Michigan Primary Care Association
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Understanding HRSA’s 19 Program Requirements

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The Health Center Site Visit Guide is a review instrument used by the Health Resources and Services Administration (HRSA) to assess an organization’s compliance with the Health Center Program requirements as well as a resource to assist grantees in identifying areas for performance or operational improvements.

Health centers may also use this Guide as a self assessment resource as it provides a series of prompting questions for both program requirements and performance improvement.
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Possible Types of Data to be Requested

- **Prior to Visit**
  - Bylaws, most recent grant application, organizational chart, most recent NGA, Staff roster, productivity reports by provider compared to budgeted projections, QI/QA plan, health care plan, last two financial audits, most current YTD financial statements

- **Onsite Availability**
  - Board members roster & patient status, board minutes for prior year, standing & ad hoc committees, board assessment tools, patient satisfaction survey results,
  - ED annual performance form,
  - Fiscal, administrative, personnel and MIS policy/procedure manuals; Employee handbook
  - Chart of accounts, monthly financial reports
  - Schedule of patient charges; sliding fee scale policy, procedures and forms,
  - IRS 941 reports
  - Aged accounts receivable & accounts payable reports
  - Encounter form examples
  - Fixed assets ledger/depreciation schedules
  - Board and key staff member paid invoice files
  - YTD budget analysis of reimbursable services; most recent P&L; payer mix by clinic;
  - Medicare & Medicaid cost reports
  - Copies of contracts, insurance policies, fidelity bonds
  - Informational brochures; strategic plan; Medicaid RAs for three months; missed appointments
  - Board reports, last three audits, incentive programs
Section I - Need

Requirement # 1 – Need
  ◦ MUA/MUP Designation
    • Eliminated from the site visit guide requirements because….it is an eligibility, rather than program requirement.
Section II - Services

- Program Requirement 2 – Required and Additional Services
  - Required health center services
    - Provided directly, by agreement (grantee pays), by formal arrangement (grantee does not pay), by informal arrangement (grantee does not pay). MUA/MUP Designation – Eliminated from the site visit guide requirements because….it is an eligibility, rather than program requirement.
    - Homeless grantees must provide substance abuse services
    - Optional services; urgent, dental, BH, Occupational/Physical Therapy, HIV Testing, Podiatry, Child care, WIC, etc.
  - Cultural competency
  - On-site emergencies
  - Pharmacy services
  - Referrals to Specialists

- What is in your grant application?
- What are the arrangements for services you don’t provide directly?
- Has your Board approved all services?
- Is everything in your scope of project?
Section II – Services (Con’t)

- **Program Requirement 3 – Staffing**
  - **Core Staff Needed to Carry Out Responsibilities**
    - Staffing profile, Contracts, Agreements, sub-recipients, credentialing
  - **Performance Improvement**
    - Staffing profile, Contracts, Agreements, sub-recipients, credentialing
    - Personnel manual/Employee handbook
    - Personnel files, job descriptions, evaluations,
    - Clinical staff, credentialing
    - Employment contracts
    - Orientation program
    - Minutes from staff meetings
    - Employee satisfaction surveys
    - Are personnel files up to date?
    - Personnel manual followed?
    - Credentialing current?
    - New employees and training?
    - Minutes from senior staff meetings
Section II – Services (Con’t)

- **Program Requirement 4 – Hours & Locations**
  - Provide services at times that assure accessibility & meet population’s needs
    - Signage & in appropriate languages, ADA, etc.

- **Program Requirement 5 - After Hours Coverage**
  - Coverage when center is closed
  - Emergencies
  - Phone system; answering service
  - Explained to patients
  - Language appropriate

- Is signage appropriate? How about patient information….brochures, etc.?
- What about when the center is closed? Multiple sites? Answering service? Communication with patients?
Section II – Services (Con’t)

- Program Requirement 6 – Hospital & Continuum of Care
  - HC providers admit & follow hospitalized patients?
    - Hospitalization, discharge planning, patient tracking?
    - Formal patients agreements with hospitals?
    - Homeless

- Continuum of care include admitting privileges at local hospital(s)? Hospitalist?
- Formal agreements with hospitals and SNFs
- Are notes in health centers medical records re: hospital stays, etc.?
- How are special populations handled?
Section II – Services (Con’t)

- Program Requirement 7 - Sliding Fee Discounts
  - Policies in-place?
  - System in-place to determine eligibility?
    - Signage, fee schedule updates, non-english speaking accommodated?
  - Three levels of poverty?
    - 100% or below, 100 – 200% of poverty, 200% or above

- How is your policy written?
- Approved by Board?
- What procedures are in place?
- Follows general Feds expectations?
- Nominal Fee?
Program Requirement 8 – Quality Improvement/Assurance

- Includes clinical services and management
- Maintains confidentiality of patient records
- Clinical Director with responsibility for plan
- Periodic assessments
  - Conducted by physicians
  - Based on systematic collection/evaluation of patient records
  - ID and document need for changes
  - Result in change where indicated
- Plan Reviewed & approved by Board
- QI/QA plan addresses all operational areas of the health center
  - Clinical, environmental, management, financial, patients, risk management, out-of-scope activities, insurance coverage?
Section III – Management and Finance

- **Program Requirement 9 – Key Management Staff**
  - Maintains fully staffed management team appropriate for size and needs of health center.
    - CEO, CMO, CFO, CIO, Nursing, etc.
    - Directly employed? Senior staff goals, performance evals, backgrounds and competencies, board/management communication.

- **Program Requirement 10 – Contractual/Affiliation Agreements**
  - Appropriate oversight and authority over all contracted services
  - Any Sub-recipients meet Heath Center Program requirements
Section III – Management and Finance (Con’t)

- Program Requirement 11 – Collaborative Relationships
  - Makes effort to establish and maintain collaborative relationships with other health care providers in the service area, including:
    - Other FQHCs, hospitals, health departments, private providers, elected officials, and other community stakeholders, including social services.
    - Letters of support?

- Written letters or support of agreements are very important.
- Primary care association support?
- Medical Director or other physicians involved in community, i.e., local medical society?
- Business relationships?
Section III – Management and Finance (Con’t)

Program Requirement 12 – Financial Management & Control

- Internal control systems; GAAP, independent audit & findings
- Monthly financial reports, budgets, adequate cash, AR, AP, disbursements, chart of accounts, accounting procedures, profitability?
- Business plans, PMS, recording of transactions,

- Accounting system adequate?
- Audit reports & management letters— findings have been addressed?
- active finance committee….practice management system and billing practices?
- Policies & procedures?
- cash reserves on hand?
- cash management; productivity is appropriate?
Section III – Management and Finance (Con’t)

- Program Requirement 13 – Billing & Collections
  - Systems in place to maximize collections and reimbursement for the cost of providing health services
  - Written policies and procedures addressing billing, credit, and collections.
    - Encounter form & capture of data
    - Medicare & Medicaid
    - Accounts Receivable

- Program Requirement 14 – Budget
  - Budget reflects amounts necessary to accomplish service delivery plan, including the number of patients to be served.
    - Annual operating/business plan approved by the Board?
    - Variances reviewed by Board? How often? Capital plan?
Section III – Management and Finance (Con’t)

- **Program Requirement 15 – Program Data Reporting Systems**
  - Systems in place that accurately collect and organize data
    - UDS, FSR, Health Care Plan, Business Plan
  - **Support management decision making**
  - Reporting on clinical measures; Business Plan measures
  - **PMS General Capacities**
    - PM have a CHC/FQHC module?
    - Billing, capitation management, general ledger, registration, scheduling, patient tracking, word processing, email, etc.
    - Support & maintenance agreements
    - Policies and procedures
      - Data collection, organization, storage, security, back-ups,
    - Reporting
    - Future needs, EMR, etc.
Section III – Management and Finance (Con’t)

- Program Requirement 16 – Scope of Project
  - Health center maintains funded scope of project including any increases based on recent grant awards.
    - Grant awards last 5 years
  - Project Growth
  - Current capacity
  - Planned Expansions
    - Staffing needs, including management staff,
    - Medicare & Medicaid billing numbers
    - Funding sources
    - PMS/EMR systems
    - Time planning is appropriate
Section IV – Governance

Program Requirement 17 – Board Authority

- Health center governing board maintains appropriate authority to oversee operation of the center
  - Monthly meetings
  - Approval of grant application & budget
  - Selection/evaluation/dismissal of CEO
  - Selection of services
  - Measuring and evaluating organization’s progress in meeting short and long-term goals

- Establishes general policies of the organization
  - Personnel, health care delivery, fiscal, quality assurance/improvement
  - Board’s bylaws
  - Standard format for agenda & minutes
Section IV – Governance (Con’t)

- Program Requirement 18 – Board Composition
  - A majority of the Board members are being served by the health center, at least 51%
  - Do patient/consumer governing board members reasonably represent the health center in terms of race, ethnicity, and gender?
  - At least 9 but no more than 25 members
  - Non-consumer members shall represent the community of service area
  - No more than 50% of non-consumer members may derive more than 10% of their annual income from the health care industry.
  - Board recruitment and retention plan, orientation program, ongoing board member training program
  - Overall expertise reflect needs of the organization?
Section IV – Governance (Con’t)

Program Requirement 19 – Conflict of Interest Policy

- Do bylaws prohibit conflict of interest by board, staff, consultants represent the health center in terms of race, ethnicity, and gender?
- No Board member shall be an employee of health center or an immediate family member of employee?
- CEO must be non-voting ex-officio member of Board?
- Annual conflict of interest statements required? Are they on file?
- Relate party transactions allowed?
  - Disclosure of relationships, either business or personal that might be a conflict?
  - Board member expense policies & procedures?
  - Personal political activities of board members?
  - Consequences for violations of conflicts of interest.
Appendices

- Appendix
  - Cross-Cutting Reference documents and Websites
  - Recommended Reference Documents
  - Optional Summary Grid
  - Required Health Center Performance Measures
  - American Recovery and Reinvestment Act (ARRA) Grant Progress Review

- HRSA Document Access
  http://bphc.hrsa.gov/about/sitevisitguide/
Attend NACHC Seminars and Other Training Opportunities
  ◦ Financial/Operations Management
  ◦ Strategic/Business Planning
  ◦ Maximizing Revenue & 3rd Party Reimbursement
  ◦ Practice Operations Management
  ◦ Webinars

Suggested Reference Materials in Program Requirements Document
  45 CFT Part 74
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Questions???
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