So you are having a HRSA site visit (OSV)

What should you do?

North Carolina Community Health Center Association

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Agenda

- HRSA Site Visit Protocol over view
- Tips along the way
- HRSA program requirements

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HRSA Site Visit Protocol Overview

- Clinical
- Fiscal
- Administration and Governance

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KEYS to a successful site visit

- Review the site visit protocol

- CRO

Documents!!!

- Respect

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Needs Assessment

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- **Service Are Identification & Annual Review**
  - **Zip Code Review**
- **Update of needs assessment**
  - Provide one example of how you utilized the results of your needs assessment(s) to inform and improve the delivery of health center services

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Required and Additional Services

- Providing & Documenting Services within your Scope of Project
  - Form 5A
- Ensuring Access for Limited English Proficient Patients
  - Access to interpretation
  - Key documents are translated to different languages
- Providing Culturally Appropriate Care
  - Example of how you provide services in a culturally appropriate manner

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Clinical Staffing

- Staffing to Provide Scope of Services
- Staffing to Ensure Reasonable Patient Access
  - Size, Demographics, and Health Needs
- Procedures for Review of Credentials
- Procedures for Review of Privileges
  - Initial Granting and renewal of privileges
- Credentialing & Privileging Records
- Credentialing and Privileging Of Contracted or Referral Providers

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Accessible Locations & Hours of Operation

- Accessible Service Sites
  - Distance & Time for patients to travel to sites
- Accessible Hours of Operation
  - Take patients needs into consideration in setting hours
- Accurate Documentation of Sites within Scope of Project
  - Form 5B

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Coverage for Medical Emergencies During and After Hours

- Clinical Capacity for Responding to Emergencies During Hours of Operation
  - One staff Trained & Certified in Basic Life Support?
- Procedures for Responding to Emergencies During Hours of Operation
- Procedures or Arrangements for After Hours Coverage
- After Hours Call Documentation & Follow-up

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Continuity of Care and Hospital Admitting

- Documentation of Hospital Admitting Privileges or Arrangements
- Procedures for Hospitalized Patients
  - How HC will obtain or receive medical information related to the patient's hospital or ED visit
- Post-Hospitalization Tracking & Follow-up

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Sliding Fee Discount Program Part 1 of 3

- Applicability to In-Scope Services
- Sliding fee Discount Program Policies
  - Must include: Uniform applicability to all patients, Define Income and Family Size, assess on income and family size only, Manner in which SFDS are structured, setting of Nominal Charge, Patients at or below 100% of FPG will only be charged a flat charge that is nominal from patients perspective and not based on the cost of the service.
- Sliding fee for Column I Services
  - Full discount or only a nominal charge
  - SFS with gradation of discount based on incomes 100% to 200% of FPG
  - Patients w/ incomes over 200%, no SF discount is allowed
- Multiple Sliding Fee Discount Schedules
  - Only based on type of services or service delivery method

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Sliding Fee Continued. Part 2 of 3

- Incorporation of Current FPG (Federal Poverty Guidelines)
- Procedures for Assessing Income & Family Size
  - Procedures that align with SF policy
- Assessing & Documenting Income & Family Size
  - Will review a sample
- Informing Patients of Sliding Fee Discounts
  - How are Patients Informed about the SF Discounts & How to Apply

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Sliding Fee part 3 of 3

- Sliding Fee for Column II Services
  - If through contracts, HC must ensure that SFD are provided in a manner that meets the requirements
- Sliding fee for Column III Services
  - Referral arrangements must meet the SF requirements or must be better
- Applicability to Patients with Third Party Coverage
- Evaluation of the Sliding Fee program
  - Assess number of patients in each SF pay classes, Utilize this data to evaluate the effectiveness of the program at once every 3 years, and then implement follow-up actions based on the evaluation

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Quality Improvement / Assurance Part 1 of 2

- QI/QA Program Policies
  - Address quality & Utilization of a health center services, patient satisfaction & grievance processes, patient safety, including adverse events.
- Designee to Oversee QI/QA Program
- QI/QA Procedures or Processes
  - Adherence to current evidence based clinical guidelines, process to identify, analyze, & addressing patient safety, implement follow-up actions, patient satisfaction, hear & resolve patient grievances, Quarterly QI/QA assessments, share QI/QA reports w/ Key management & Board Members

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Quality Improvement / Assurance Part 2 of 2

- Quarterly Assessments of Clinician Care
  - Assessments conducted by Dr. or other licensed professionals, based on data collected from patient records, demonstrate that the HC is tracking & addressing issues related to quality of care provided
- Retrievable Health Records
  - Maintain records in a consistent format
- Confidentiality of Patient Information

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Key Management Staff

- Composition Functions of Key Management Staff; Who does what and why?
- Documentation for Key Management Staff Position; resume
- Process for Filing Key Management Vacancies, CFO??
- CEO Responsibilities; Organization chart, job description
- HRSA Approval for Project Director/CEO Change

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Contracts & Sub Awards

- Procurement Procedures: Must include the following: All procurements directly attributable to the Federal award must be conducted in a manner providing full and open competition; only allowable costs, Federal Cost Principles, 45 CFR Part 75 Subpart E: Cost Principles)? 2 Code of Federal Regulations (CFR) Part 200 (Subparts A – F).
- Records of Procurement actions: will review a sample of contracts & supporting documentation including; rationale for procurement method, selection of contract type, contractor selection or rejection, basis for the contract price.
- Retention of Final Contracts; Produce contracts awarded within the last 3 yrs.
- Contractor Reporting; access to records & reports to oversee contractor performance.

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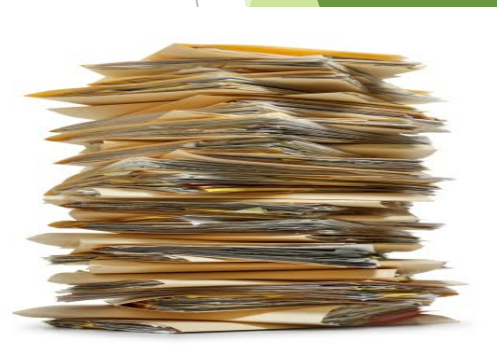
Contracts & Sub-Awards Cont.

- HRSA Approval for Contracting Substance Programmatic Work
- Required Contract Provisions; The specific activities or services to be performed or goods to be provided; Mechanisms for the health center to monitor contractor performance; and Requirements for the contractor to provide data necessary to meet the recipient's applicable federal financial and programmatic reporting requirements, as well as provisions addressing record retention and access, audit, and property management.
- HRSA Approval to Sub-award
- Sub-award Agreement
- Sub-recipient Monitoring
- Retention of Sub-awards Agreements & Records



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Conflict of Interest

- Standards of Conduct:
  - MUST apply to all health center employees, officers, board members and agents
  - Require disclosure of any real or apparent conflicts of interest
  - Prohibit individuals with a real or apparent conflict of interest with a given contract from participating in the selection, award, or administration of such contract Standards for Organizational Conflicts of Interest
  - Prohibit accepting gratuities, favors, or anything of monetary value
  - Provide for disciplinary actions for violating the conflict of interest requirements

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Conflict of Interest; Cont.

- Standards for Organizational Conflicts of Interest; Does the health center have a parent, affiliate or subsidiary that is not a State, local government, or Indian tribe
- Dissemination of Standards of Conduct; The health center has mechanisms or procedures for informing its employees, officers, board members, and agents of the health center's standards of conduct covering conflicts of interest, including organizational conflicts of interest, and for governing its actions with respect to the selection, award and administration of contracts.
- Adherence to Standards of Conduct; Were any conflicts of interest identified in the past 3 years?

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Collaborative Relationships

- Coordination & Integration of Activities
- Provide an example of how you collaborative relationship(s) supports each of the following; Reductions in the non-urgent use of hospital emergency departments; Continuity of care across community providers; and Access to other health or community services that impact the patient population
- Collaboration with Other Primary Care Providers
  - Other safety net providers and health centers

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Financial Management & Accounting Systems

- Financial Management and Internal Control Systems
- Documenting Use of Federal Funds (examples)
- Drawdown, Disbursement and Expenditure Procedures (example)
- Submitting Audits and Responding to Findings
- Documenting Use of Non-Grant Funds (out of scope)

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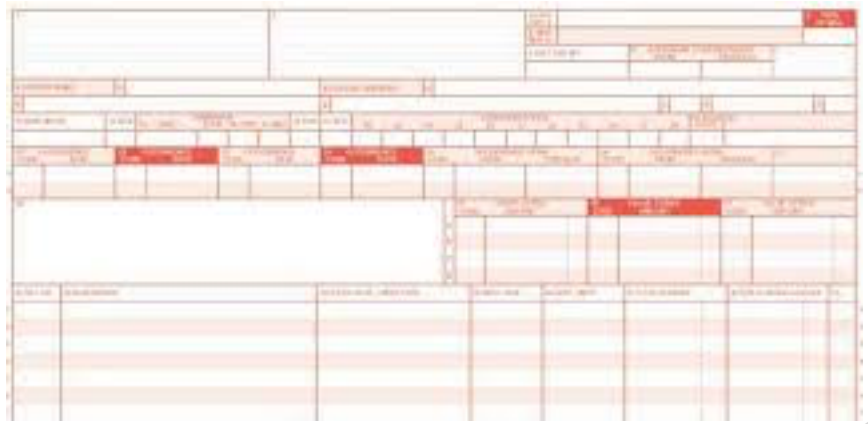
Billing and Collections

- Fee Schedule for In-Scope Services
- Basis for Fee Schedule
- Participation in Insurance Programs
- Systems and Procedures
- Procedures for Additional Billing or Payment Options



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Billing & Collections cont.

- Timely and Accurate Third Party Billing
- Accurate Patient Billing
- Policies or Procedures for Waiving or Reducing Fees
- Billing for Supplies or Equipment
- Refusal to Pay Policy

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Budget

- Annual Budgeting for Scope of Project
  - Will review comparison to actuals
- Other Lines of Business

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Program Monitoring & Data Reporting Systems

- Collecting and Organizing Data
  - Collect and organize data for the purpose of overseeing the health center project and for monitoring and reporting on program performance
- Data-Based Reports
  - Patient service utilization
  - Trends and patterns in the patient population
  - Overall health center clinical, financial, or operational performance

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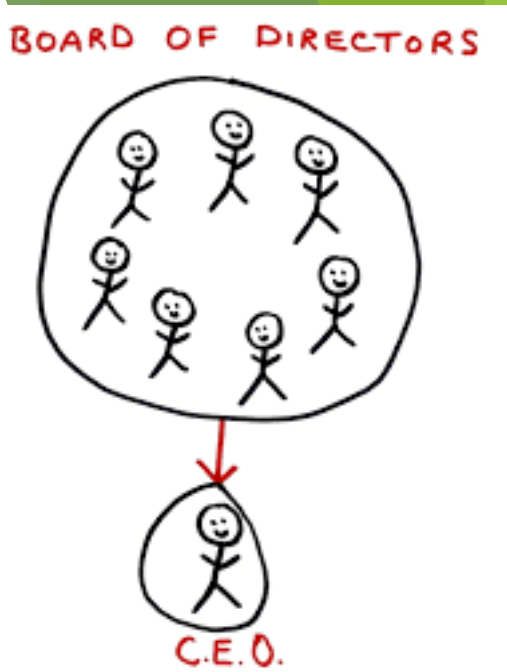
Board Authority. 1 0f 7

- Maintenance of Board Authority Over Health Center Project
- The organizational structure and documents do not allow for any other individual, entity or committee (including, but not limited to, an executive committee authorized by the board) to reserve approval authority or have veto power over the health center board with regard to the required authorities and functions;[91]
- In cases where a health center collaborates with other entities in fulfilling the health center's HRSA-approved scope of project, such collaboration or agreements with the other entities do not restrict or infringe upon the health center board's required authorities and functions; and
- For public agencies with a co-applicant board,[92] the health center has a co-applicant agreement that delegates the required authorities and functions to the co-applicant board and delineates the roles and responsibilities of the public agency and the co- applicant in carrying out the health center project.

Board Authority. 2 0f 7



- Required Authorities and Responsibilities
- The health center's bylaws, or other relevant documents outline the following required authorities and responsibilities of the governing board
- Holding monthly meetings;
- Approving the selection (and termination or dismissal, as appropriate) of the health center's Project Director/CEO;
- Approving the annual Health Center Program project budget and applications;

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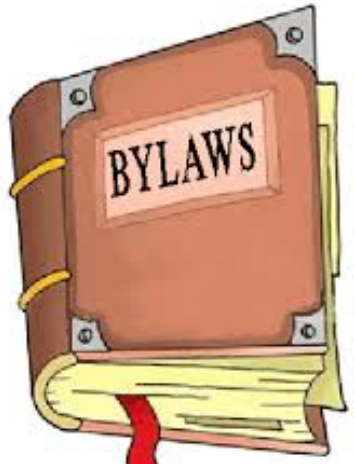
Board Authority. 3 0f 7

- Required Authorities and Responsibilities; Cont.
  - Approving health center services and the location and hours of operation of health center sites;
  - Evaluating the performance of the health center
  - Establishing or adopting policy related to the operations of the health center; and
  - Assuring the health center operates in compliance with applicable Federal, State, & local law regulations.



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Board Authority. 4 0f 7

- Exercising Required Authorities and Responsibilities
  - Holding monthly meetings where a quorum is present to ensure the board has the ability to exercise its required authorities and functions;
  - Approving the selection, evaluation and, if necessary, the dismissal or termination of the Project Director/CEO from the health center project;
  - Approving applications related to the health center project, including approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue;
  - Approving the health center project's sites, hours of operation and services, including decisions to sub-award or contract for a substantial portion of the health center's services

Board Authority. 5 0f 7

- Exercising Required Authorities and Responsibilities; Cont.
  - Monitoring the financial status of the health center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken;
  - Conducting long-range/strategic planning at least once every three years, which at a minimum addresses financial management and capital expenditure needs

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Board Authority. 6 0f 7

- Exercising Required Authorities and Responsibilities; Cont.
  - Evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management, and ensuring appropriate follow-up actions are taken regarding:
    - ◦ Achievement of project objectives;
    - ◦ Service utilization patterns;
    - ◦ Quality of care;
    - ◦ Efficiency and effectiveness of the center; and
    - ◦ Patient satisfaction, including addressing any patient grievances

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Board Authority. 7 0f 7

- Adopting, Evaluating, and Updating H r Policies
  - Within the last three years approved policies related to: Sliding Fee Discount Program, Quality Improvement/Assurance Program, and Billing and Collections
- Adopting, Evaluating, and Updating Financial and Personnel Policies
  - Within the last three years approved policies related to: Financial management and accounting systems and Personnel

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Board Composition

- Board Member Selection and Removal Process
- The health center has bylaws or other relevant documents that specify the process for ongoing selection and removal of board members.
- Do the bylaws or other documentation in any way limit the health center's ability to select or remove its own board members, specifically the ability to select any of the following: the board chair or the majority of health center board members, including a majority of the non-patient board members.

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Required Board Composition

- Board size is at least 9 and no more than 25 members, with either a specific number or a range of board members prescribed;
- At least 51 percent of board members are patients served by the health center. For the purposes of board composition, a patient is an individual who has received at least one service in the past 24 months that generated a health center visit, where both the service and the site where the service was received are within the HRSA-approved scope of project;
- Patient members of the board, as a group, reasonably represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender;

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Required Board Composition con't.

- Non-patient members are representative of the community served by the health center or the health center's service area;
- Non-patient members are selected to provide relevant expertise and skills such as: Community affairs; Local government; Finance and banking; Legal affairs; Trade unions and other commercial and industrial concerns; and Social services;
- No more than one-half of non-patient board members derive more than 10 percent of their annual income from the health care industry;
- Health center employees and immediate family members of employees (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) may not be health center board members.

Board Composition

- At least 9 and no more than 25 members;
- A patient majority (at least 51 percent);
- Patient members of the board, as a group, reasonably represent the individuals who are
- served by the health center in terms of demographic factors – such as race, ethnicity, and gender – consistent with the demographics reported in the health center's Uniform Data System (UDS) report;
- Representative(s) from or for each of the funded/designated special population(s) for those health centers that receive any funding/look-alike designation under one or more of the special populations section 330 subparts, 330(g), (h), &/or (i)

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Board Composition

- As applicable, non-patient board members:
  - Who are representative of the community in which the health center is located,
  - either by living or working in the community, or by having a demonstrable connection to the community;
  - With relevant skills and expertise in areas such as community affairs, local government, finance and banking, legal affairs, trade unions, other commercial and industrial concerns, or social services within the community;
  - Of whom no more than 50 percent earn more than 10 percent of their annual income from the health care industry.

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Define Health Care Industry

- You get to decide what health care industry means for your "non-patient" board members.
- No more than one-half of non-patient board members derive more than 10 percent of their annual income from the health care industry.

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Board Composition

- Prohibited Board Members
  - The governing board can not include members who are current employees of the health center, or immediate family members of current health center employees

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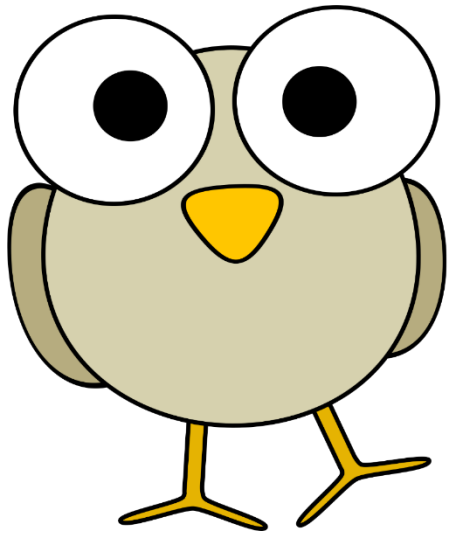
Questions



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Thank you!

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