**A CATALYST FOR HIGH PERFORMANCE,
OPTIMIZING THE VALUE AND IMPACT OF HEALTH CENTERS.**

Mastering Health Center Fundamentals
February 16th, 2023

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AGENDA

➤ Overview and Purpose

➤ HRSA Health Center Compliance Requirements

➤ Federal Tort Claims Act (Chapter 21)

➤ UDS (Uniform Data System)

➤ Corporate Compliance Program Responsibility

➤ Questions

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APHCA

ALABAMA PRIMARY
HEALTH CARE
ASSOCIATION

VALUES IN ACTION

Excellence

Unity & Trust

People

Results

Effectiveness

2

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APHCA

People
1. Respect others.
2. Be friendly and approachable.
3. Communicate as personally as possible.
4. Assume positive intent.
5. Be a source of acknowledgement and appreciation.
6. Seek to understand others.
7. Listen and learn without judgement.
8. Check the ego

Excellence
9. Attitude is everything.
10. Work skillfully.
11. Practice blameless problem solving.

12. Think systematically.
13. Orient to solutions, not problems.
14. Deliver remarkable service.
15. Do the right thing.

Unity & Trust
16. Maintain confidentiality.
17. Honor your commitments.
18. Take personal responsibility.
19. Speak straight.
20. Share information.
21. Get the facts.
22. Communicate to be understood.
23. Don't overreact.
24. Be there for each other.
25. Have fun!

Results
26. Be a fanatic about response time.
27. Follow up on *everything*.
28. Do what's best for the team.
29. Find a way.

Effectiveness
30. Appearance counts.
31. Be obsessive about organization.
32. Be process oriented.
33. Be meticulous with the details.
34. Deliver results.
35. Look ahead, anticipate.
36. Be relentless about growth.
37. Make a dent in the *universe*

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LEADERSHIP

Mary Hayes Finch, JD, MBA
President and CEO

John Waits, MD, Chair
Cahaba Medical Care

Wayne Rowe, Vice-Chair
Quality of Life Heath Services

Gilbert Darrington, Past Chair
Health Services

Jim Holland, Treasurer
Bayou La Batre AHDB

Keshee Smith, Secretary
Rural Health Medical Program

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BOARD OF DIRECTORS

Debbie Culpepper
Northeast AL
Health Services

Dr. Thomas Greer
AL Regional
Medical Services

David Jones, DNP
Capstone Rural
Health Center

Pam Bowers
Southeast AL Rural
Health Associates

David Gay
Whatley
Health Services

Mary Elizabeth Marr
Thrive
Alabama

Carleton Pyfrom
Central North AL
Health Services

Robert Record, MD
Christ
Health Center

Charles White
Franklin Primary
Health Center

Tuerk Schlesinger
AltaPointe
Health

Kelly Warren
Family Health
MCHD

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Jeff Andrews
Collaborative Programs

Ashley Boaz, MBA,MHA,CMPE
HC Operations

Marcia Daniel
Executive Assistant

Dodey Roughton, MSN, RN, CEN. QI
Health Systems

Regina Searcy
Credentialing

Latrice Lewis, MSCP
Workforce

Joyce McCauley
Credentialing

Tina Nixon, CPA
Finance & Accounting

Lauren Ousley
Policy & Operations

Sharon Parker, MBA,BSN,RN, CVRN-BC
Health Systems

Savannah Pendergrass
Credentialing

Amber King, BSN, RN, SSLP
Health Systems

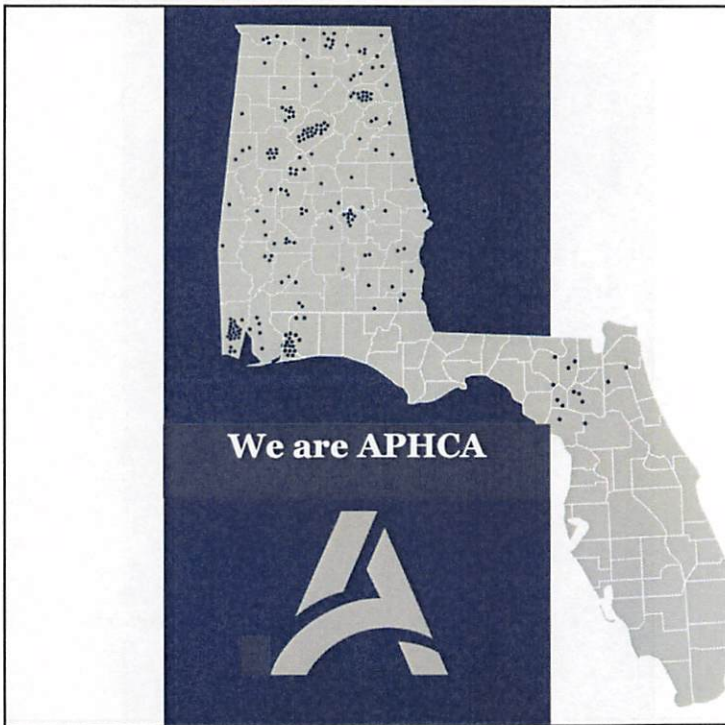Bret Beasley, BSN, RN
Health Systems

Recruiting
HR/Law

Recruiting
Prog. Coord.

We Are **APHCA**

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WE ARE APHCA

20
330 health centers
17 AL, 2 FL, 1 MS

2
Health center look-alike
organizations (AL)

205
176 Alabama locations
29 FL locations

2
Graduate Medical Education
1 teaching health center
1 collaborative residency
*2 THC Planning Grants*

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Alabama

1. Alabama Regional Medical Services
2. Alethia House
3. AltaPointe Health Systems
4. Bayou La Batre Area Health Development
5. Cahaba Medical Care
6. Capstone Rural Health Center
7. Central North Alabama Health Services
8. Christ Health Center
9. Family Health/MCHD
10. Family Health Care Clinic (MS)
11. Franklin Primary Health Center
12. HAPPI Health
13. Health Services
14. Northeast Alabama Health Services
15. Physicians Care of Clark
16. Quality of Life Health Services
17. Rural Health Medical Program
18. Southeast Alabama Rural Health Associates
19. Thrive Alabama
20. Whatley Health Services

Florida

21. Escambia County Community Clinics
22. Trenton Medical Center

We are APHCA

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HEALTH CARE LANDSCAPE
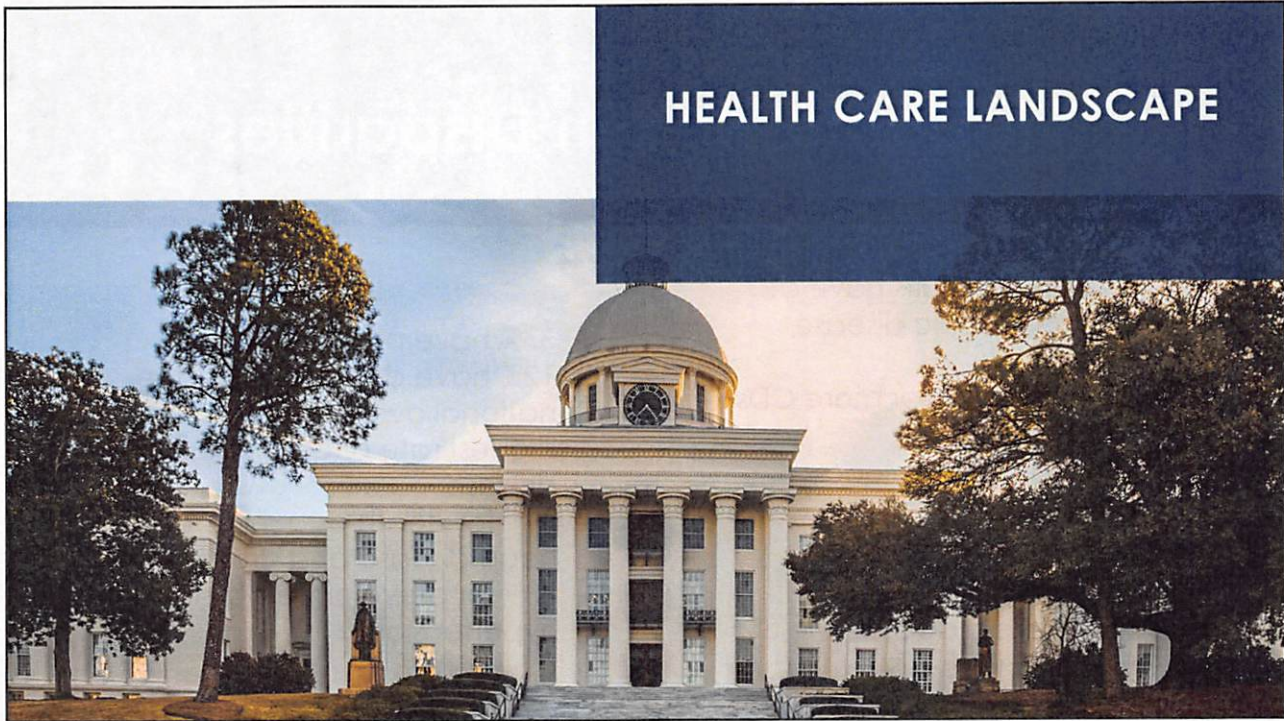
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Ranked 46th State Rankings
US News and World Report, Best States, 2021

6th poorest state in the country,
17% vs 12%

45th in health care

42nd in health care access,
15% vs 12.9% ins.

35th in health care quality

48th in health care outcomes

Lowest life expectancy (3.5) years

45th in public health,
36% vs 32% obesity rate

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Alabama Health Disparities

Over **50%** of adults have at least one chronic disease

➤ 32% have two or more CDs
➤ 36.3% are obese
➤ 40% have high blood pressure
➤ 42% have high blood cholesterol
➤ 15% have diabetes, the 3rd highest in the U.S.

➤ 37% have pre-diabetes
➤ 12% have depression; 2X the national average
➤ Highest rate of cardiovascular disease
➤ 49th for death as a result of heart disease and stroke
➤ 48th for prevalence of hypertension

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EVERY COUNTY
is medically underserved.

Medically Underserved
Areas & Populations

Geographic

Low Income
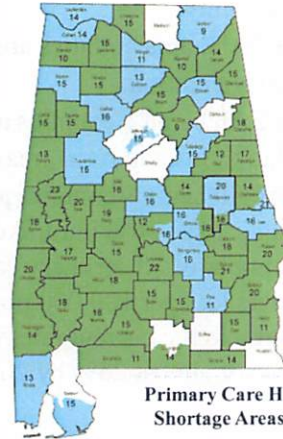
Primary Care HP
Shortage Areas

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ACCESS CHALLENGES

- Glaring social and economic disparities within Alabama
- Demonstrates irrebuttable link between poverty and health
- 6th poorest state in the country; $48,486 median household income
- 20% Alabamians on Medicaid
- 10% Alabamians uninsured
- APHCA patients face greater levels of poverty and lack of access to insurance than others comparatively.
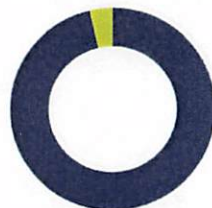
> 200% FPL
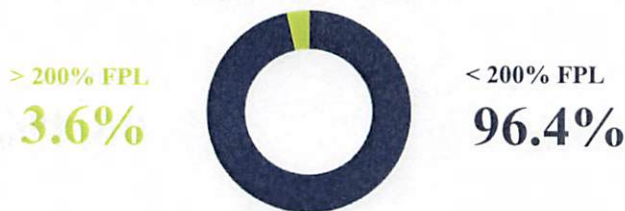**3.6%**

< 200% FPL
96.4%

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ACCESS CHALLENGES

- 87% of Alabama counties are medically underserved across the whole county.
- 13% of Alabama counties are medically underserved in part by area or population.
- 82% of Alabama's counties are rural and 45% of Alabama's population lives in rural areas
- 94% of Alabama's counties are primary care health professional shortage areas; 96% in rural counties.
- The number of AL primary care physicians is 60 primary care providers less per 100,000 population than the national average.
- To maintain the current rates of utilization, Alabama will need an increase of almost 25% by 2030.

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ACCESS CHALLENGES
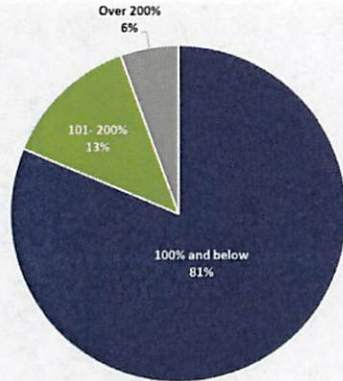
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> 200% FPL
3.6%

< 200% FPL
96.4%

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INCOME CHALLENGES

Over 200%
6%

101- 200%
13%

100% and below
81%

APHCA

Over 200%
10%

101- 200%
23%

100% and below
67%
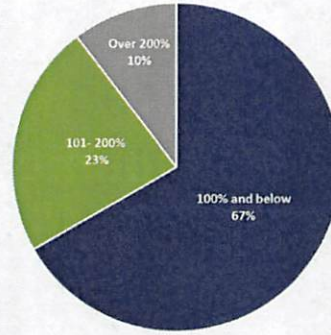
National

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INSURANCE CHALLENGES

Private Insurance
17%

Medicare
9%

Uninsured
45%

Medicaid
28%

APHCA

Private Insurance
18%

Medicare
10%

Uninsured
23%

Medicaid
48%
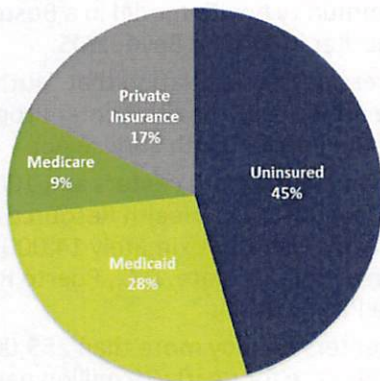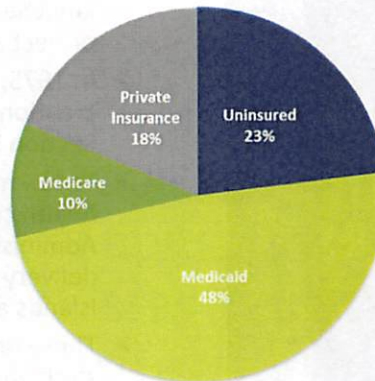
National

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Community Health Centers

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HISTORY OF HEALTH CENTERS

> In the early 1960s, health care became a part of the Federal War on Poverty.
> In 1965, Dr. Jack Geiger and another physician, Dr. Gibson launched a community health model in a Boston, MA housing project and another in Mound Bayou, MS.
> In 1975, Congress passed legislation that "authorized" the creation of the nation-wide health Center Program under Section 330 of the Public Health Service Act.
> Today, more than 1,400 health centers and 100 Look-alike health centers, supported by Health Resources and Services Administration, operate approximately 14,000 service delivery sites in every U.S. state, D.C., Puerto Rico, the Virgin Islands and the Pacific Basin.
> These health centers employ more than 255,000 full-time staff who provide care for nearly 29 million patients.
> HCs have nearly tripled the number of patients served since 2000.

Source: https://bphc.hrsa.gov/about/healthcenterprogram/index.html

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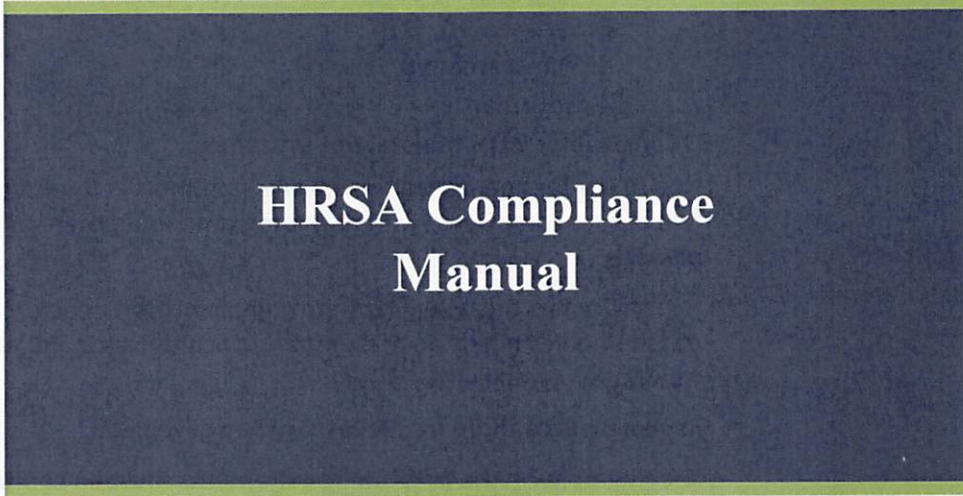
COMMUNITY HEALTH CENTERS

➤ Federal designation from the Bureau of Primary Health Care (BPHC)

➤ Entities that serve a population that is **medically underserved**, or a **special** medically underserved population comprised of **migratory and seasonal agricultural workers**, the **homeless**, and **residents of public housing**, by providing services, either through the staff and supporting resources of the center or through contracts or cooperative arrangements.

➤ **Required** to provide comprehensive primary and preventative health services.

➤ As may be appropriate for particular health centers, additional health services are necessary for the adequate support of the primary health services for all area residents served by the center, referred to as the **"catchment area"**.

Source: Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b) §254b.

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HRSA Compliance Manual

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PROGRAM STATUTES AND REGULATIONS

➢ **Health Center Program Statute**—Section 330 of the Public Health Service (PHS) Act (42 U.S.C. §254b)

➢ **Program Regulations**—42 CFR Part 51c and 42 CFR Parts 56.201-56.204 for Community and Migrant Health Centers

➢ **Grants Regulations**—45 CFR Part 75

➢ **HRSA Health Center Program Compliance Manual** Last updated: August 20, 2018

➢ **HRSA Health Center Site Visit Protocol** Last updated: May 26, 2022

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HRSA REQUIREMENTS

18 Key Health Center Program Requirements divided into <u>four</u> categories:

1. Need
2. Services
3. Management & Finance
4. Governance

FTCA (Chapter 21) – malpractice insurance

Health Center boards, leadership and staff must know, understand and ensure compliance with <u>each</u> program requirement or risk loss of funds.

Health Centers must demonstrate compliance with each requirement; there is no presumption of compliance and are no waivers for compliance.

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)

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COMPLIANCE AUDITS AND POSSIBLE SANCTIONS

➤ Foundation of health centers existence is compliance <u>with</u> core program requirements.

➤ Office of Inspector General has more finances and resources than ever before for program audits; General Accounting Office reports need for enhanced HRSA oversight and compliance accountability

➤ Compliance must be demonstrated through documentation and practice

➤ 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

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HRSA REQUIREMENTS

Scope of Project

Health center must maintain its funded scope of project (sites, services, service area, target population and providers) including any increases based on recent grant awards

*NOW ASSESSED AT TIME OF SAC APPLICATION

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CHAPTER 3 NEEDS ASSESSMENT

➢ Describes the needs of 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
➢ Presents a thorough description of the area, characteristics, barriers to care, gaps, etc.
➢ Should be updated and approved by the board at least every 2 years

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CHAPTER 4 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
➢ Additional services could include substance abuse services, dental, inpatient care, lab services, pharmacy, etc.

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CHAPTER 5 CLINICAL STAFFING

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> Health Center **must maintain a core staff** as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary either directly or through established arrangements and referrals.

> **Staff must be appropriately licensed, credentialed, and privileged.**

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CREDENTIALING/ PRIVILEGING

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VERY IMPORTANT

> For credentialing the board must approve a comprehensive policy that includes **initial** (but not limited to): verification of license, DEA registration, criminal background check, National data bank queries, and **re-credentialing** of your current providers no more than 24 months from the original review

> For privileging –the health center grants permission to a provider to perform various services, treatments and procedures, and validate "fitness for duty".

> Case studies show that a lapse by board to do this can result in millions of dollars in penalties
>> 1. *not allowed to practice list*
>> 2. *expired license*
>> 3. *not monitoring clinical practice appropriately*

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CHAPTER 6 ACCESSIBLE LOCATIONS AND HOURS OF OPERATION

➢ Health Center provides 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.

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CHAPTER 7 COVERAGE FOR MEDICAL EMERGENCIES DURING AND AFTER HOURS

➢ Health center must provide professional coverage for medical emergencies during hours when the center is closed.

➢ Are patients made aware of the availability of, and procedures for accessing professional coverage after hours, including patients with disabilities and for patients with either literacy or foreign language issues?

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CHAPTER 8 CONTINUITY OF CARE AND HOSPITAL ADMITING

➢ 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.**

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CHAPTER 9 SLIDING FEE DISCOUNT PROGRAM

➢ What policies do you have in place?
➢ What is the average minimum payment for medical and dental ?
➢ Make sure there is a policy (Board approved)
➢ 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)
➢ SFD policy must be reviewed/revised annually

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KEY RECOMMENDATIONS FOR SLIDING FEE SCALE

➢ 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 area(s), so patients are aware that your center charges on a sliding fee.

➢ **How is your sliding fee scale updated annually?**

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CHAPTER 10 QUALITY IMPROVEMENT/ ASSURANCE

➢ Overall Quality Plan (approved by Board)

➢ Risk management plan

➢ Describe how the Board, CMO 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?

➢ Patient satisfaction must be part of the quality plan

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CHAPTER 11 KEY MANAGEMENT STAFF

Health center must maintain a fully staffed health center management team as appropriate for the size and needs of the center.

CEO, CMO, CFO are mandatory positions – the HC determines the size of the leadership team to support HC functions

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CHAPTER 12 CONTRACTS AND SUBAWARDS

➢ Health center must exercise appropriate oversight and authority over all contracted services.
➢ Key questions are:
  ✓ does the center have written **board approved** policies in place that ensure appropriate procurement
  ✓ oversight of all contracted services and/or sub recipients?
➢ Are provisions in place to assure that none of the health centers contracts/affiliation agreements can limit health center authority or compromise the center's federal requirements?

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CHAPTER 13 CONFLICT OF INTEREST

Requirement:

Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center.

✓ No board member shall be an employee of the health center or an immediate family member of an employee.

✓ The Chief Executive may serve only as an ex-officio member of the board.*

(45 CFR Part 74.42 and 42 CFR Part 51c.304(b))

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CHAPTER 13 CONFLICT OF INTEREST

➢ The health center's conflict of interest policy must address such issues as:
  ✓ disclosure of business and personal relationships, including nepotism, that create an actual or potential conflict of interest;
  ✓ extent to which a board member can participate in board decisions where the member has a personal or financial interest;
  ✓ using board members to provide services to the center;
  ✓ board member expense reimbursement policies;
  ✓ acceptance of gifts and gratuities;
  ✓ personal political activities of board members; and
  ✓ statement of consequences for violating the conflict policy.

➢ CEO evaluation must be reviewed and signed by board members **annually**, kept on file and documented within the board minutes that the evaluation was completed.

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CHAPTER 13 CONFLICT OF INTEREST

When section 330 grantees procure supplies and other expendable property, equipment, real property, and other services, the health center's conflict of interest policy must also address the following:

➢ The health center grantee must have written **standards of conduct** governing the performance of its employees engaged in the award and administration of contracts.

➢ No health center employee, board member, or agent may participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when a health center employee, board member or agent, or any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

➢ The board members, employees, and agents of the health center grantee shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to sub agreements. However, recipients may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value.

➢ The standards of conduct **must provide** for **disciplinary actions** to be applied for violations of such standards by board members, employers, or agents of the health center grantee.

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CHAPTER 14 COLLABORATIVE RELATIONSHIPS

Health center must make effort to establish and maintain collaborative relationships with other health care providers, including other centers, in the service area

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CHAPTER 15 FINANCIAL MANAGEMENT AND ACCOUNTING SYSTEMS

➢ Policies – **procurement policy**
➢ Audit – know the results of the annual audit (findings)
➢ Understand what is owed to the center versus what the center must pay out (payable and receivables)
➢ Segregation of duties
➢ Check signing policy- limitations on CEO spending with/without board approval
➢ Credit card policy

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CHAPTER 16 BILLING AND COLLECTIONS

➢ Health center has systems in place to make reasonable efforts to collect and receive reimbursement for its cost in providing health services
➢ These systems must include written policies and procedures addressing billing/collections including provisions for:
  ✓ waiving charges,
  ✓ refusal to pay policies,
  ✓ collection and enforcement steps.

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CHAPTER 17 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 annually

➢ The entire HC budget will be evaluated by the HRSA reviewers during the OSV

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CHAPTER 18 PROGRAM MONITORING AND DATA REPORTING SYSTEMS

➢ Does the health center have appropriate **systems and capacity in place for collecting and organizing the data required for UDS**, clinical and financial measures, and any other health center program reporting requirements?

➢ **Is the health center's data reporting (quality, financial, and operational) and needs assessment results used to inform and support management decision making?**

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CHAPTER 19 BOARD AUTHORITY

Requirement:

Health center governing board maintains appropriate authority to oversee the operations of the center, including:

- ➤ holding monthly meetings;
- ➤ approval of the health center grant application and budget;
- ➤ selection/dismissal and performance evaluation of the health center CEO;
- ➤ selection of services to be provided and the health center hours of operations;
- ➤ measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by:
  - ✓ engaging in strategic planning,
  - ✓ ongoing review of the organization's mission and bylaws,
  - ✓ evaluating patient satisfaction,
  - ✓ monitoring organizational assets and performance;*
- ➤ establishment of general policies for the health center.

NOTE: In the case of public centers (also referred to as public entities) with co-applicant governing boards, the public center is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center. (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304(d)(iii) and (iv)

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Chapter 19 Demonstrating Compliance

Bylaws, articles of incorporation and other relevant documents ensure health center governing board maintains the authority for oversight of the health center project:

- ➤ Organizational structure and documents **do not** allow any other individual, entity or committee (including, but not limited to, an executive committee authorized by the board) to **reserve approval authority or have veto power over the health center board** with regard to the required authorities and functions.

- ➤ Ensure collaboration with other entities in fulfilling the health center's HSRA-approved scope of project in that such collaboration or agreement do not restrict or infringe upon the health center's board required authorities and functions.[3]

[3]This does not preclude an executive committee from taking actions on behalf of the board in emergencies, on which the full board will subsequently vote.

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Chapter 19 Common Conditions

Program Conditions

➢ **Failure** to demonstrate through written documentation appropriate board authority

➢ **Lack** of CEO **annual** evaluation documentation

➢ **Lack** of strategic plan relating to a financial outlay/capital plan

➢ **Failure** to document in Board minutes review and approval of policies and sliding fee program

➢ **No evidence** in board minutes or other documentation relating to clinical care

➢ **No evidence** of monitoring/reporting of patient satisfaction, including addressing any patient grievances found

Compliance Strategy

➢ Ensure members understand reserved authority, document review and action in these areas; applies to board and committees

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Chapter 20 Board Composition

Requirement:

The health center governing board is composed of individuals, a majority of whom are being served by the center and, who as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically:

✓ Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.*
✓ The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.*
✓ No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.* (**The board must have a policy that defines "health care industry"**)

Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304)
NOTE: Upon a showing of good cause the Secretary may waive, for the length of the project period, the patient majority requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p).

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Chapter 20 Board Composition

➤ A majority (at least 51%) of the board members receive services (i.e., are patients) at the health center.

➤ Patient board members must be a current registered patient of the health center and must have accessed the health center in the past 24 months to receive at lease one or more in-scope service(s) that generated a health center visit

➤ As a group, the patient board members must reasonably represent the individuals who are served by the health center in terms of race, ethnicity, and sex. Note: There is no established ratio for board members to population served; however, **board composition must be reasonably representative of the populations being served**, e.g., community affairs, local government, finance and banking, legal affairs, trade union and other commercial and industrial concerns, community social services agencies.

➤ Health centers that receive part of their section 330 funding to serve special populations and are not eligible for a waiver—the board includes representation from/for these special populations group(s), as appropriate (e.g., an advocate for the homeless, the director of a Migrant Head Start program, a formerly homeless individual).

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Federal Tort Claims Act
FTCA

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Chapter 21 Federal Tort Claims Act (FTCA) Deeming Requirements

FTCA Governing Documents

Chapter 21: FTCA Deeming Requirements

FTCA Deeming Application
- ➤ Risk Management
- ➤ Quality Improvement/Quality Assurance
- ➤ Credentialing/Privileging
- ➤ Claims Management

Chapter 5: Clinical Staffing

Chapter 10: Quality Improvement/Assurance

FTCA Site Visit

FTCA Site Visit Required Documentation

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Chapter 21 FTCA

NOTE:

*A health center's deemed employment status **does not** imply FTCA coverage in all cases, as health center providers must also comply with statutory individual eligibility requirements and covered actions must be taken within the scope of deemed PHS employment.*

When FTCA matters become the subject of litigation, the U.S. Department of Justice and the Federal courts may assume significant roles in certifying or determining whether or not a given activity falls within the scope of employment for purposes of FTCA coverage.

https://bphc.hrsa.gov/ftca/pdf/ftcahcpolicymanualpdf.pdf

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Chapter 21

FTCA

Demonstrating Compliance

A health center would demonstrate compliance with the FTCA requirements by providing documentation in its annual deeming application, in the form and manner prescribed by HRSA, and consistent with (but not necessarily limited to) the following:

1. **Credentialing and Privileging / Quality Improvement and Quality Assurance**
2. **Risk Management**
3. **Claims Management**

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Chapter 21

FTCA

➢ While on site, the site visit team will review the previously requested health center policies and procedures pertinent to credentialing and privileging, risk management, claims management, and QI/QA with the grantee. This review typically focuses on questions that may have arisen during the team's review of the documents prior to arriving on site.

➢ The site visit team will follow the finalized FTCA Site Visit Agenda as noted in Section II below, while reviewing documents, conducting interviews and touring facilities to ensure tasks are completed on time and within the 2.5-day timeframe.

➢ During the site visit, the site visit team will utilize the FTCA Health Center Site Visit Protocol to conduct the on-site analysis. Possible areas of deficiency are identified using the
  ➢ annual FTCA Health Center Deeming PAL,
  ➢ the FTCA Health Center Policy Manual,
  ➢ the annual Health Center FTCA Deeming Application,
  ➢ pertinent chapters of the Health Center Program Compliance Manual (e.g., chapters 5, 10, and 21) to assess, and
  ➢ verify implementation of FTCA deeming requirements.

➢ Any identified areas of deficiency are listed in the FTCA Site Visit Report (see below for additional details regarding the report process).

➢ The FTCA site visit will conclude with an exit conference where the site visit team will present any site visit findings to health center staff. At this time, the health center staff will have an opportunity to ask questions and engage in review and discussion of the site visit team's findings.

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Document Review List

Pre-Site Visit:
- ➤ Risk Management Policy/Operating Procedures
- ➤ Annual Risk Management Report to the Governing Board
  - ➤ Clinical risk management issues
  - ➤ Risk management goals
  - ➤ Progress in meeting goals
  - ➤ Completed risk management activities
  - ➤ Proposed activities
  - ➤ Completed assessments
  - ➤ Number of incidents
  - ➤ Trainings
- ➤ Quarterly Risk Management Assessments
- ➤ Minutes of Risk Management meetings (12 -24 months)
- ➤ Staffing HIPAA/Privacy Policy
- ➤ Medical Records Retention Policy
- ➤ Infection Control Policies and Procedures
- ➤ Sterilization Policies/Procedures
- ➤ Adverse Occurrence Policy or Incident Management Policy
- ➤ Patient Complaint Policy/Procedure
- ➤ Safety Protocols Policy/Procedures (sharps use/disposal procedures and Emergency plans)

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Document Review List

Pre-Site Visit:
- ➤ Record of governing board risk management training (within the past 12 months)
- ➤ Record of staff risk management and safety training (within the past 12 months)
- ➤ Risk Management Training Plan
  - ➤ current calendar year
  - ➤ Health Center staff/provider types required to attend trainings
  - ➤ date the training will occur with deadline to complete the training
  - ➤ Plan should outline process for tracking training progress and tolls used to ensure adherence
- ➤ Walk-in Patient Policy
- ➤ Specialty Referral Tracking Policy/patient follow-up
- ➤ Hospitalization Tracking Policy
- ➤ ER Tracking Policy
- ➤ Diagnostic Tracking Policy (x-ray, Labs) and Log or workflow regarding closing loop of results to patient
- ➤ No Show Appointments Policy and Follow-up
- ➤ Urgent Care Visit Triage Policy and Procedures
- ➤ Specialty Referral Tracking Policy

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Document Review List

Pre-Site Visit:

➢ QI/QA Plan and/or Policies that establish the QI/QA program

➢ QI/QA Committee Meeting Minutes (within the last 12-24 months)

➢ Board Minutes (Six most current governing board minutes)

➢ Health Center Bylaws

➢ Governing Board Roster

➢ Sample Clinical performance reports presented to the QI/QA Committee and Board

➢ Minutes of provider staff meetings (within the last 6 months)

➢ List of Clinical staff members with professional designation (relevant c/P information, name, FTE)

➢ Provider Contracts, Agreements, Subrecipient arrangements

➢ Credential/Privileging Polices & Procedures

➢ Contract/agreement with CVO if applicable

➢ Peer Review procedures or other applicable mechanism

➢ Health Center Organizational charts with name of key management staff

➢ Polices/procedures for internal handling, analyzing, and tracking claims or potential claims

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Document Review List

On-Site Visit:

➢ Patient Satisfaction Survey Results

➢ Active/Resolved patient complaints

➢ Medical Record Documentation and Completeness Standards

➢ Medical Records Archiving Procedures

➢ Specialist Referral Tracking Log or means to demonstrate referral tracking/follow-up)

➢ Specialist Referral Tracking Log

➢ Hospital and ER Referral Tracking Log

➢ Diagnostic Tracking Log

➢ Clinical Guidelines and references used to develop guidelines/protocols

➢ Clinical Protocols

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Document Review List

On-Site Visit:

- Credentialing/Privileging Files available for examination (files to be pulled determined on site)
- Documentation the governing Board or designee has approved the staff members who are credentialing/re-credentialed and privileged
- Risk Management Training Documentation
  - training plans
  - policies/procedures
  - Sign-in sheets or other tracking documentation
- Documents showing evidence HC informs patients of deemed status (website, promotional materials, within HC visible in-patient areas
- Claims Files for all potential and actual claims

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Uniform Data Systems
UDS

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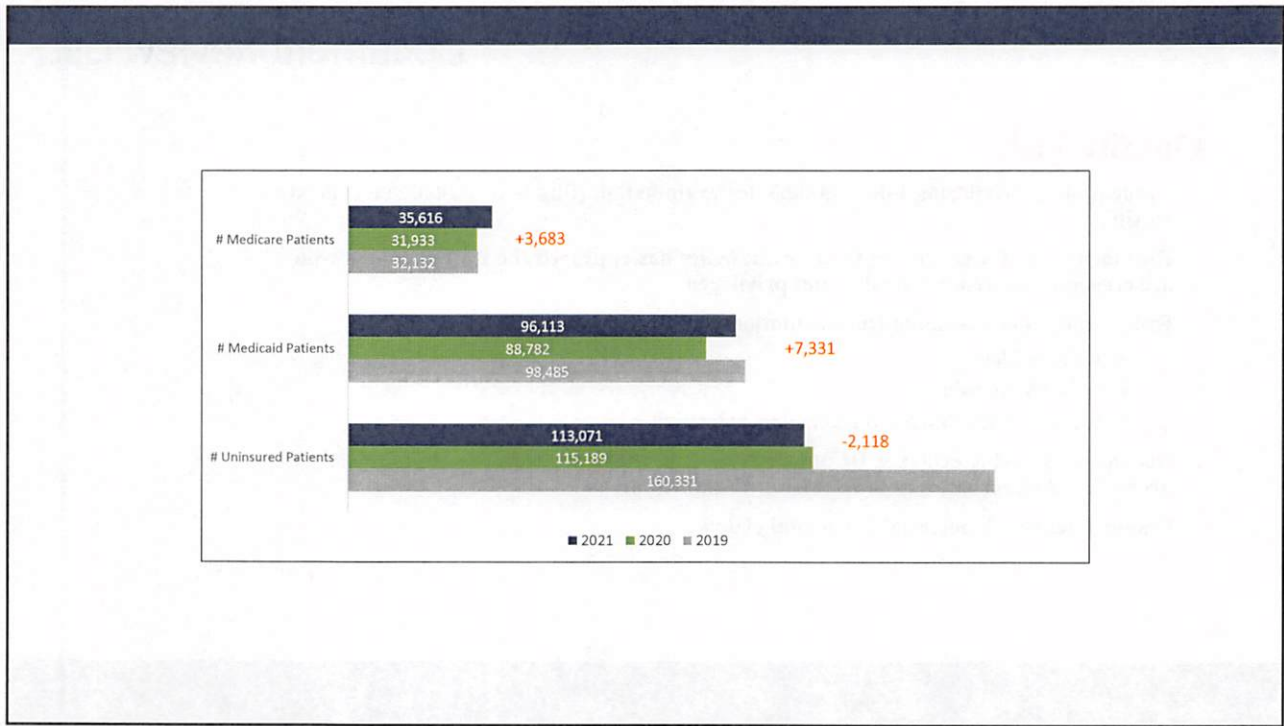
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HIGH PERFORMERS

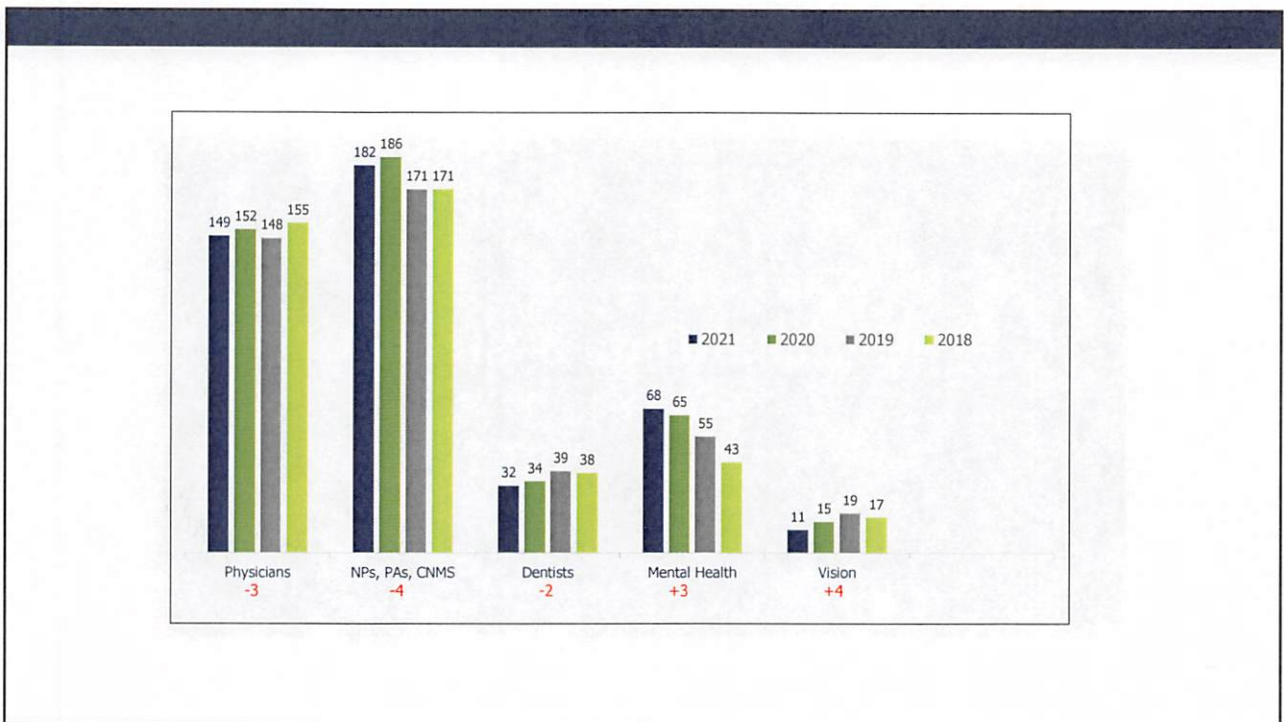| Clinical Measure	National	APHCA
Preventive Health & Preventive Services		
Entry into Prenatal Care	74.1%	100.0%
Low Birth Weight	8.6%	9.5%
Cervical Cancer Screening	53.0%	70.8%
Breast Cancer Screening	46.3%	49.3%
Weight and Follow up (CH)	68.7%	96.5%
Weight and Follow up (A)	61.3%	93.3%
Tobacco Screening & Cessation Intervention	82.3%	99.1%
Colorectal Cancer Screening	41.9%	74.5%
Childhood Immunizations	38.1%	46.7%
Screening for Depression and Follow-Up	67.4%	94.1%
Depression Remission at 12 Months	13.8%	68.8%
Dental Sealants	55.9%	100.0%
HIV Screening	38.1%	71.9%
Chronic Disease Management		
Statin Therapy	73.1%	89.3%
Aspirin Therapy	78.3%	92.8%
Blood Pressure Control	60.2%	67.0%
Uncontrolled Diabetic Patients HbA1c > 9%	32.3%	19.6%

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Clinical Measure	2021 National	2021 Highest AL	2021 Lowest AL	% Variance
Preventive Health & Preventive Services				
Entry into Prenatal Care	74.1%	100.0%	54.4%	45.6%
Low Birth Weight	8.6%	9.5%	10.8%	4.2%
Cervical Cancer Screening	53.0%	70.8%	2.7%	68.1%
Breast Cancer Screening	46.3%	49.3%	8.3%	41.0%
Weight and Follow up (CH)	68.7%	96.5%	0.9%	95.6%
Weight and Follow up (A)	61.3%	93.3%	24.3%	69.0%
Tobacco Screening & Cessation Intervention	82.3%	99.1%	6.5%	92.6%
Colorectal Cancer Screening	41.9%	74.5%	4.7%	69.8%
Childhood Immunizations	38.1%	46.7%	0.0%	46.7%
Screening for Depression and Follow-Up Plan	67.4%	94.1%	1.0%	93.1%
Depression Remission at 12 Months	13.8%	68.8%	0.0%	68.8%
Dental Sealants	55.9%	100.0%	33.8%	66.2%
HIV Screening	38.1%	71.9%	0.6%	71.3%
			Total % Variance	**64.0%**
Chronic Disease Management				
Statin Therapy	73.1%	89.3%	61.8%	27.5%
Aspirin Therapy	78.3%	92.8%	52.8%	40.0%
Blood Pressure Control	60.2%	67.0%	42.0%	25.0%
Uncontrolled Diabetic Patients HbA1c > 9%	32.3%	19.6%	92.8%	60.2%
HIV Linkage to Care	82.7%	95.5%	92.6%	2.9%
			Total % Variance	**31.1%**

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Prevention CQMs	HP 2020	National 2021	AL 2021	AL 2020	AL 2018	AL 2017	AL 2016
Entry into Prenatal Care	77.9%	74.1%	68.9%	66.8%	63.6%	64.6%	68.6%
Low Birth Weight	7.8%	8.6%	10.3%	11.6%	11.3%	7.3%	10.9%
Cervical Cancer Screening	93.0%	53.0%	40.4%	35.7%	36.1%	39.2%	46.9%
Breast Cancer Screening	NA	46.3%	34.2%	31.1%	NA	NA	NA
Weight and Follow up (CH)		68.7%	67.3%	67.9%	64.1%	53.9%	46.2%
Weight and Follow up (A)		61.3%	71.7%	71.7%	70.2%	60.8%	60.4%
Tobacco Screening & Cessation Intervention		82.3%	81.1%	80.4%	84.1%	75.3%	79.5%
Colorectal Cancer Screening	70.5%	41.9%	34.5%	25.3%	26.4%	26.2%	18.6%
Childhood Immunizations	80.0%	38.1%	24.5%	23.6%	23.3%	22.2%	42.6%
Screening for Depression and Follow-Up Plan		67.4%	67.0%	63.3%	67.4%	57.1%	41.9%
Depression Remission at 12 Months		13.8%	25.4%	18.8%	NA	NA	NA
Dental Sealants	28.1%	55.9%	37.8%	35.7%	44.1%	48.5%	46.1%
HIV Screening		38.1%	31.8%	24.4%	NA	NA	NA

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Chronic Disease CQMs	HP 2020	National 2021	AL 2021	AL 2020	AL 2019	AL 2018	AL 2017	AL 2016
Statin Therapy	NA	73.1%	79.2%	76.6%	75.3%	82.5%	82.8%	82.8%
Aspirin Therapy	NA	78.3%	78.0%	76.1%	81.4%	81.3%	75.9%	71.7%
Blood Pressure Control	61.2%	60.2%	50.9%	47.3%	52.0%	50.4%	52.5%	55.3%
Uncontrolled Diabetic Patients HbA1c > 9%	16.2%	32.3%	36.2%	38.5%	42.6%	36.3%	32.0%	33.0%
HIV Linkage to Care	NA	82.7%	88.0%	73.2%	88.8%	86.2%	74.4%	78.4%

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Corporate Compliance

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COMPLIANCE PROGRAM REFERENCES RESOURCES

- ➢ U.S. Sentencing Commission, Federal Sentencing Guidelines, Chapter 8 "Effective Compliance Program"

- ➢ Office of the Inspector General Dept. of Health and Human Services Compliance Program Model Guidance http://oig.hhs.gov/compliance-guidance/index.asp

- ➢ "Corporate Responsibility and Corporate Compliance" A Resource for Health Care Boards of Directors (Office of the Inspector General Dept. of Health and Human Services and the American Health Lawyers Assn.)

- ➢ "Practical Guidance for Health Care Boards in Compliance Oversight" (OIG, AHLA, AHIA, HCCA)

- ➢ "Directors As Guardians of Compliance and Ethics Within the Corporate Citadel" The Rand Corporation 2010 http://www.rand.org/pubs/conf_proceedings/CF277.html

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WHAT IS CORPORATE COMPLIANCE

➤ Corporate Compliance is a set of internal controls designed to help monitor the organization's compliance with all agency, local, federal and state regulations, policies and procedures.

➤ The Board has the responsibility of ensuring the establishment and maintenance of an effective corporate compliance program.

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WHAT IS CORPORATE COMPLIANCE

How is the Compliance Program Addressing Significant Risks?

➤ One of the primary goals of the compliance program is to help ensure that we get it right the first time

➤ New business ventures are evaluated for potential risks

➤ Timely response is made to newly developed rules and regulations

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Board Agenda for Compliance Program Reports

Education
- ✓ Current events
- ✓ Published regulatory changes

Compliance Program Reports
- ✓ Special Project Report
- ✓ Active Compliance Projects
- ✓ Newly Identified Risk Areas

Action Items
- ✓ Policies and Procedures
- ✓ Resource Allocation

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IMPLEMENTING A COMPLIANCE PROGRAM

OIG Compliance Program Guidelines set forth 7 elements of a compliance program.

1. Designate a compliance officer
2. Conduct internal monitoring and audits
3. Develop written standards and policies to implement the compliance program and to govern health center operations-including **whistleblower policies**
4. Conduct competent training and education programs
5. Develop effective clear open lines of communication between compliance officer and health center personnel – open door policy and policy prohibiting retaliation
6. Investigate detected problems and develop corrective action
7. Publicize and enforce disciplinary standards

Compliance Toolkits | Office of Inspector General | Government Oversight | U.S. Department of Health and Human Services (hhs.gov)

Microsoft Word - HCCA OIG Resource Guide (002) (hhs.gov)

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ROLE IN COMPLIANCE

➢ Review and update compliance program policies annually

➢ Review the annual work plan and monitor progress of implementation

➢ Receive information and regular reports

➢ If needed, delegate oversight activities to functional compliance committee who then reports to the full board

➢ Do participate in training and education regarding compliance risks

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COMPLIANCE OBLIGATIONS

Questions to assist in evaluating the Compliance Program

➢ Is there anyone interfering with your ability to implement any of the elements of an effective compliance program?

➢ Is there anyone interfering with your ability to prevent, find, or fix this organization's legal, policy, or ethical issues?

➢ Do you have any responsibilities outside of compliance and ethics that could cause you to have a conflict?

➢ Do you report to anyone who has any responsibilities that could cause conflicts of interest for the compliance program?

➢ Is anyone with a conflict of interest guiding or directing the compliance and ethics program?

➢ Are there any issues that have been reported to you that are not being addressed?

➢ Has any issue been outstanding beyond a reasonable amount of time?

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COMPLIANCE OBLIGATIONS

Questions to assist in evaluating the Compliance Program

- Have we ever had an outside evaluation of our compliance and ethics program?
- Are we staying abreast of current trends in enforcement and effective compliance program management?
- Are we anticipating any potential new legal risks in the near future?
- Are there any substantive compliance issues currently under investigation?
- What issues are the enforcement community currently reviewing/investigating in our industry and where do we stand on those issues?
- How do you evaluate our organization's ethical culture?
- Is there anything that leadership can do to help further develop, maintain, or support the compliance and ethics program?

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COMPLIANCE OBLIGATIONS

Questions to assist in evaluating the Compliance Program

- Is there any further compliance and ethics education that you think leadership should attend?
- Do we need more compliance and ethics expertise on our governing body?
- Do you have a good working relationship and independent access to internal and external legal counsel, consultants, and auditors?
- Are you getting cooperation on compliance training , and what type of feedback are you getting from the training?
- What are you most concerned about?
- Do you feel that everyone in this organization feels comfortable reporting potential issues, and do they have a reasonable opportunity/mechanism to share their concerns about a policy, legal, or ethical infraction with you?

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WE ARE APHCA

QUESTIONS

www.alphca.com

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A CATALYST FOR HIGH PERFORMANCE, OPTIMIZING THE VALUE AND IMPACT OF HEALTH CENTERS.

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UPCOMING TRAINING

Contact: Lauren Ousley, lousley@alphca.com

2/17 – CLIMB
3/1-2 – Billing and Coding Bootcamp
3/16 – Strengthening HC Workforce Cohort 1
3/23 – Ending the HIV Epidemic – Providing Culturally Appropriate Care
4/6-7 – FTCA and PCMH Deep Dive
4/12 - Understanding the Basics of FQHCs for Rural Health Providers
4/13 – Finance Peer Group
4/20 – CLIMB
5/18 – Networking Forum

SAVE THE DATE: 38th Annual Conference and Expo
October 9-12, 2023, The Lodge at Gulf State Park
October 28-31, 2024, The Lodge at Gulf State Park

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DISCLAIMER

1. APHCA provides **training and technical assistance** as part of a cooperative agreement with the Health Resources and Services Administration (HRSA).

2. Information is provided by APHCA in good faith and in accordance with its interpretation and understanding of **related policy and requirements** and best practice, but is not provided as, nor should it be construed as legal counsel or clinical practice advice

3. **Organizations maintain sole responsibility** for ensure compliance with related federal, state, and local laws and rules.

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