# HRSA Operational Site Visit (OSV)

Preparation and Hot Topics

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# What is an OSV?

▶ HRSA conducts compliance audits to ensure grantees and Look-Alikes are compliant with the 19 program requirements. http://bphc.hrsa.gov/programrequirements/summary.html

▶ A team of 3 consultants will follow the HRSA Site Visit Guide to perform compliance review.  The most current is v 2014: http://bphc.hrsa.gov/archive/administration/visitguidepdf.pdf

# What is the Process of an OSV?

- HRSA Project Officers orders the OSV

- MSCG Assigns it to three consultants, Admin/Governance; Clinical/Quality; and Fiscal (one of them acts as team lead)

- A pre-OSV call is scheduled to go over the agenda, housekeeping items, etc.

- Entrance Conference: 9AM Day 1 (invite board and all pertinent staff)

- Board Meeting (times vary-invite all board members and ensure chair is attending)

- Exit Conference: 11 or so Day 3 (invite board and all pertinent staff)

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# What is the Process of an OSV? *(cont)*

▶ Consultants provide Technical Assistance (T.A.) on-site and educate on how to become compliant with program requirements found to be "Not Met"

▶ Remember that all of the 19 requirements each have hundreds of parts.  Any one part not in compliance then entire requirement "Not Met"

▶ Average lately (2016) 5 to 7 "Not Met"

# What is the Process of an OSV? *(cont)*

▶ Team will issue a report of findings sent to you approximately 45 to 60 days after exit

▶ Findings will say "Met" or "Not Met"

▶ If "Not Met" the areas of non-compliance and how to become compliant will be explained (take great notes during the OSV and exit to be certain!)

▶ You then have **90** days to become compliant *OR* issue a 120 day plan for compliance

▶ **60** days is second *notice…please* don't get here….

▶ **30** days is third notice….**don't be here**!

# Steps in Preparing for OSV

## REVIEW

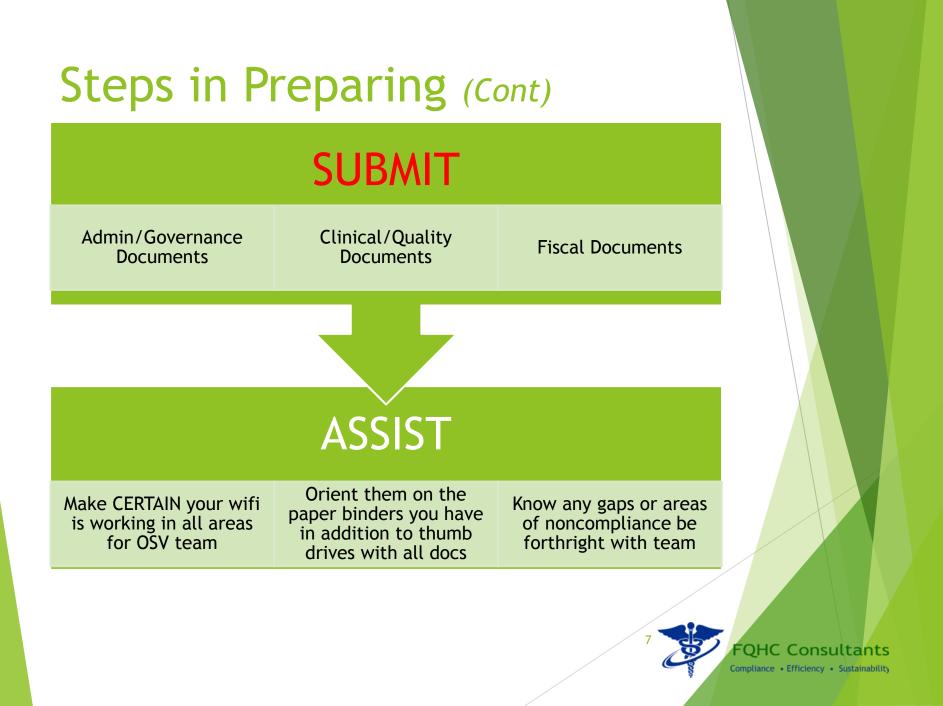| Review the 19 Program Requirements, Site Visit Guide, Documents Requested *(completely)* | Work with Board of Directors and All Staff on all Information | Identify staff that will interact and interview with OSV team |
|---|---|---|

## ORGANIZE

| Organize documents into order of Site Visit Guide and into Binders *(also have USB drive)* | Review Board Minutes and highlight or tab all pertinent motions/approvals | Know any gaps or areas of noncompliance and fix prior to sending documents to OSV team |
|---|---|---|

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# Steps in Preparing *(Cont)*

## SUBMIT

| Admin/Governance Documents | Clinical/Quality Documents | Fiscal Documents |
|---|---|---|

## ASSIST

| Make CERTAIN your wifi is working in all areas for OSV team | Orient them on the paper binders you have in addition to thumb drives with all docs | Know any gaps or areas of noncompliance be forthright with team |
|---|---|---|

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# Documents Generally Reviewed: Administrative

- Board of Director (BOD) meeting minutes – last 12 months

- BOD composition list with characteristics, terms, etc.

- Organizational chart with names of key staff and notation of any vacant positions

- By-laws

- Strategic plan with mission statement (vision and values)

- BOD packets for the last two months

- Board Committee(s) Minutes

- Board Recruitment, orientation and retention plan(s)

- Board self evaluation process and report

- Current EHB Forms 5A, 5B, and 5C

- Board training history and schedule

- CEO/Executive Director evaluation process

- Most recent needs assessment and needs survey/process

- Service Are Map

- Most recent HRSA notice of grant awards

- Description of services provided and locations

- Table of Contents of Policies and Procedures

- Policy and Procedures Manual (review on site)

- Human Resources Policies (Handbook) Manual

- Staffing Plan with list by names and positions

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# Documents Generally Reviewed: Administrative *(Cont)*

- Key management personnel files (review on site)

- Staff orientation process and packet (materials/information)

- Job descriptions for key personnel

- Employee satisfaction survey and reports

- Employee performance evaluation

- Sample personnel file (consultant to randomly select)

- Senior management/provider employment contracts

- Provider recruitment and retention plan

- Senior manager/provider employment contracts

- Administrative /Management team minutes (last year)

- Electronic Health Record Agreement

- Contracts, affiliation agreements and MOUs (vendor, leases, insurance, third-party payer)

- Most recent letters of support/ evidence of collaboration arrangements

- Most recent competitive grant application (SAC), including Project Narrative, Tables 5A, 5B and 5C

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# Documents Generally Reviewed: Clinical

- 2013-2015 Trend Analysis for Clinical Measures (From EHB)

- 2015 UDS Report with all reviewer comments and grantee responses (From EHB)

- Clinical Director's job description

- Clinical Practices and Operating Policies and Procedures

- Clinical staffing by site and FTE (Please include support staff separate from providers, and include specialty for each staff member)

- Clinical Tracking Systems

- Contracts, Agreements, and Subrecipient Arrangements related to staffing

- Contracts for pharmacy, lab, mental health services, radiology, etc.

- Credentialing and Privileging Policies and Procedures

- Documentation of services provided via formal written agreements and/or via formal written referral arrangements including discharge protocols/coordination with referral institutions

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# Documents Generally Reviewed: Clinical

- Employee satisfaction surveys

- Health Care Plan

- Hospital Agreements (Including Hospitalists)

- Hours of Operation

- Incident Report Forms Reporting, and Tracking

- Latest FTCA Deeming Application

- Medical Record policies and procedures

- Most current (print out of EHB – <u>NOT</u> from last SAC/BPR)

  - Form 5A: Services Provided Details

  - Form 5B: Service Sites

  - Form 5C: Other Activities/Locations

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# Documents Generally Reviewed: Clinical *(cont)*

- Orientation guide for new staff
- Patient Satisfaction Surveys
- Peer review policy, audit tools and six months of peer review audits
- Personnel Manual*
- Personnel Files Checklist/Matrix (FTCA Credentialing Excel Spreadsheet, etc.)
- Pharmacy formulary
- Policy for after-hours coverage

- Position descriptions
- Provider contracts
- Provider incentive plan and productivity report
- QI / QA plan
- QI Minutes for the last 12 months
- Risk Management Plan
- Safety Officer and Safety Committee Descriptions
- Staff evaluation forms

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# Documents Generally Reviewed: Fiscal

## Fees & Billing

- Current Customary Fee (Charge) Schedule

- Patient Registration and Encounter Forms

- Current Accounts Receivable Aged Trial Balance by Payer Source

- Medicare/Medicaid Provider Numbers documentation/ agreements

- Third Party Patient Eligibility Screen Protocol

- Billing, Accounts Receivable and Collection Policies

- CPT / ICD 9 CM Coding Protocols

- Provider Coding Distribution Report for E & M Services

- Most recent month end closing Revenue Summary Report

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# Documents Generally Reviewed: Fiscal

**Sliding Fee Scale Discount (SFSD)**

- Sliding Fee Scale Discount and Charity Care Policies and Procedures

- Sliding Fee Scale Discount Application/Eligibility Form

- SF Self-Declaration Form

- Referral Contracts/ Arrangements for Lab, Pharmacy, Dental, Mental Health, Specialty Care, Hospital Services, etc. with any SFSD Agreements *(or information)*

- Sliding Fee Criteria

- Sliding Fee scales (for all 330 services provided)

- Method to set nominal fee and last evaluated board.

**MANAGEMENT INFORMATION SYSTEMS (MIS)**

- Practice Management System (PMS) Description

- PMS Vendor Contract

- PMS Reports

- MIS Policies and Procedures

- Uniform Data System (UDS) Report (*last 3 years*) including the trend report available in the EHB

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# Documents Generally Reviewed: Fiscal

**Financial Management**

- Finance Department Org chart with names and responsibility.

- Budget for FQHC, including all sources of funds and/or in-kind support (Fed/NonFed)

- Notice of Grant Award (all of them including capital and other infrastructure grants for 18 months)

- Budget narrative from most recent grant application

- Funding agreements with State or Local Government

- Monthly and most current YTD Budget Variance Report

- Financial Audit Reports including any Management Letters

- Chart of Accounts

- Current Aged Accounts Payable

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# Documents Generally Reviewed: Fiscal

**Financial Management**

- Payroll Check Register

- FQHC Cost-based/PPS Reimbursement Rates for Medicare and Medicaid

- Financial Management Policies and Procedures

- Board Financial Reports including dashboards, financials with variance analysis, etc.

- Bank Statements for past 6 months with Reconciliations

- Check Register for the last 6 months including identification of outstanding checks

- Most Recent FQHC Cost Report (Printed – not the electronic submission file)

- IF you have "Out of Scope" services, be prepared to *fully* demonstrate you are not using program income OR grant dollars to support!

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# Hot Topics: Admin/Governance

- Board Composition

  - *Make sure your board mirrors the patients you see as reported on your most previous UDS.*

  - If you serve special populations, have them represented on the board (i.e., homeless, public housing, migratory agricultural)

- Check Bylaws!

  - Make sure your bylaws conform to the PIN 2014-01

  - Ensure you are not delegating anything from the board (credentialing/privileging is allowed with specific guidance in PIN-try to avoid if possible)

  - Ensure you have grant closeout process in Bylaws

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# Hot Topics: Fiscal

▶ *PIN 2014-02 Sliding Fee Scale* – Review for:

  ▶ No mention of insurance as a reason to offer or a reason you have the sliding fee scale (can be misconstrued as an eligibility factor)

  ▶ Have a policy for review at least every three years (recommend annually) from the perspective of the patient that the nominal fee (if you have set one) for patients at or below 100% FPL is not a barrier to care.

▶ Make sure all **Financial Policies and Procedures** mirror ALL sections of *45 CFR 75! PIN2031-01*

  ▶ Procurement Policy

  ▶ Definition of Allowable Costs

  ▶ GAAP Accounting/ Reporting/ Audit Responsibilities

  ▶ …..and much, much more!

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# Hot Topics: Clinical/Quality

- Credentialing/Privileging

  - Make sure your policies and procedures follow PIN 2002-02

  - Copy and paste the grid into policy

  - Use the grid as your "file checklist"

  - Be doing privileging and RE-privileging

  - Full board approves EACH appointment

- QI/QA – Make SURE a robust discussion is documented at full board level on activities!

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# Questions

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