Passing The Test - HRSA’s 19 Program Requirements

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Importance of the Site Visit and compliance with the 19 program requirements

- Extremely important that all Health Centers are in compliance
- There is a great expectation that centers are in full compliance with all standards
- Reviews will be more frequent than they have been.
- Keeping up with the program requirements must be continuous (don’t gear up for the reviews)
Sanctions

- One year of funding (means a SAC grant must be completed annually)
- Restricted draw downs from HRSA
- Could hurt applying for additional funds in the future
- Possible defunding of the grantee
When will you have your review?

1. If you have not been reviewed for quite some time.
2. If you are a new start.
3. If you are in the middle of your project period.
4. If you’ve had any significant operating issues.
Scheduling the Site Visit

- You should receive a notice from your Project Officer at least 4-6 weeks in advance or longer.
Who will be on Site?

- 3 HRSA reviewers (consultants)
- Some are seasoned and some are new
- Each may have a unique way of looking at issues and holding discussions

- Your Project Officer may also attend, but typically does not conduct any part of the review.
Pre-Site Visit Conference Call

- What can you expect?
Agenda and Document List

- Must be provided in advance
- (samples are available)
The Site Visit
Entrance Conference

- Opening conference that usually lasts 60-90 minutes.
- Have key management staff and if possible Board members at the entrance
- Plan on giving an overview of the Health Center.
- Reviewers will outline the review process, agenda and any other issues.
- Sign in is required and your name will be listed in the HRSA report as in attendance.
How many of my Sites will they visit during the review?

- This depends on the review team and the distance between sites.
- The review team makes the decision about visiting sites. We are NOT required to visit all of the sites.
HINTS FOR AN EXCELLENT HRSA OPERATIONAL SITE VISIT REVIEW

Be prepared!!

- Have documents ready for the visit
- Be honest about your center’s shortcomings
- Follow-up with the reviewer when asked for an item
- Be waiting for them when they arrive – follow the schedule
- Ensure that staff and board members are in place for the entrance conference, review and exit conference
- Make sure that documents look professional
- Clean the health center – first impressions are everything
- Read the HRSA site visit review guide thoroughly!!!
- Your review starts in the parking lot!
Making the Grade - HRSA’s 19 Program Requirements

PROGRAM REQUIREMENT

VS

PERFORMANCE IMPROVEMENT

- What is the difference?

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KEEP IN MIND........

- IF YOU ARE OUT ON ANY PART OF THE REQUIREMENT, YOU ARE OUT ON THE ENTIRE REQUIREMENT.

- ABSOLUTELY NO PARTIAL CREDIT TO REMAIN IN COMPLIANCE.
What should I expect?

- After the entrance conference, there maybe a tour of the main facility
- Reviewers will break out into their specific areas and health center staff should be available to them - i.e. - CFO will need to be with the fiscal reviewer, etc.
- Have 3 separate places in your health center for them to work.
Program Requirement #1: Needs Assessment

- What is this?

- How will you be graded on this?

- What should you have in place?
Needs Assessment

- Describes the needs to the target population.
- Assure that the needs of the CHC’s target population are used in strategic planning to help define the centers mission, plans, establishment of sites, services and hours.
- Assures that there is an on-going process in place to monitor the needs of the target population.
Needs Assessment

- Presents a thorough description of the service area, characteristics, needs, barriers to care, resources, gaps in services and any external factors affecting these conditions.
- Should be updated and approved at a minimum of every 5 years
- Assure that the Board reviews and approves
Needs Assessment
Sample Policy

- Sample policy available
Program Requirement #2: Required and Additional Services

- Health Center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.

- What is this?

- Do they have to be written agreements?
Program Requirement #2: Required and Additional Services

- Substance Abuse services/Behavioral Health
- Dental
- OB/Gyn Care
- Hospitalist in-patient
- Lab services
- Radiology
- Specialty services
- Pharmacy
Program Requirement #2: Written Agreements for Services

- Agreements should describe referral arrangements and how information flows back to the health center.
- If applicable, describe the financial arrangements for the referral.
Program Requirement #3: Staffing

- What do they mean by staffing?
- What do I need for credentialing and privileging?
Program Requirement #3: Staffing

What do I need for credentialing?

1. A comprehensive policy on credentialing that includes the following:
   a. The use of PRIMARY SOURCE DOCUMENTION.
   b. Verification of license
   c. DEA registration
Initial Credentialing

d. Board certification (if applicable)
e. Current CV
f. Provider application
g. Criminal background check
h. Inspector general report
i. Current NPDB Query Report
j. AMA report (if this is how you obtain verification of education and Board certification)
Initial Credentialing

k. Completed privileging Form
l. Photo ID/Driver’s license (copy made by health center -signed and dated)
m. Verification of malpractice (typically if locums)
n. At least two references – one from most recent hospital or residency affiliation.
o. Documentation of physical or attestation and drug screening if applicable)
p. **New item:** You must have an appeals process for the provider
What is Privileging?

1. Permission by the health center to a Provider to perform various services, treatments and procedures, etc. for Health Center patients.

2. Must have a privileging form for medical, dental, and behavioral health.
Re-Credentialing Providers

- NO longer than 24 months from initial credentialing. (one day over 24 months is out of compliance with this program requirement)
- Still must use primary source documentation
- Many of the same items must be reviewed, but not all.
Board Oversight of Provider Credentialing

- Board MUST approve all CREDENTIALS of Providers.

- Is this different from hiring choices?
Licensed Staff

- Must have a method of verifying licenses of other licensed professionals such as nurses, hygienists, behavioral health staff, etc.
- Primary source documentation must be used
- Must be completed at initial hiring and on a continuous basis
What Do We need for Peer Review?

- Must be part of re-credentialing
- Must have a Board approved comprehensive policy
- Must have a specific peer review audit form utilizing the up to date standards.
- Policy should address how often Peer Review is conducted, what happens to the information and what if the Peer Review is not acceptable.
Program Requirement #4: Accessible Hours of Operation

- What is this?
Program Requirement #4: Accessible Hours and Locations - Required

Health Center providers services at times that assure accessibility and meet the needs of the population to be served.

Health Center provides services at locations that assure accessibility and meet the needs of the population to be served.
Program Requirement #5: After Hours Coverage

- What do they want??
- What is required?
- What will they do?
Program Requirement #6: Hospital Admitting Privileges and Continuum of Care

1. What is needed for the requirement?
Program Requirement #6: Hospital Admitting Privileges and Continuum of Care

- The health center Providers must see patients in the hospital or have a written agreement for a hospitalist group to provide such care.
- The agreement needs to address follow-up care and discharge planning.
Program Requirement #7: Sliding Fee Discounts

Requirements

1. Health center must assure that no patient will be denied services due to their inability to pay for such services
2. Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient’s ability to pay. Under this system;
Sliding Fee

- Individuals with incomes at or below 100% of the FPG must receive a full discount (only a nominal fee maybe charged)
- Sliding fee policy must state that there are no discounts to individuals above 200% of the FPG.
- Signs must be in all waiting areas
- How is your sliding fee scale updated annually?
Program Requirement #7: Sliding Fee Discounts

1. What should you have in place?
2. What is the average minimum payment for medical and dental?
3. Make sure there is a policy (Board approved)
4. Make sure that the sliding fee scale is updated with the most recent Federal Poverty Guidelines. (You will be found out of compliance if this is not updated in the Spring each year)
Program Requirement #8: Quality Improvement/Assurance Plan

1. What is needed?
2. Who should lead it?
3. What kind of data is collected?
4. What does the QI Team look like?
5. What information is presented to the Board?
Quality Improvement Plan

- Risk management plan
- Overall Quality Plan (approved by Board)
- Describe how the Board is involved with quality improvement
- Describe how staff are informed regarding quality within the health center
- What method is used for tracking, reviewing and making changes to quality indicators?
Quality

- Types of items reviewed as part of quality management
  1. Incident reports
  2. HRSA core measures
  3. Safety procedures
  4. Infection control
  5. Patient complaints
  6. Patient discharges
Quality

- Be prepared to share your quality minutes with the review team.
- The team will talk to the Board about quality indicators and information they are receiving.
- Patient satisfaction must be part of the quality improvement team and Board.
Program Requirement #9: Key Management Staff

1. Give the definition of “key management staff”?

2. Time dedicated to their job

3. This area can be subjective
Program Requirement #10: Contractual/Affiliation Agreements

1. What is this?
2. If I am required to have this, what things should be a part of the agreement?
Program Requirement #11: Collaborative Relationships

(HINT: THIS SHOULD BE AN EASY ONE TO PASS)
Program Requirement #12: Financial Management and Control Policies

1. What policies?
2. What about my audit?
3. Be prepared to review aged payables
4. Segregation of duties
5. Check signing policy
6. Credit card policy
Program Requirement #13: Billing and Collections

Requires excellent policies and reviewer will ensure that the bills go out on time!

Be prepared to explain receivables!!
Needed policies

1. Have a credit card policy (if applicable)
2. Have a check signing policy
3. Be prepared to talk about segregation of duties
Program Requirement #14: Budget

Make sure budget is based on SOLID numbers from previous years, not on how you think or feel about the next year.

Must include all expenses and revenues

The budget must be approved by the Board
Program Requirement #15: Program Data Reporting Systems

1. WHAT IS THIS?

2. What will they ask you for regarding UDS?
Program Requirement #16: Scope of Project

- SITES, SERVICES, INCREASED FUNDS, TARGET POPULATION, ETC.
Program Requirement #17: Board Authority

1. ENCOMPASSES MANY ISSUES. WHAT ARE SOME?
Program Requirement #17: Board Authority

1. Board must show documentation of evaluating the CEO, be able to describe the process. The Board hires and fires the CEO.

2. Must have a current strategic plan for the organization.

3. The Board is holding monthly meetings

4. The Board approves ALL policies for the Health Center.
5. The Board approves all of the sites, services and hours of operation for the health center and this is documented in the Board minutes.
Program Requirement #18: Board Composition

1. What percent of the Board must be users?
2. Of the non-users, what percent can derive their income from the healthcare industry?
3. How will the reviewers verify users?
4. Should the Board reflect the users of the health center or does it even matter?
Program Requirement #19: Conflict of Interest

- Must have either a Corporate policy or must be stated in the bylaws.
- Board signs an annual statement which it attests understanding of the policy.
- Statement must be available to reviewers.
- **New items:** Board bylaws must list committees and must have a clause prohibiting immediate family members from working at the health center.
Program Requirement #19: Conflict of Interest

THIS IS A FOCUS AREA OF THE REVIEW. MAKE SURE YOU HAVE IT IN PLACE AND YOUR BOARD IS ACTUALLY FOLLOWING IT.

What **MUST** you have to pass this?
PASSING THE REVIEW

- Make sure your Board is PREPARED
- Know what you are talking about or don’t answer the question in the room
- Gently challenge reviewers if you believe you are correct – sometimes we are wrong
EXIT CONFERENCE

- REVIEWERS ARE NOT PERMITTED TO PUT ANYTHING IN THE WRITTEN REPORT THAT IS NOT STATED AT THE EXIT CONFERENCE!
- TAKE NOTES, MINUTES, ETC.
- ASK QUESTIONS!
- AT LEAST 90 MINUTES SHOULD BE ALLOTTED FOR THIS MEETING
EVALUATION OF THE REVIEWERS

- You get to evaluate the reviewers and the evaluation should be handed to you at the exit conference. If not, ask for it.
THE REPORT

- Consultants may not provide a written report on site to the grantee.
- You will receive a report from your P.O. within a certain time period.
- The P.O. directs grantees on putting together a corrective action plan on the areas noted for improvement.
Thank You for Attending!

- Any other questions?