



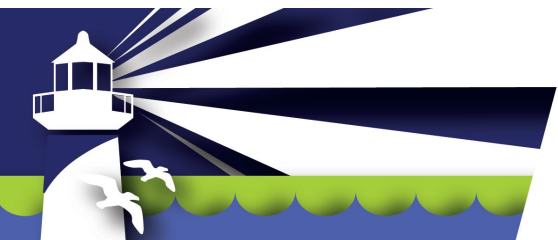
Understanding and Preparing for your Operational Site Visit (OSV)

Preparing from a Human Resources Perspective



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 consultants who are contracted to conduct Operational Site Visits (OSVs) and provide Technical Assistance (TA).
- Please refer to your HRSA Point of Contact for specific questions or use the BPHC Contact Form.
- This information should not be considered legal advice.



Agenda

1

Review the purpose and process of the OSV

- Focus on Clinical Staffing, Credentialing and Privileging and Key Management

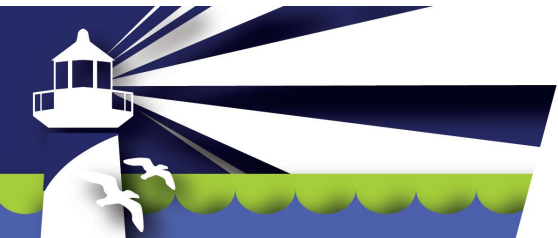
2

Identify key “hotspots” within Clinical Staffing, Credentialing and Privileging and Key Management

3

Identify best practices to help maintain continuous compliance

Purpose
and
Process of
the OSV



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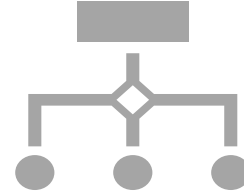
Purpose and Process of the OSV



Site Visits:

Objective assessment to ensure compliance with the HRSA Health Center Program Requirements

Starting in January 2024, combination of onsite and virtual



Process has not changed:

Still 2.5 days


3 consultants to review clinical, finance and admin/governance (one as a Team Lead) and a HRSA Federal Representative

Tour of clinic sites (virtual or on-site)

Meeting with the Board of Directors

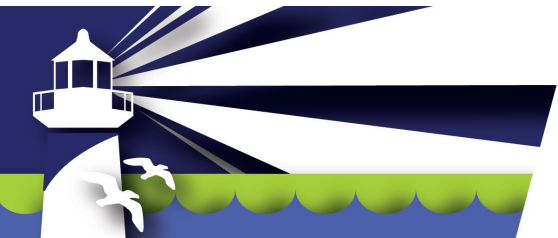
Submit documents/samples through the Citrix Share File

Purpose and Process of the OSV

| <u>Purpose</u> | <u>When</u> | <u>OSV Team</u> | <u>Type of visits</u> |
|---|---|--|---|
| Support HRSA's oversight of the Health Center Program | Conducted at midpoint of Period of Performance (PP) | Federal Representative(s) and consultants  | <ul style="list-style-type: none"> • Traditional Onsite (2.5 days) • Traditional Virtual (2.5 days) |



Source: HRSA Presentation, FQHC Look-Alike Compliance, Workshop #3, June 2023



Purpose and Process of the OSV



At least 4 weeks prior to the OSV, the health center and HRSA team will have a pre-visit call

Discussion of the draft agenda
Logistics of the tour
Documents and samples requested



Ensure the point of contact in the EHB is up to date

Respond to phone calls/emails sent by the Team Lead



If the health center has not heard from the team

Notify the HRSA Point of Contact/Federal Representative
Reach out to the Team Lead

Purpose and Process of the OSV -Sample Agenda-

Tuesday, Month/Day: (Day 1) – Staff Names, Position Titles, Health Center Location, & GotoMeeting details – to be added

| Hours | Administrative/Governance <u>GotoMeeting Link & Line #s</u> | Clinical <u>GotoMeeting Link & Line #s</u> | Fiscal <u>GotoMeeting Link & Line #s</u> |
|--|--|--|---|
| 8:30 am to 9:00 am | vOSV Team Meeting – Use Team Lead GotoMeeting Link & Line #s | | |
| 9:00 am to 10:00 am All Group Meetings will utilize the Team Lead GotoMeeting Link & Line #s | Entrance conference - Senior Management and Board Members: Introductions, opening remarks and purpose of site visit; Review of OSV agenda including: - Confirm meeting time with the Board of Directors; Discuss staff meetings and interviews; Confirm virtual tour of clinic site (s) if applicable; Confirm the schedule for the exit conference Federal Representative – Provides HRSA/BPHC Update; Health Center Overview and Update: History and significant developments; Challenges that have been encountered; Health Center growth opportunities; Changes in the health care environment | | |
| 10:00 am to 10:30 am | Participate in Tours (Optional) <i>or</i> <i>Review of Documents</i> | Virtual Tour(s): Site location(s) where the majority of Column I services are provided (tour up to two locations) | Participate in Tours (Optional) <i>or</i> <i>Review of Documents</i> |
| 10:30 am to 12:00 pm | Review of Documents | LEADS Meeting w/CEO, CMO, COO, & Others _____: Chapter 4 – Required and Additional Services – Review of Form 5A – Scope of Project, Contracts for Column II & III Services | Participate in Meeting (Required): Chapter 4 – Required and Additional Services – Review of Form 5A – Scope of Project, Contracts for Column II & III Services |
| 12:00 pm to 1:00 pm | Lunch Break | | |
| 1:00 pm to 3:30 pm | Meets w/CEO & Others? _____; Chapter 3 - Needs Assessment; Chapter 6 - Locations & Hours of Operation Form 5B; Chapter 14 - Collaborative Relationships – Coordination & Integration Activities <i>Review of Documents</i> | 1:00 pm: Meets w/ CMO, COO, & Others _____: Chapter 5 – Clinical Staffing; Chapter 7 – Coverage for Emergencies During & After-Hours Coverage; Chapter 8 - Continuity of Care & Hospital Admitting 2:00 pm: Meets w/HR & Others _____: Chapter 5 – C&P File Review (Time Slot Optional w/Day 2) | Meets w/CFO, Add Billing Mgr. at 2:30: Chapter 15 - Financial Management and Accounting Systems Chapter 17 – Budget; and Chapter 18 – Program Data Reporting Systems – Fin & Operational Reporting Chapter 16 - Billing & Collections Chapter 9 - Sliding Fee Disc. Program <i>Review of Documents</i> |
| 3:30 pm to 4:00 pm | Debrief for Federal Representative – Use Team Lead GotoMeeting Link & Line #s | | |
| 4:00 pm to 4:30 pm | Debrief for CEO (Others?) – <i>Opportunity for Status Check-in to keep CEO informed, identify any missing documents, & discuss any preliminary findings</i> – Use Team Lead GotoMeeting Link & Line #s | | |

Wednesday, Month/Day: (Day 2)

Purpose and Process of the OSV Health Center Compliance & Engagement Site Visit (CE-OSV)

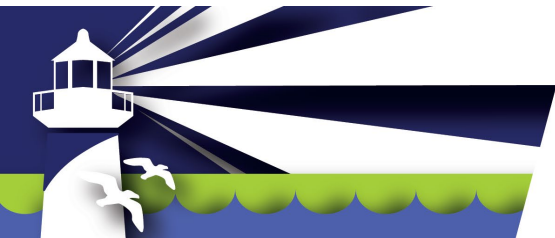
- CE-OSV
 - Started as a pilot in 2022/2023
 - Will be permanent starting in January 2024
- Focus is the same:
 - Comprehensive assessment based on the Health Center Program Compliance Manual (CM) and Site Visit Protocol (SVP)
- One –day site visit
 - Meeting with the board
- Pre-site visit call will include a presentation by the health center to provide an overview
- Cultivation sessions by each consultant:
 - One on-one time to assist and engage the health center staff to discuss the SVP
 - Link the elements and operational process to the documentation
 - Form 5A self-assessment work session with clinical and fiscal consultants
- Supplemental narratives for the health center staff to respond to in writing versus interviews
- Desktop of 14 chapters
- ALL documents MUST be uploaded to Citrix Share File
 - Samples, Credentialing/Privileging Files

Required Additional and Health Services (Chapter 4)

Clinical Staffing (Chapter 5)

Sliding Fee Discount Program (Chapter 9)

Board Authority (Chapter 19)



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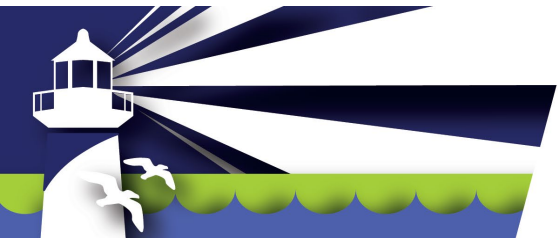
Purpose and Process of the OSV Health Center Compliance & Engagement Site Visit (CE-OSV)

- **Needs Assessment****
- Required and Additional Health Services
- Clinical Staffing
- **Accessible Locations and Hours of Operation****
- **Coverage for Medical Emergencies During and After hours****
- **Continuity of Care and Hospital Admitting****
- Sliding Fee Discount Program
- **Quality Improvement/Assurance****

- **Key Management Staff****
- **Contracts and Subawards****
- **Conflict of Interest****
- **Collaborative Relationships****
- **Financial Management and Accounting Systems****
- **Program Monitoring and Data Reporting****
- **Billing and Collections****
- **Budget****
- Board Authority
- **Board Composition****
- **FTCA** (as applicable)**

**** Chapters that are reviewed based on documents and narratives completed**

__ Chapters that will be reviewed during the one-day site visit



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Potential Key
Hot Spots



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Potential Hot Spots

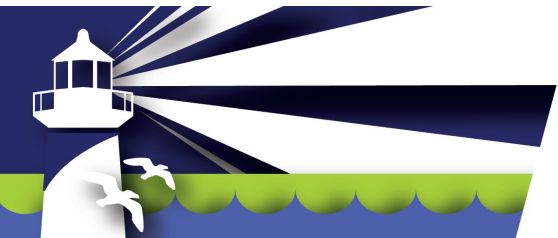
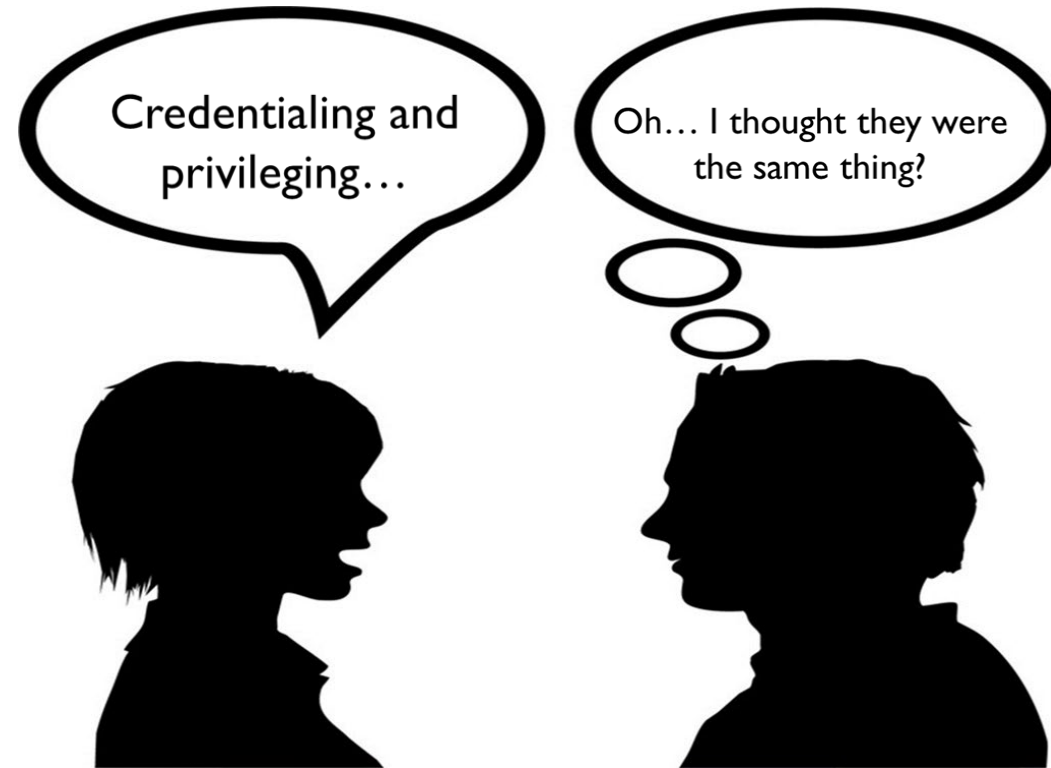
Top 5 Compliance Findings for all Health Centers

- 1** Required and Additional Health Services
Element a: Providing and Documenting Services within Scope of Project
- 2** Clinical Staffing
Element e: Credentialing and Privileging Records
- 3** Clinical Staffing
Element d: Procedures for Review of Privileges
- 4** Board Authority
Element c: Exercising Required Authorities and Responsibilities
- 5** Clinical Staffing
Element c: Procedures for Review of Credentials

Source: HRSA Presentation, FQHC Look-Alike Compliance, Workshop #3, June 2023



Potential Hot Spots -Clinical Staffing and Credentialing/Privileging



Potential Hot Spots -Clinical Staffing and Credentialing/Privileging

- **Credentialing**
 - The process of assessing and confirming the qualification of a licensed or certified health care practitioners and other clinical staff.
- **Privileging/Competency**
 - The process of authorizing a licensed certified health practitioners or other clinical staff's specific scope and content of patient care services.
- Licensed Independent Practitioners (LIPs)
 - MD/DO, NP, PA-C, Dentist, Psychiatrist
- Other Licensed or Certified Practitioners (OLCPs)
 - Certified MAs, RN, LPN, LCSW, LMFT, Hygienists, Certified Dental Assistants
- Other Clinical Staff (OCS)
 - Clinical staff member that performs services in a state, territory or other jurisdiction that does not require licensure or certification (MA's-not certified, Dental Assistants, Health Workers)

Potential Hot Spots - Clinical Staffing and Credentialing/Privileging

- ALL STAFF must be credentialed and privileged regardless of which site they work at (“brick and mortar”, mobile unit etc.)
- ALL STAFF includes employees, individual contractors and volunteers

| Credentialing LIPs, OLCPS, OCS | Privileging LIPs, OLCPS, OCS |
|---|---|
| Government issued picture ID | Verification of Fitness for Duty (assess all clinical staff have the physical and cognitive ability to safely perform their duties) |
| Verification of current licensure, registration or certification (Primary Source) | Verification of immunization and communicable disease status |
| Verification of education and training (Primary Source for LIPs) | Verification of current clinical competence |
| National Practitioner Data Bank (NPDB) query | |
| Verification of DEA (as applicable) | |
| Verification of basic life support training (CPR, BCLS, PALS) | |
| https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/credentialing-privileging | |

Potential Hot Spots -Clinical Staffing and Credentialing/Privileging

- **Primary Source Verification**
- Verification by the original source of a specific credential to determine the accuracy of a qualification by an individual health care practitioner
- Examples:
 - Internet verification (ex. State database)
 - Direct correspondence
 - Reports from Credentials Verification Organization (CVO)
- **Secondary Source Verification**
- Methods of verifying a credential that are not considered an acceptable form of primary source verification.
- Examples:
 - Notarized copy of the credential
 - Copy of the credential that is made from an original by approved staff

Potential Hot Spots - Clinical Staffing and Credentialing/Privileging

- Examples of Primary Source:
 - American Medical Association (AMA) Masterfile
 - American Board of Medical Specialties
 - American Osteopathic Association Physician Profiles
 - Education Commission for Foreign Medical Graduates (ECFMG) – International graduates licensed after 1986
 - American Nurses Credentialing Center
 - American Midwifery Certifying Board
 - National Commission on Certification of Physician Assistants



Potential Hot Spots - Clinical Staffing and Credentialing/Privileging

- Privileging is completed after the health center has verified all necessary credentials.
- Re-appointment is completed on a re-occurring basis as determined by the health center and involves the verification of expired credentials and re-privileging for all clinical staff.
 - Ex. Every 2 years
 - NOTE: FTCA deemed health centers must re-credential/re-appoint every 2 years.
- The health center determines who has approval authority for credentialing and privileging.
- Use peer review as apart of the reappointment process.



Potential Hot Spots -Clinical Staffing and Credentialing/Privileging

ALL clinical staff
require a NPDB
query

The health center
determines which
immunizations are
required and screened for,
for all clinical staff

Have an up-to-date
privileging checklist
to evaluate scope of
the clinical staff

ALL clinical staff
require a completed
Fitness for Duty
Statement

For all OLCP/OCS,
clinical competency
is based on the
evaluation of the job
description

Potential Hot Spots -Clinical Staffing and Credentialing/Privileging

- Ensure files are up to date.
- Do not keep expired information in current files.
 - Ex. Do not keep expired CPR card, only current documents
- Files can be electronic to streamline processes.
- Credentialing/Privileging is a team approach.
 - While the HR department may keep files, other processes may be completed by the QI committee, other senior staff
- Policy and procedure is up to date and reflective of current process and has ALL required language.

Provider Files

| SVP Section | Focus of Review | Required Sample | Time Period (most recent) |
|-------------------|--|--|---------------------------|
| Clinical Staffing | Verify providers are properly credentialed and privileged. | Sample of files that contain credentialing and privileging information: <ul style="list-style-type: none"> • Four to five licensed independent practitioners (LIPs) files • Four to five other licensed or certified practitioners (OLCPs) files • Two to three files for other clinical staff (if the health center has other clinical staff) The selected files should include: <ul style="list-style-type: none"> • Representation from different clinical disciplines and service sites • Providers directly employed and contracted, in addition to any volunteers • Providers who do procedures beyond core privileges for their disciplines • Providers who have been initially credentialed • Providers who have been re-credentialed/re-privileged | Current |

<https://bphc.hrsa.gov/compliance/site-visits/sampling-review>

Key Management Staff

| Project Director/CEO | Clinical Director/Chief Medical Officer | Chief Financial Officer | Chief Operating Officer | Nursing/Health Services Director | Chief Information Officer |
|---|--|--|---|---|---|
| <p>The key person specified in the award may vary</p> <p>Principal Investigator/Program Director (PI/PD)</p> <p>Reports to the health center's governing board</p> <p>Responsible for ensuring other key management staff carry out the day-to-day activities</p> | <p>Not always a physician</p> <p>Quality</p> | <p>Fiscal oversight and management</p> <p>Collaborator</p> | <p>Day to day management</p> <p>Collaboration with departments</p> <p>Organizational policies and procedures;</p> <p>New program development and facilitation</p> | <p>Oversight</p> <p>Compliance</p> <p>Quality</p> | <p>Develops, maintains and existing IT plan and infrastructure</p> <p>Preparing for future IT needs and solutions</p> |



Key Management Staff

Demonstrating Compliance

- ✓ Documentation of the training and experience qualifications, as well as the duties or functions, for each key management staff position.
- ✓ Position descriptions for key management that set forth training and experience qualifications necessary to carry out the activities of the health center.
- ✓ MUST maintain sufficient key management staff to carry out the activities of the health center.
- ✓ Request prior approval from HRSA for a change Project Director
 - If there has been a post-award change in the Project Director/CEO position, the health center requests and receives prior approval from HRSA.
- ✓ The health center must directly employ its Project Director/CEO.



Key Management Staff

Organizational Chart

Update and reflects current FTEs

Tool to provide analysis if additional staff is warranted

Job Descriptions

Accurate and up to date to demonstrate current practices

A designated individual(s) to oversee the QI/QA program

- job/position descriptions of the responsibilities of this individual(s) include:
 1. Ensuring implementation of QI/QA operating procedures.
 2. Ensuring QI/QA assessments are conducted.
 3. Monitoring QI/QA outcomes
 4. Updating QI/QA operating procedures, as needed.

Process for filling key vacancies

Human Resources (HR) procedures in place relevant to recruiting and hiring of key management staff

Documentation supporting steps associated with filling the vacancy;

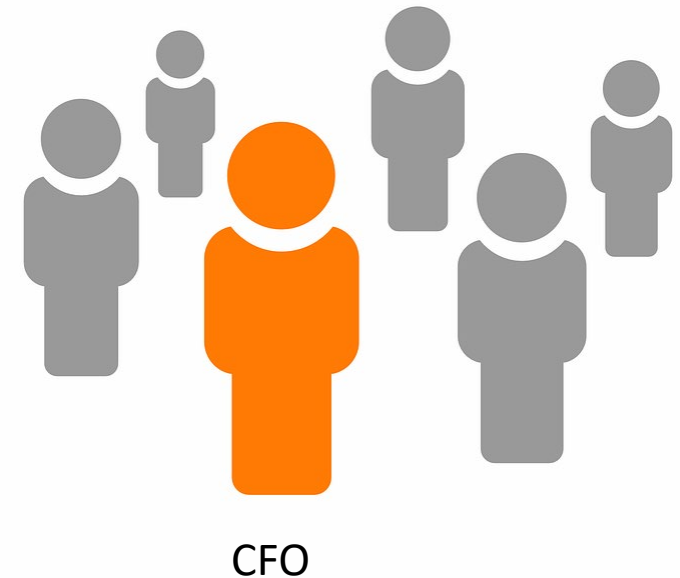
CEO/Executive Director

Must be an employee (paid as a W-2 employee)

Interim CEOs must be W-2 employees, not 1099

Handling Key Vacancies During an OSV

- ❖ If your health center is having a site visit and there is an identified key vacancy
 - Notify the HRSA Review Team and Federal Representative
 - If you have a vacancy (or vacancies), remember to review Element C (Process for Filling Key Management Vacancies).
- ❖ Human Resources procedures relevant to recruitment and hiring of key management staff and documentation.
- ❖ Discuss the plan for filling that position or, if it's in process, the current status of the implementation plan.
- ❖ Regardless of the vacancy, it is important to be open and honest as having a key vacancy does not necessarily result in an element being non-compliant.
- ❖ Use the tools!



Compensation for Key Management

How do we know whether the compensation we're paying to our officers and key employees is *reasonable*?

Reasonable compensation

Reasonableness is determined based on all the facts and circumstances. For more information on reasonable compensation, see [Form 990 instructions, Appendix G, Section 4958 Excess Benefit Transactions](#), and [Form 990-EZ instructions, Appendix E, Section 4958 Excess Benefit Transactions](#).

TIP: All filing organizations (not just section 501(c)(3) organizations) must list and report compensation paid to the organization's five highest compensated employees with reportable compensation greater than \$100,000 from the organization and related organizations, as well as to its five highest compensated independent contractors to which the organization paid more than \$100,000 for services.

<https://www.irs.gov/charities-non-profits/exempt-organization-annual-reporting-requirements-key-employee-compensation-reporting-on-form-990-part-vii>

What is a key employee?

Under FMLA statutes, a key employee is defined as a salaried employee who is among the highest-paid 10 percent of all workers employed by the employer within 75 miles of the employee's worksite. The IRS defines a key employee for employer-sponsored retirement plans as a plan participant who is a highly compensated officer or company owner.

<https://www.shrm.org/resourcesandtools/tools-and-samples/hr-glossary/pages/key-employee.aspx#:~:text=What%20is%20a%20key%20employee,miles%20of%20the%20employee's%20worksite.>

Key Management

What is the IRS rule 4958?

Federal Rules on Nonprofit Employee Compensation

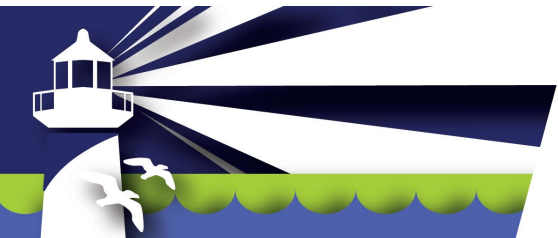
Section 4958 of the Internal Revenue Code imposes an excise tax on **excess benefit** transactions between a disqualified person and an applicable tax-exempt organization.

If a nonprofit executive violates section 4958 of the Code, the executive is personally liable to return the excess benefit and pay one or more penalty excise taxes.

Under “excess benefit” rules, the IRS may impose a 10 to 25% excise tax on nonprofit **executives and managers** who benefit from and knowingly participate in assigning compensation that exceeds the value of services performed.

How Do We Recruit Talent?

- HRSA compliance requirements
- No warm body – degree requirements?
- Thoughtful approach to limited resources
- Working within Leadership structure
- Becoming a leader in your role

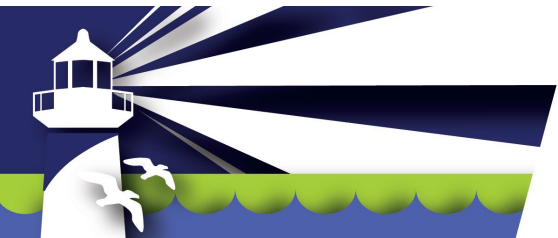


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Best Practices

- No one and done with compliance
- Invest in platforms to help streamline HR processes
- Establish a methodology and timeframe for job description reviews
- Understand the industry and directions of healthcare

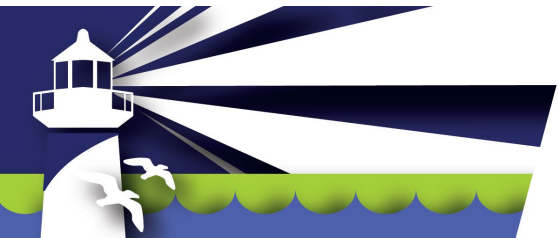


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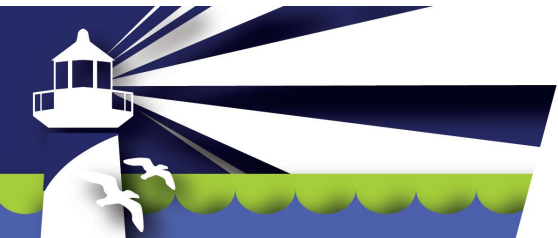
Best practices

- Have a plan for true workforce development.
 - <https://www.hrsa.gov/library/association-clinicians-underserved>
- Instill operational excellence with HRSA requirements for all staff including front line staff.
- Learn skillsets of each individual-some may have skills that we didn't know.
- “People first language”



Resources and Citations

- Health Center Program Site Visit Protocol: Examples of Credentialing and Privileging Documentation
 - <https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/credentialing-privileging>
- Health Center Program Site Visit Protocol: Sampling Review Resource Guide
 - <https://bphc.hrsa.gov/compliance/site-visits/sampling-review>
- Health Center Program Compliance Manual
 - <https://bphc.hrsa.gov/compliance/compliance-manual>
- Health Center Program Site Visit Protocol
 - <https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol>



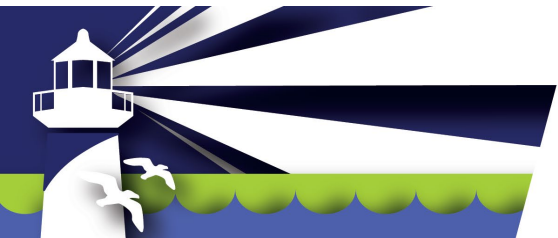
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Questions?



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