Delving Deeper in the HRSA Program Requirements
Agenda

• Program Requirements
  • 2- Required and Additional Services
  • 3- Staffing
  • 7-Sliding Fee Discounts
  • 19-Conflict of Interest
PR-2: Required and Additional Services

• Basis for this PR-Form 5A,B,C
  • Must provide all required clinical and non-clinical services
  • Should have a plan to ensure access to oral health, behavioral and pharmacy
  • For those that are receiving special populations funding (migrant and seasonal farmworkers, homeless and public housing) **must** provide full service package **plus** additional services required by statute **plus** enhanced outreach, case management, eligibility assistance and enabling services
    • Section 330 (h) funding (homeless), must provide substance abuse either directly or through formal agreements or formal written referral arrangements
PR-2: Required and Additional Services

• Readily available and reasonably accessible to all patients equally and to all life cycles of target population
  • Not all services must be available at all sites
• Provided in a culturally and linguistically appropriate manner
  • Interpretation/translation services provided
  • Are auxiliary aids and services readily available and responsive to the needs of patients with disabilities (TTY, sign language)
PR-2: Required and Additional Services

• Form 5 A
  • Column I: Provided DIRECTLY by the health center
  • Column II: Formal Written Agreement/Contract
    • How service will be documented in patient record
    • How health center will bill for service and provide payment to the contractor
    • How health center’s policies & procedures will apply (this also includes sliding fee scale)
PR-2: Required and Additional Services

- Form 5 A
  - Column III-Formal Written Referral Arrangement
    - How will the referral will be made and managed
    - How the health center will track patients
    - The process for referring patients back to the health center for appropriate follow-up care

http://bphc.hrsa.gov/archive/about/requirements/scope/form5acolumnndescriptors.pdf
PR-2: Required and Additional Services

• Things to note about this PR:
  • May provide additional in-scope and out-of-scope services
    • If in-scope, all rules of sliding fee scale apply
  • If out-of-scope, CANNOT be supported with Section 330 funds or program income pledged to Section 330 project AND Section 330 benefits (FTCA)
PR-3: Staffing

• Credentialing:
  • The process of assessing and confirming the qualifications of a licensed or certified health care practitioner

• Privileging/Competency:
  • The process of authorizing a licensed or certified health practitioner’s scope and content of patient care services
PR-3: Staffing

- Licensed Independent Practitioner (LIP)
  - “Physician, Dentist, Nurse Practitioner, Nurse Midwife, or ANY other individual permitted by law and the organization to provide care and services or without supervision, within the scope of the individual’s licensed and consistent with individually granted clinical privileges” (JCAHO 2002-2003 Comprehensive Accreditation Manual for Ambulatory Care)

- Other Licensed or Certified Health Care Practitioner (OLP)
  - “An individual who is licensed, registered or certified but is not permitted by law to provide patient care services without direction or supervision” (JCAHO 2002-2003 Comprehensive Accreditation Manual for Ambulatory Care)
PR-3: Staffing

• HRSA Site Visit Guide (pg. 7, 8), **must** have ALL of those elements
  • Primary Source Verification
    • “Verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner”
  • Examples:
    • Direct correspondence
    • Internet verification
    • Telephone verification
    • Reports from Credentials Verification Organization (CVO)
PR-3: Staffing

• Primary Source Verification
  • Education and training for LIPs can also be completed using:
    • Education Commission for Foreign Medical Graduates (ECFMG)
    • American Board of Medical Specialties (ABMS)
    • American Osteopathic Association of Physician Database (AOA)
    • American Medical Association (AMA) Masterfile

• NOTE: CVO’s and Hospitals that meet JCAHO’s Principals for CVO’s may be used as a method for completing Primary Source Verification
PR.3-Staffing

• Secondary Source Verification
  • “Methods of verifying a credential that are not considered an acceptable form of primary source verification”
  • Examples:
    • Notarized copy of the credential
    • Copy of the credential that is made from an original by approved staff
Pr. 3-Staffing

- Consultant Reviews:
  - Staffing Profile
  - Credentialing and Privileging Policy
  - Credentialing and Privileging Files for LIPs and OLPs
  - Tracking Spreadsheets
  - Credentialing Committee/QI Meeting Minutes
  - Board of Director’s Meeting Minutes
Pr. 3-Staffing

• Challenges:
  • Crosswalk requirements between different bodies:
    • Health Center Program - initially and every 2 years
    • NCQA Credentialing - initially and every 2 years
    • Third party reimbursement requirements
  • Labor intensive
    • Requires detailed process for management and coordination of credentialing activities and paperwork
    • Policy does NOT reflect current practice
    • Requires clearly defined arrangements with CVO relative to responsibilities, document retention and tracking of due dates
PR. 3-Staffing

• Challenges:
  • Primary focus is often on LIP credentialing only (OLP’s must be completed as well)
  • Improper verification method is used (primary vs. secondary)
Privileging

- A privilege is defined as an advantage, right or benefit that is not available to everyone, usually as a result of education and experience
- Approval of clinical privileges are based on an evaluation of a health care practitioners’ credentials and performance
- Privileges allow health center practitioners to deliver the care, treatment and services requested by the health center to patients
• Privileging and Re-appointment
  • Privileging is completed after the health center has verified all necessary credentials for a practitioner
  • Re-appointment is completed every two years and involves the verification of expired credentials and re-privileging of practitioners
  • The Board of Directors has ultimate authority for approval of initial credentialing, privileging and reappointment
Pr. 3-Staffing

• Process:
  • After credentials verification, the practitioner submits a request for clinical privileges, which includes a completion of a Delineation of Clinical Services Form (Scope of Privileges)
    • Form Includes: Only services listed in health center’s approved scope of services (Form 5A)
    • Is specific to each specialty within the health center (dental, medical,, behavioral health, family practice, OB)
    • Outlines requested services, non-requested services, approved services and non-approved services
• Process cont.
  • Completed credentialing packet and request is forwarded to a point person for review and recommendation (Medical Director, Credentialing Committee)
  • The application is presented to the Board of Directors for ultimate approval
  • Recommendation and ultimate approval must be clearly documented in corresponding meeting minutes

• Note: There should be a process and policy for board to rescind appointment or deny clinical privileges
Temporary Privileges SHOULD:

- Be granted to LIPs ONLY in accordance with principals outlined in PIN 2002-22
- Be granted only when ALL verification, queries and documents have been received

Temporary Privileges SHOULD NOT:

- Exceed more than 120 days
- Be renewed
- Be approved by anyone other than the CEO
- Be granted in lieu of coverage for expired credentials
PR. 7-Sliding Fee Discount

- Related to Pr. 2-Required and Additional Services (Form 5A, Column II and III)
  - Form 5, Column II (Written Agreement/Contract)- Health Center Pays
    - Does the contract describe how contracted services will be discounted in accordance with the Sliding Fee Discount Schedule (SFDS) that meets the criteria of PIN 2014-02?
  - Form 5, Column III (Written Referral)-Health Center does NOT pay
    - Referred service be discounted for health center patients in accordance with the SFDS
    - Formal written referral arrangement that results in greater discounts to patients than they would receive under the health center’s own SFDS
    - If the referral agreements do not offer patient access to a SFDS that is at least as generous, the health center can “subsidize”
PR. 7-Sliding Fee Discount

• Potential areas of non compliance:
  • Policy does not include definitions of income and family size
  • Evaluation for sliding fee discounts based on income and family for ALL patient and no other factors
  • Must be applied to all services within the approved scope of services
  • Signage informing ALL patients of eligibility for sliding fee discounts
  • From a patient perspective, is the nominal fee nominal??
    • How to determine? Patient Surveys? Focus groups?
PR. 19- Conflict of Interest

• Areas of Non-Compliance
  • Not following PIN 2014-01
  • Not following the questions listed on pg. 36, 37 of the HRSA Site Visit Guide
Jennifer A. Genua-McDaniel
jgenua@genuaconsulting.com