <https://bphc.hrsa.gov/programrequirements/site-visit-protocol/sampling-review>
- <https://bphc.hrsa.gov/programrequirements/scope.html> (Form 5A, B, and Changes to Scope)
- <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf>



Facilitated Panel Discussion



Moderator
Ted Henson
Director
NACHC



Jen Genua-McDaniel
CEO
Genua Consulting



Renee Filson
Principal
Fiscal Solutions

Questions

- Jennifer Genua-McDaniel
- jgenua@genuaconsulting.com
- Renee Filson
- fiscalsolutions101@gmail.com



ARE YOU LOOKING FOR RESOURCES?

Please visit our website www.healthcenterinfo.org



**HEALTH CENTER
RESOURCE
CLEARINGHOUSE**

