

OSV: ARE YOU READY ?

Thomas Maynor II, MD, MPH
Maynor Consulting Inc.



INTRODUCTION

Thomas E. Maynor II, MD, MPH

- 20+ years of experience
- CEO/COO/CMO
- Community Health Growth Specialist
- Over the past 14 years HRSA BPHC and FTCA Audits
- “Passionate about helping expand community health by improving compliance and promote financial viability of centers”



AGENDA

- Introduction
- Objectives
- Overview OSV?
- Most Common Problem Areas
- What happens AFTER the OSV?
- Are You Ready?



OBJECTIVES

Increase Understanding of :

1. OSV purpose and structure
2. What to do before and during the OSV?
3. Problem Areas: Clinical Hot Spots!
4. What happens after the OSV?
5. Are we ready???

PURPOSE

“The purpose of Health Resources and Services Administration (HRSA) site visits is to support the effective oversight of the Health Center Program. Operational Site Visits (OSVs) provide an objective assessment and verification of the status of each Health Center Program awardee or look-alike’s compliance with the statutory and regulatory requirements of the Health Center Program.”

https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/introduction#footnote1_oznfdnb

SCOPE OF PROJECT

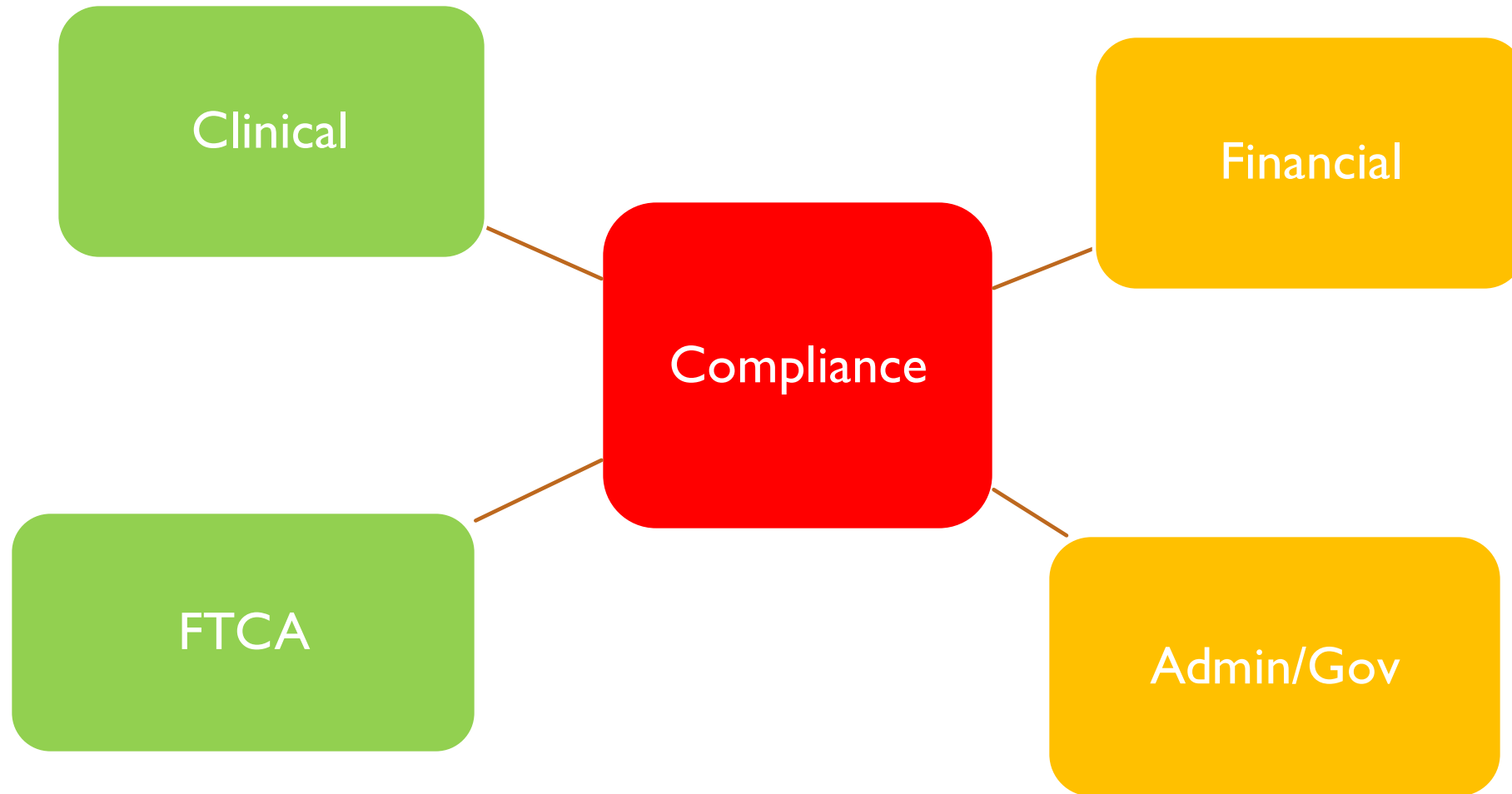
Scope of project defines the activities that the total approved section 330 grant-related project budget supports, the parameters for using these grant funds, the basis for Medicare and Medicaid Federally Qualified Health Center reimbursements, Federal Tort Claims Act coverage, 340B Drug Pricing eligibility and other essential benefits. Therefore, proper recording of scope of project is critical in the oversight and management of programs funded under section 330 of the PHS Act.

Form 5A: Services

Form 5B: Sites

Form 5C: Other Activities/Locations

AREAS EVALUATED FOR COMPLIANCE



3 MAIN RESOURCES

Health Center Program Compliance Manual

designed to promote health center understanding, ability to **demonstrate**, and **maintain compliance**.

Used as the basis for determining whether health centers have **demonstrated compliance** with the statutory and regulatory requirements of the Health Center Program.

Health Center Program Site Visit Protocol

”**open book test**” that reflects the Manual and is used by HRSA for reviews and audits of programs, projects for initial and renewal applications.

Is the tool for assessing compliance with Health Center Program requirements during OSVs. It is designed to provide HRSA the information necessary to perform its oversight responsibilities using a standard and transparent methodology that aligns with the Compliance Manual.

Health Center Program Consolidated Documents Checklist and Naming Convention

Designed to **organize** all health center required documents used to conduct the OSV.

Admin/Governance

- Ch. 3 Needs Assessment
- Ch. 6 Accessible locations and hours of operation (Form 5B)
- Ch. 11 Key management staff
- Ch. 12 Contracts/subawards (element i. only)
- Ch. 13 Conflict of interest
- Ch. 14 Collaborative Relationships
- Ch. 19 Board Authority
- Ch. 20 Board composition

Clinical (22/73)

- Ch. 4 Required and Additional Services (Form 5A)(3/13)
- Ch. 5 Clinical Staffing (6/21)
- Ch. 7 Coverage for medical emergencies during and after hours (4/11)
- Ch. 8 Continuity of care and hospital admitting (3/5)
- Ch. 10 Quality Improvement/ Quality Assurance (QI/QA) (6/23)
- Ch. 21 FTCA* (9/19)

Financial

- Ch. 9 Sliding Fee Discount Program
- Ch. 12 Contracts/subawards
- Ch. 15 Financial management and accounting systems
- Ch. 16 Billing and collections
- Ch. 17 Budget
- Ch. 18 Program monitoring and data reporting systems

STRUCTURE

Conducted: Virtual or On-Site

Length: 3-day or the 1-day HCCESV Health Centers in Compliance and Excellence VOSV Pilot

Team: 3 members + Federal Representative. Primary and Secondary Reviewers

Pre-Site Visit Contact

Pre-Site Visit Call

Documents List, Naming Convention, and ShareFile folders

Health Center is expected to provide (or “pull”) the samples. Documents not provided by the close of the first day of the site visit will not be considered in the compliance assessment by the site visit team.*

Methodology to assess compliance include but are not limited to reviews of policies and procedures, samples of files and records, site tours, and interviews. All documentation provided to the site visit team, whether by HRSA or by the health center, are available to the entire site visit team and can be used for any portion of the site visit.*

*https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/introduction#footnote1_oznfdnb

ONE DAY OSV

Pre-Site Visit Call

- ❑ Introductions
- ❑ CEO Health Center Presentation

Cultivation Period

Within two weeks of Pre-Site Visit Call, each Review Team Member will:

- ❑ Conduct One-On-One consultant meetings/calls regarding Site Visit Protocol (SVP) guidance and how to demonstrate compliance with documents. What are we looking for?
- ❑ Scheduling of Form 5A Self-Assessment work session.
- ❑ Determine a single main contact for each consultant for setting up cultivation calls.
- ❑ NO SCREEN SHARE: ALL Documents and Samples must be uploaded for review.

Desktop Review

Ch. 3, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, FTCA

One Day Review

Ch. 4, 5, 9, 19

HCCESV One-Day Agenda	Administrative/Governance GotoMeeting Link & Line #s	Clinical GotoMeeting Link & Line #s	Fiscal GotoMeeting Link & Line #s
8:30 am to 9:00 am	vOSV Team Meeting – Use Team Lead GoToMeeting Link & Line #s		
9:00 am to 9:45 am	Entrance Conference - Senior Management and Board Members: 9:00 – 9:15 am Brief introductions 9:15 – 9:30 am Opening remarks and purpose of site visit; review and confirm agenda 9:30 – 9:45 am Federal representative provides HRSA/BPHC update Short 15-minute break to allow staff to prepare to conduct the virtual clinical tour(s)		
10:00 am to 11:00 am	Clinical Tour (all consultants participate)		
11:00 am to 11:30 am	Team Meeting during Lunch Break (if needed)		
11:30 am to 12:30 pm	Meets with health center Board of Directors	Meets w/CEO, CMO, COO, & others?: Ch 4 – Required and Additional Services. Review of Form 5A – Scope of Project , Contracts for Column II and III Services	11:30 am -12:00 pm Review of Form 5A – Scope of Project, Contracts for Column II and III Services
12:30 pm to 2:30 pm	Meets w/CEO: Ch 19 – Board Authority. Discussion on working with the governing board and technical assistance on selected topics	Meets w/HR & Others _____: Ch 5 – Clinical Staffing –Credentialing & Privileging (C&P) Policies & Practices; Review sample of C&P files of Licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs), and other clinical staff (OCS)	12:00 pm -2:30 pm Meets w/CFO and others including a front desk registration staff member Ch 9 - Sliding Fee Discount Program (SFDP) , and Col. II and Col. III written agreements and SFDP evaluation
2:30 pm to 3:00 pm	Debrief for Federal Representative – Use Team Lead GoToMeeting Link & Line #s		
3:00 pm to 4:00 pm	Debrief for CEO (Others?) – Use Team Lead GoToMeeting Link & Line #s		
4:00 pm to 5:00 pm	Exit Conference - Senior Management and Board Members: HRSA team and Federal Representative to present the following: <ul style="list-style-type: none"> Summary of the site visit findings from all 18 chapters (includes the Desktop chapters) – Team Members Recommendations – Team Members Next steps in vOSV process – HRSA/BPHC Federal Representative Question and answers 		

Day 1 of 3 Hours	Administrative/Governance	Clinical	Fiscal
8:30 am to 9:00 am	HOSV Team Meeting – Conference Line #, Participant Code #		
9:00 am to 10:30 am Conference Line: Participants Code: Web-based Link & Dial-in Number:	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; COVID19 update and Q&A -Health Center Overview and Update: Significant developments; Challenges that have been encountered; Health Center growth opportunities; Changes in the health care environment; Virtual/Picture tour of site locations		
10:30 am to 12:00 pm	<i>Review of Documents</i>	Meets w/CEO, CMO, COO, & Others: Chapter 4 – Required and Additional Services – Review of Form 5A – Scope of Project, Contracts for Column II and III Service	Chapter 4 – Required and Additional Services – Review of Form 5A – Scope of Project, Contracts for Column II and III Service
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	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	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
3:30 pm to 4:00 pm	Debrief for Federal Representative – Conference Line #, Participant Code #		
4:00 pm to 4:30 pm	Debrief for CEO (Others?) – Conference Line #, Participant Code #		

Day 2 of 3 Hours	Administrative/Governance	Clinical	Fiscal
8:30 am to 9:00 am	HOSV Team Meeting – Conference Line #, Participant Code #		
9:00 am to 12:00 pm	<p><i>Review of Documents & Preparation for Meeting with Governing Board</i></p> <p>11:00 am: Meets w/CEO: Chapter 19 – Board Authority – Discussion on Working with the Governing Board and Technical Assistance on Selected Topics</p>	<p>Meets w/HR & Others _____: Chapter 5 – Clinical Staffing – Credentialing/Privileging P&Ps; Review Sample of C&P Files – LIPs, OLCF, and OCS Staff</p>	<p>9:00 am to 10:00 am - Meets w/CEO, CFO, Compliance, & Others _____?: Chapter 12 – Contracts including Procurement/Purchasing, Contract Management Policies & Procedures; Chapter 13 - Conflict of Interest including Policies and Procedures, Disclosure, Occurrences</p>
12:00 pm to 1:30 pm <i>(Can be scheduled at convenience of Board)</i>	<p>HOSV Team meeting with Governing Board – Conference Line #, Participant Code #</p> <p>Session Lead by Administrative/Governance Reviewer: Chapter 19 – Board Authority and Chapter 20 – Board Composition - Discussion on Board Authority, Roles and Responsibilities, Program Requirements, and Other TA Topics</p>		
1:30 pm to 3:30 pm	<p>1:30 pm: Meets w/CEO & HR: Chapter 11 – Key Management - Distribution of Functions, Vacancies, Recruitment, and Evaluations</p> <p>2:30 pm: Review of Records: Chapter 20 – Board Composition – Review of Composition and Past 24-Month Billing Record for Patient Members of the Governing Board Files</p>	<p>1:30 pm: Meets w/CMO, QA/QI Dir, COO, Nursing Dir, & Others _____: Chapter 10 – QA/QI Plan & Activities; Chapter 21 – Federal Torts Claims Act</p>	<p>Review of Sample Records: Chapter 9 – SFDP – Discounts & Col. II and Col. III Written Agreements Chapter 16 – Billing & Collections – Billing Sample, Waive/Reduce Sample Chapter 12 – Contracts/Procurement</p>
3:30 pm to 4:00 pm	Debrief for Federal Representative – Conference Line #, Participant Code #		
4:00 pm to 4:30 pm	Debrief for CEO (<i>Others?</i>) – Conference Line #, Participant Code #		

Day 3 of 3 Hours	Administrative/Governance	Clinical	Fiscal
8:30 am to 9:00 am	OSV Team Meeting – Conference Line #, Participant Code #		
9:00 am to 12:00 pm	<i>Finalizes Document Review and/or Follow-up with Key Staff, as may be needed</i>	<i>Finalizes Document Review and/or Follow-up with Key Staff, as may be needed</i>	<i>Finalizes Document Review and/or Follow-up with Key Staff, as may be needed</i>
12:00 pm to 1:00 pm	Lunch Break		
1:00 pm to 2:00 pm	<i>Prepares for Exit Conference</i>	<i>Prepares for Exit Conference</i>	<i>Prepares for Exit Conference</i>
2:00 pm to 2:30 pm	Debrief for Federal Representative – Conference Line #, Participant Code #		
2:30 pm to 3:00 pm	Debrief for CEO (<i>Others?</i>) – Conference Line #, Participant Code #		
3:00 pm to 4:30 pm	Exit conference - Senior Management and Board Members: HRSA Team and Federal Representative to present the following: Conference Line: Summary of the site visit findings – Team Members Participants Code: <ul style="list-style-type: none"> • Recommendations – Team Members • Next steps in OSV process – HRSA/BPHC Federal Representative • Question and answers 		
	OSV Review Phase Concludes		

YEAR TO DATE 2022: TRENDS

- 444 Total OSVs Projected for 2022*
- 208 Completed STAR Reports*
- 2,344 Total Findings*

11.27 average number of findings per OSV.

~30% Health Centers end up with conditions on their NOA.

*From notes taken on August 29, 2022 at the NACHC CHI Meeting in Chicago presented by Angela Powell, HRSA Office of Health Center Program Monitoring

TOP 5 FINDINGS*

- Chapter 4 Required and Additional Services – Element a
- Chapter 5 Clinical Staffing – Element d
- Chapter 5 Clinical Staffing – Element e
- Chapter 9 Sliding Fee discount Program – Element j
- Chapter 19 Board Authority – Element c

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CHAPTER 4: REQUIRED AND ADDITIONAL SERVICES (SVP: 3/13)

Element a: Providing and Documenting Services within Scope of Project

Element b: Ensuring Access for Limited English Proficient Patients

Element c: Providing Culturally Appropriate Care

CHAPTER 4: REQUIRED AND ADDITIONAL SERVICES (SVP)

Element a: Providing and Documenting Services within Scope of Project

The health center provides access to all services (ROWS) included in its HRSA-approved scope of project (Form 5A: Services Provided) through one or more service delivery methods (COLUMNS), as described below:

- ☐ **Column I** **Direct care.**
- ☐ **Column II** **Formal Written Contract/Agreement**
- ☐ **Column III** **Formal Written Referral Arrangement**

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Radiology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Screenings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coverage for Emergencies During and After Hours	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Voluntary Family Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Child Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecological Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrical Care			
Prenatal Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrapartum Care (Labor & Delivery)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postpartum Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HCH Required Substance Use Disorder Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Translation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Additional Dental Services	[X]	[_]	[_]
Behavioral Health Services			
Mental Health Services	[X]	[_]	[_]
Substance Use Disorder Services	[X]	[_]	[_]
Optometry	[X]	[_]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[_]	[_]	[_]
Occupational Therapy	[X]	[_]	[_]
Physical Therapy	[X]	[_]	[_]
Speech-Language Pathology/Therapy	[X]	[_]	[_]
Nutrition	[X]	[_]	[_]
Complementary and Alternative Medicine	[_]	[_]	[_]
Additional Enabling/Supportive Services	[_]	[_]	[_]
Other - Pulmonary Services	[_]	[X]	[_]

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	[X]	[_]	[_]
Psychiatry	[X]	[_]	[_]
Endocrinology	[_]	[_]	[_]
Ophthalmology	[X]	[_]	[_]
Cardiology	[X]	[X]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[X]	[_]
Infectious Disease	[_]	[_]	[_]
Gastroenterology	[_]	[X]	[_]
Advanced Diagnostic Radiology	[_]	[_]	[_]
Other - Allergy	[_]	[X]	[_]
Other - Rheumatology	[_]	[X]	[_]
Other - Urology	[_]	[X]	[_]

CHAPTER 4: REQUIRED AND ADDITIONAL SERVICES (SVP)

Element a: Providing and Documenting Services within Scope of Project

The health center provides access to all services included in its HRSA-approved scope of project (Form 5A: Services Provided) through one or more service delivery methods, as described below:

- ☐ **Direct:** If a required or additional service is provided directly by health center employees or volunteers, this service is accurately recorded in **Column I** on Form 5A: Services Provided, reflecting that the health center pays for and bills for direct care.
- 1. Considering the overall scope of project (i.e., all services on Form 5A across the various Columns), were services recorded on Form 5A consistent with how they were offered by the health center at the time of the site visit?
- 2. **IF NO:** Has the health center submitted a Change in Scope request(s) to HRSA to correct all Form 5A inconsistencies?
- 3. FORM 5A, COLUMN I: Are all services listed in Column I on the health center's current Form 5A being provided by the health center directly?

CHAPTER 4: REQUIRED AND ADDITIONAL SERVICES (SVP)

Element a: Providing and Documenting Services within Scope of Project

The health center provides access to all services included in its HRSA-approved scope of project (Form 5A: Services Provided) through one or more service delivery methods, as described below:

❑ **Formal Written Contract/Agreement:** If a required or additional service is provided on behalf of the health center via a formal contract/agreement between the health center and a third party (including a subrecipient), this service is accurately recorded in **Column II** on Form 5A: Services Provided, reflecting that the health center pays for the care provided by the third party via the agreement. In addition, the health center ensures that such contractual agreements for services include:

- **How** the service will be documented in the patient's health center record; and
- **How** the health center will pay for the service.

- 4.1 **Does** the health center maintain **formal written contracts/agreements** for services listed in Column II on its current Form 5A?
- 4.2 **Do** the health center's contracts/agreements **document how** the health center will pay for the service(s)?
- 4.3 **Do** the health center's contracts/agreements or any supporting internal procedures **document how** information regarding the service(s) will be provided to the health center for inclusion in the patient's health center record?
- 4.4 **Was** the health center able to **produce patient records** from the past 24 months that document receipt of specific contracted services?

CHAPTER 4: REQUIRED AND ADDITIONAL SERVICES (SVP)

Element a: Providing and Documenting Services within Scope of Project

The health center provides access to all services included in its HRSA-approved scope of project (Form 5A: Services Provided) through one or more service delivery methods, as described below:

- ❑ **Formal Written Referral Arrangement:** If access to a required or additional service is provided and billed for by a third party with which the health center has a formal referral arrangement, this service is accurately recorded in **Column III** on Form 5A: Services Provided, reflecting that the health center is responsible for the act of referral for health center patients and any follow-up care for these patients provided by the health center subsequent to the referral. In addition, the health center ensures that such formal referral arrangements for services, at a minimum, address:
 - The **manner** by which referrals will be made and managed; and
 - The **process** for tracking and referring patients back to the health center for appropriate follow-up care (for example, exchange of patient record information, receipt of lab results).
- 5.1 **Does** the health center maintain **formal written referral arrangements** for services listed in Column III on its current Form 5A?
- 5.2 **Do** the health center's formal written referral arrangements **or other documentation** (for example, health center standard operating procedures) **include provisions that address** the manner by which referrals will be made and managed as well as the process for tracking and referring patients back to the health center for appropriate follow-up care (for example, exchange of patient record information, receipt of lab results)?
- 5.3 **Is** there documentation in the patient record of **appropriate follow-up care** and information that resulted from these referrals (for example, exchange of patient record information, receipt of lab results)?

CHAPTER 5: CLINICAL STAFFING (SVP: 6/21)

Element a: Staffing to Provide Scope of Services

Element b: Staffing to Ensure Reasonable Patient Access

Element c: Procedures for Review of Credentials

Element d: Procedures for Review of Privileges

Element e: Credentialing and Privileging Records

Element f: Credentialing and Privileging of Contracted or Referral Providers

CHAPTER 5: CLINICAL STAFFING

Element d: Procedures for Review of Privileges

The health center has operating procedures for the initial granting and renewal (for example, every 2 years) of privileges for clinical staff members (LIPs, OLCs, and other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers.

These privileging procedures would address the following:

- Verification of fitness for duty, immunization, and communicable disease status;
- For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews;
- For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and
- Process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty.

<https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/clinical-staffing>

CHAPTER 5: CLINICAL STAFFING

Element d: Procedures for Review of Privileges

6. **Do** the health center's operating procedures **address both** the initial granting **and** renewal of privileges for all clinical staff (LIPs, OLCs, and Other Clinical Staff who are health center employees, individual contractors, or volunteers)?
7. **Do** the health center's privileging procedures **require** verification of fitness for duty for all clinical staff upon hire **AND** on a recurring basis?
8. **Do** the health center's privileging procedures **require** verification of the following for all clinical staff upon hire **AND** on a recurring basis:
 - 8.1 Immunization and communicable disease status?
 - 8.2 Current clinical competence?
9. **Does** the health center have **criteria and processes** for modifying or removing privileges based on the outcomes of clinical competence assessments?

CHAPTER 5: CLINICAL STAFFING

Element e: Credentialing and Privileging Records

The health center maintains files or records for its clinical staff (for example, employees, individual contractors, and volunteers) that contain documentation of licensure, credentialing verification, and applicable privileges, consistent with operating procedures.

10. Based on the review of the sample of current clinical staff files, **did the files contain up-to-date** (as defined by the health center in its operating procedures) documentation of licensure and credentialing of these clinical staff (employees, individual contractors, and volunteers)?
11. Based on the review of the sample of current clinical staff files, **did the files contain up-to-date** (as defined by the health center in its operating procedures) documentation of privileging decisions (for example, an up-to-date privileging list for each provider) for these clinical staff (employees, individual contractors, and volunteers)?

AFTER THE OSV

Quick Fix

Health centers will not be able to make “quick fixes” during the site visit to address non-compliance findings. Instead, health centers will be able to take advantage of the **Compliance Resolution Opportunity (CRO)** process and submit documentation through EHBs to demonstrate compliance. If the submission demonstrates compliance with each site visit finding, no condition will be placed on the award/designation. This feature is designed to be a uniform and efficient way to help health centers demonstrate compliance while maintaining the objectivity and integrity of the site visit review process. <https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/faq>

Progressive Action Process [Conditions and NOA]

90-day > 60-day > 30-day

3-year funding > 1-year funding

1-year funding > 1-year funding > ???

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RECOMMENDATIONS

- Discuss what the element is seeking **in the document** for compliance to be demonstrated
- Discuss the documentation that will best demonstrate compliance (**Link** the naming convention document to the element)
- Discuss the narrative and the intent of the written response (**Link** the narrative to the element)
- Discuss samples of what could be utilized to demonstrate compliance
 - Example: Sliding Fee Notification and the various means allowed to demonstrate that notification is occurring
 - Use examples that actually demonstrate **ALL** required components

RESOURCES

Note that all the examples, tables, statements, descriptions and questions are from these three resources:

1. Health Center Program Compliance Manual - Last updated: August 20, 2018
2. Health Center Program OSV Site Visit Protocol - Last updated: May 26, 2022
3. Consolidated Documents Checklist Plus Naming Convention for OSVs - *Last updated: May 26, 2022*

Form 5A Preview. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/form-5a-preview.pdf>

Service Descriptors for Form 5A: Services Provided (Required, Additional, and Specialty Services)

https://bphc.hrsa.gov/sites/default/files/bphc/compliance/form-5a-service-descriptors_0.pdf

Health Center Program Site Visit Protocol: Examples of Credentialing and Privileging Documentation

<https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/credentialing-privileging>



Questions ???

THANK YOU

Thomas E. Maynor II, MD, MPH

Email: maynorconsultinginc@gmail.com

phone/text: 910-736-0222

