

Using HRSA Requirements as a Platform for Operational Excellence

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This presentation is not endorsed by Management Strategists Consulting Group (MSCG)

This presentation is not endorsed by Health Resources Services Administration (HRSA) or the Bureau of Primary Health Care (BPHC)

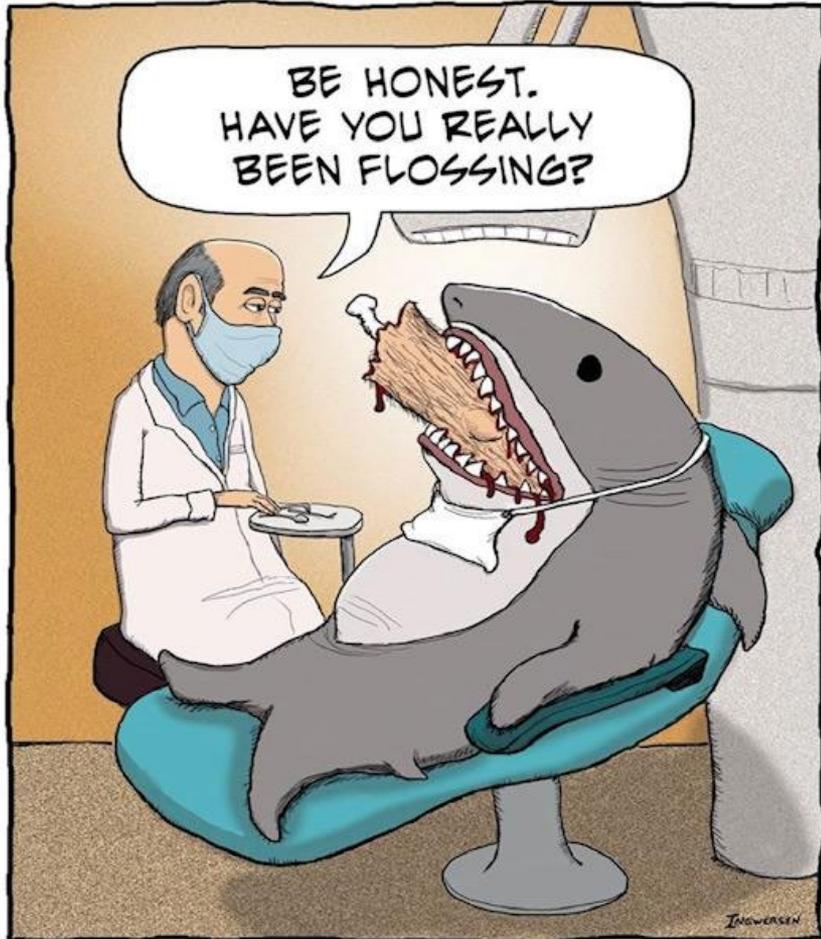
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Independent Consultant who is contracted to conduct Operational Site Visits (OSV), provide Technical Assistance and assist health centers with preparation for their OSV

This information should not be considered legal advice

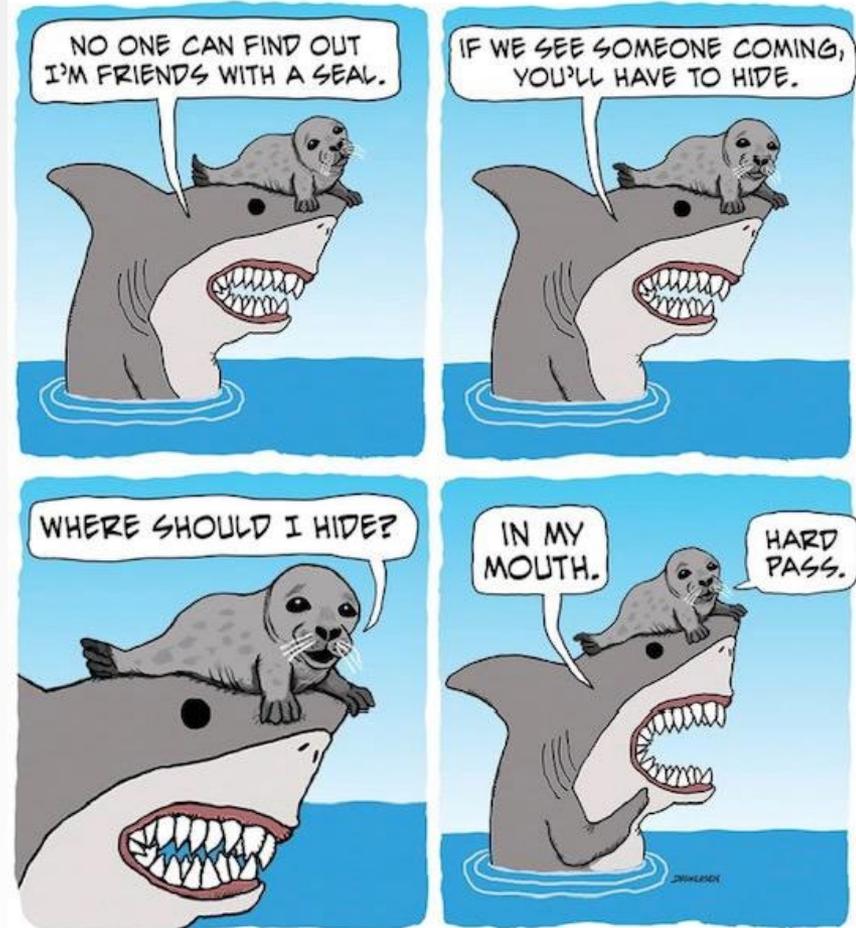
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Back Together Again!



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Agenda

Exploring
Strategic
Initiatives



Operational
Site Visit (OSV)
Updates



Pain Points of
Compliance

- Clinical
- Fiscal
- Governance



Using case
studies to tie it
together



Poll Question

- ▶ I have an HRSA Site Visit scheduled:
 - A) Between now and the end of 2022
 - B) Between January 2023–March 2023
 - C) Past March 2023
 - D) I don't–I just want to learn and get resources
 - E) I was told to show up



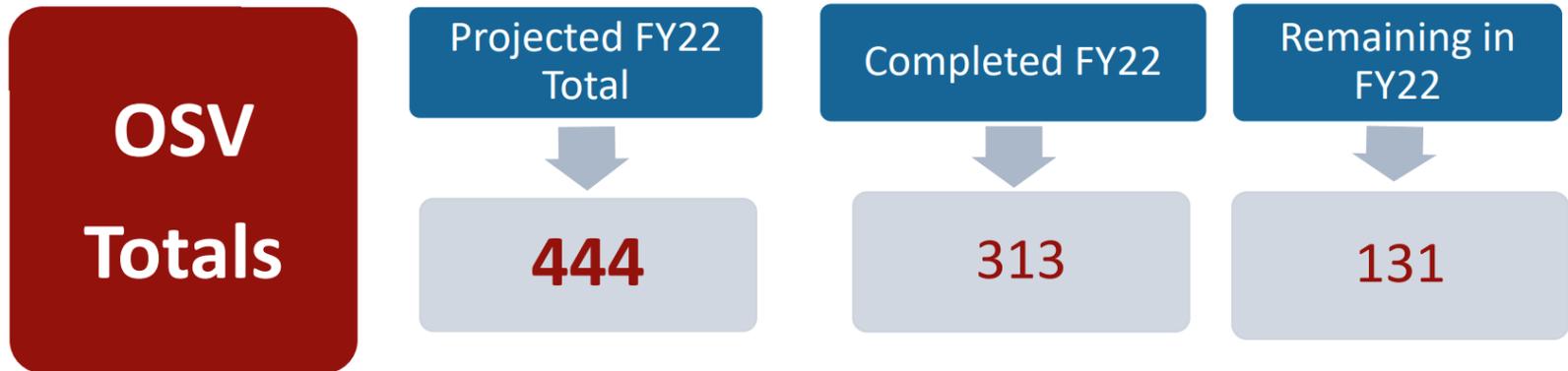
Operational Site Visits (OSVs)

» Updates



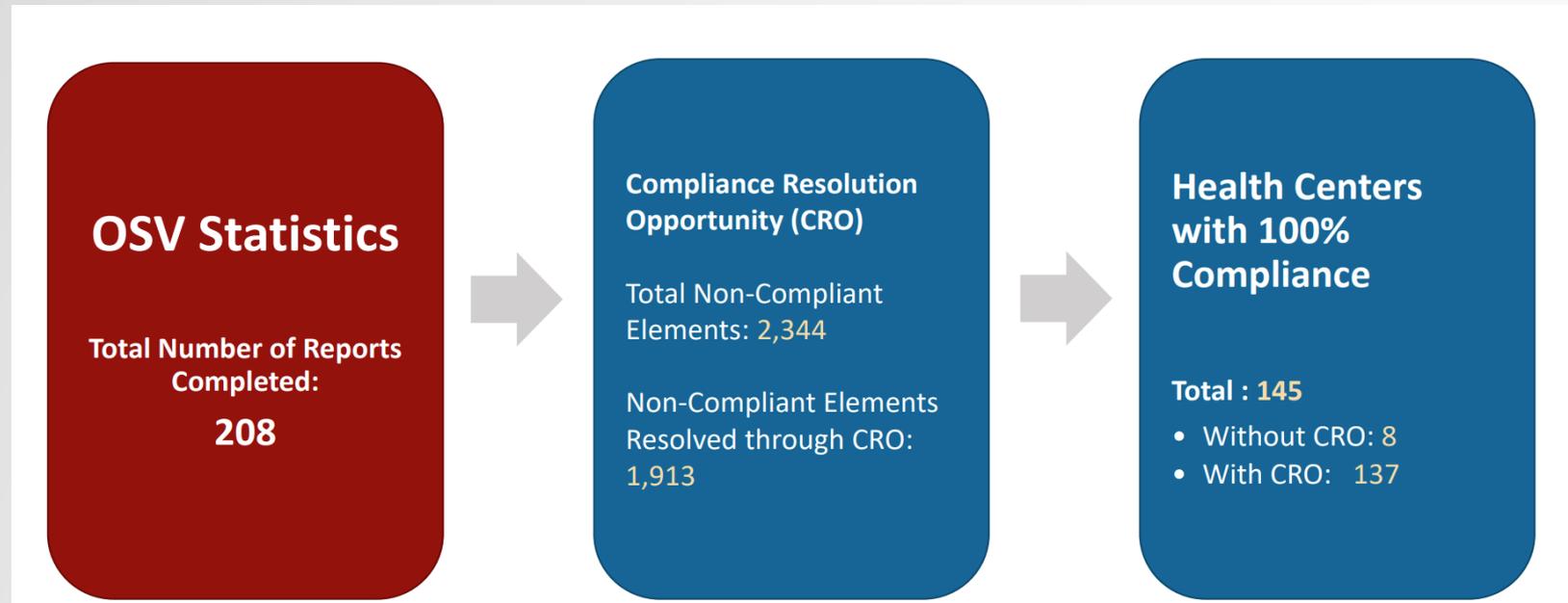
Operational Site Visit (OSV) Updates

Timeframe: 1/1/2022 – 6/30/2022



Source: HRSA Presentation, NACHC CHI Conference, August 29, 2022

Operational Site Visit (OSV) Updates



Source: HRSA Presentation, NACHC CHI Conference, August 29, 2022

Operational Site Visit (OSV) Updates

Top 5 Non-Compliant Elements assessed via Compliance Resolution Opportunity (CRO)

Required and Additional Services

a. Providing and Documenting Services within Scope of Project

Board Authority

c. Exercising Req. Authorities and Responsibilities

Clinical Staffing

e. Credentialing and Privileging Records

Clinical Staffing

d. Procedures for Review of Privileges

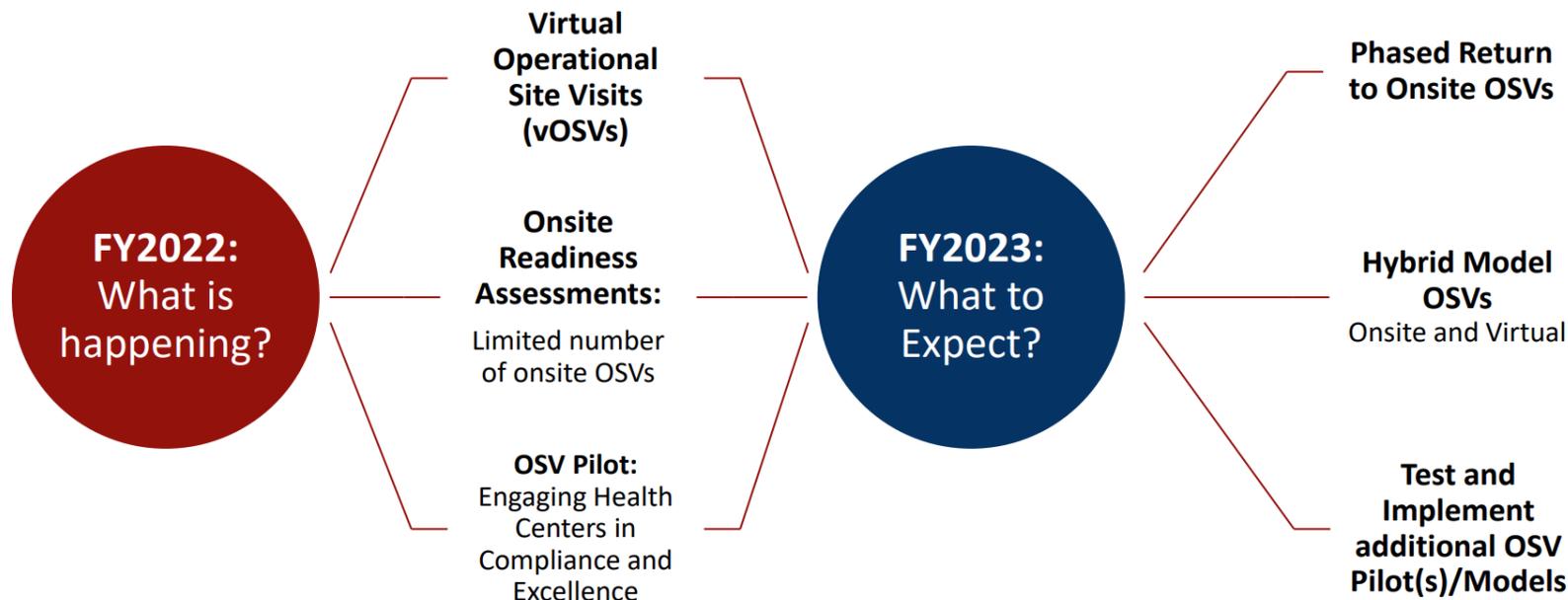
Sliding Fee Discount Program

j. Sliding Fee for Column III Services

Source: HRSA Presentation, NACHC CHI Conference, August 29, 2022

Operational Site Visit (OSV) Updates

Operational Site Visits (FY2022 → FY2023)



Source: HRSA Presentation, NACHC CHI Conference, August 29, 2022

Site Visit Protocol (Updated May 2022)

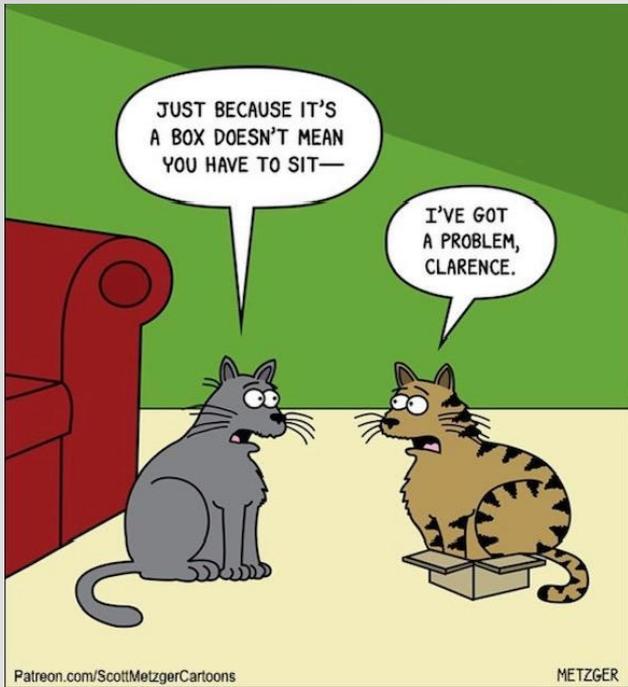
HRSA Program Requirement Chapters	Alignment/Clarification
4-Required and Additional Services	Element A (refined question)
9-Sliding Fee Discount Program	Elements H, I J (refined questions; added examples)
11-Key Management Staff	Element D (refined question)
12-Contracts and Subawards	Element I (related sub-recipients)
13-Conflicts of Interest	Element D (refined question for FQHC LAL that have a parent, affiliate)
19-Board Authority	Element C (refined question for entity that wants to be a FQHC LAL)
20-Board Composition	Element C (refined question)
21-FTCA	Questions #3,13,16 (refinement)
Eligibility requirements for FQHC LAL initial designation	Document Checklist, methodology & 9 question



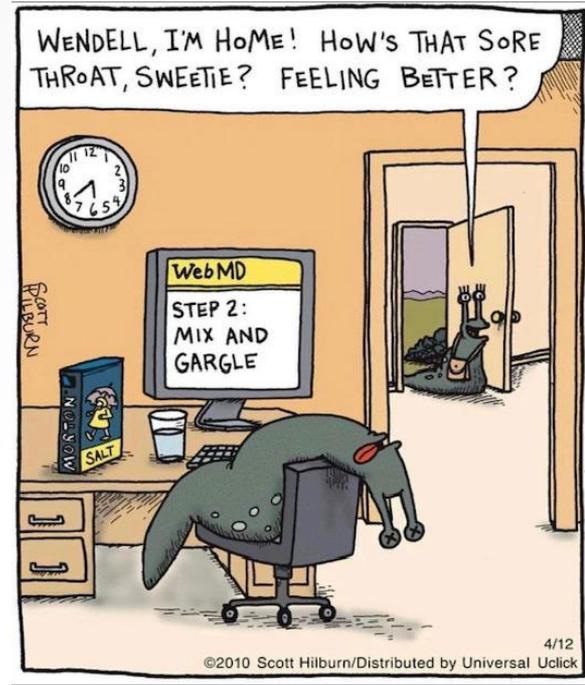
Pain Points of Compliance

➤➤ Clinical, Fiscal and Governance



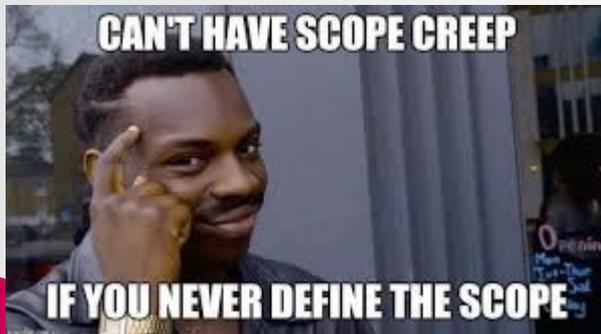
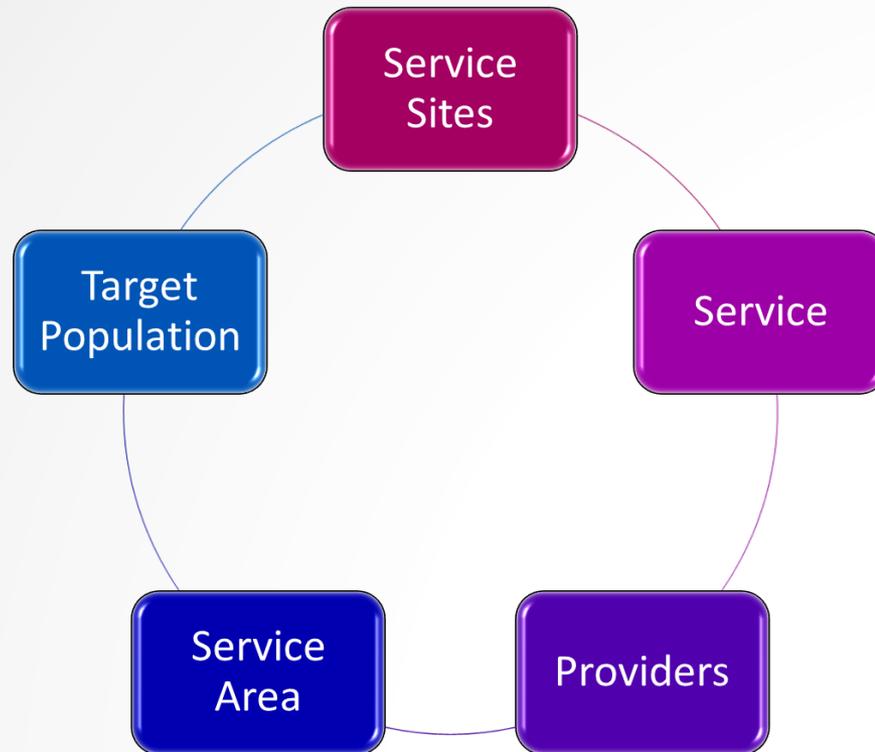


Clinical Excellence



Clinical Excellence

- ▶ Chapter 4 Required and Additional Health Services
 - Element A (Providing and Documenting Services within Scope)



Clinical Excellence: Target Population

While health centers serve all regardless of ability to pay, health centers must serve a medically underserved area/population, and if applicable special populations

Each health center must define an underserved population from within an established service

Target population may face barriers in access health care services and disparities

Special Populations:

- MSAW, people experiencing homelessness, residents of public housing

Important to review data usually completed through the Needs Assessment to determine if the target population is changing or moving out of the service area

Clinical Excellence: Service Area

Area where a majority of health center's patients reside

- 75% of current health center patients reside in a health center's service area

Things to consider:

- Size of the service area is available and accessible to the residents of the area promptly as appropriate
- Ensure that boundaries (if possible) are relevant to boundaries of school districts, political boundaries, state, local boundaries
- Ensure that boundaries eliminate (as much as possible) any barriers to access the services of the health center including physical characteristics, economic barriers and transportation

Clinical Excellence: Sites / Locations

Any location where a health center (directly or through another arrangement) provides primary health care services to a defined service area or target population

Sites can be permanent, seasonal, mobile van, migrant voucher or intermittent

Can provide comprehensive or provide a single services (dental, behavioral health etc.)

Only sites listed on Form 5B are considered within scope

Clinical Excellence: Sites / Locations

- ▶ To be a service site the following conditions must be met:
 - Health center encounters are generated by documenting in the patients' records face-to-face contacts between patients and providers
 - Providers exercise independent judgment in the provision of services to the patient
 - Services are provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location
 - Services are provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month). However, there is no minimum number of hours per week that services must be available at an individual site.



Clinical Excellence: Sites / Locations

New sites where a health center is billing needs to have a Medicare number

Mobile vans can be listed on Form 5B if they are providing direct health care services

The address is where the mobile unit is parked

Mobile vans that do not provide direct health care services are considered “other activities” and listed on Form 5C

Ensure to add “suite numbers” in a multi-story building

Hot Off The Press!

What's New

Comment on the Draft Telehealth PIN by Monday, November 14

Last week, we announced that we're asking for comments on the Draft Scope of Project and Telehealth Policy Information Notice (PIN). Access the draft PIN and instructions for commenting on the [Scope of Project and Telehealth PIN Public Comments webpage](#). Comment by 11:59 p.m. *your local time* on Monday, November 14.

The PIN will establish policy guidance for HRSA-supported health centers that provide telehealth services within the HRSA-approved scope of project. It also describes considerations as well as criteria that health centers must meet for providing services to patients via telehealth. Note that this PIN is a draft and is not yet in effect. The current policy guidance for scope of project remains in place, including the flexibilities currently in place due to the COVID-19 PHE.

If you have technical questions or feedback submission issues, call Health Center Program Support at 877-464-4772, 8:00 a.m.-8:00 p.m. ET, Monday-Friday (except federal holidays). If you have general questions about the draft Telehealth PIN, submit them via the [BPHC Contact Form](#).

<https://bphc.hrsa.gov/compliance/scope-project-telehealth-pin-comments>

Clinical Excellence: Services and Providers

▶ Form 5A (Scope of Services)

Column	Definition
I: Health Center Pays and provided directly	W-2 employees or National Health Service Corps (NHSC) of the health center or volunteer
II: Health Center Pays	Formal written contract/agreement which the health center pays for. Includes 1099 staff who provide services onsite
III: Health Center doesn't Pay	Formal written referral arrangement which the health center does not pay for



Mode and
Delivery of
Services

Clinical Excellence: Services and Providers

- ▶ How to decide where to put the service?
 - Determine what the service is (check the HRSA Service Descriptors)
 - Determine who will be providing the service and HOW
 - Determine if the service will be paid for or if it will be referred out

Clinical Excellence: Services and Providers

- ▶ Column II formal written contracts:
 - Compliance can be demonstrated through internal operating procedures that address how the service will be documented in the patient's medical record
 - *Column II contracts must still include how the health center will pay for the service
- ▶ Column III formal written referral arrangements:
 - Compliance can be demonstrated through internal referral tracking procedures that address how referrals are made and managed, as well as the process for tracking

Clinical Excellence: Services and Providers

HRSA does not expect contracts/referral arrangements for enabling services (i.e., transportation, translation, outreach) to have all the language required for clinical services

If changes are required to Form 5A, the reviewer must answer a question stating whether a Change in Scope (CIS) has been submitted

Fiscal reviewer is now officially the secondary reviewer. Required to participate in Form 5A discussion

Case Study

- ▶ ABC FQHC is in an area with gentrification. Developers are purchasing property surrounding the site to make it an outdoor shopping center.
- ▶ Most recent UDS data has shown a loss of 900 patients. In review of Form 5B, 5 zip codes have no residential homes in it.

▶ So....

- What do you do?
- What are your first steps?
- How do you adjust to where your patients are?



Clinical Excellence: Credentialing and Privileging

- ▶ Element D & E (Procedures of Review of Privileges)(Credentialing and Privileging Records)
 - Credentialing and Privileging (C&P) Policy & Procedure
 - Must have operating procedures for the initial and recurring review of credentials for all clinical staff
 - Must have operating procedures for the initial granting and renewal of privileges for all clinical staff
 - This applies to all health center employees, individual contractors and volunteers:
 - Licensed Independent Practitioners (LIP)
 - Other Licensed and Certified Practitioners (OLCPs)
 - Other Clinical Staff (OCS) (HOT SPOT)

Clinical Excellence: Credentialing and Privileging

- ▶ Fitness for Duty (Update as of May 2022)
 - Fitness for Duty must demonstrate ALL clinical staff have the cognitive and physical ability to perform the duties outlined in their job description

PRIVILEGING Activity	EXAMPLES of documentation for licensed independent practitioner (LIP) include but are not limited to the following:	EXAMPLES of documentation for other licensed or certified practitioner (OLCP) and other clinical staff include but are not limited to the following:
1. Verification of fitness for duty to assess to ensure all clinical staff have the physical and cognitive ability to safely perform their duties.	Completed statement or attestation of fitness for duty from the provider that is confirmed either by the director of a training program, chief of staff/services at a hospital where privileges exist, or a licensed provider designated by the health center.	Completed statement or attestation of fitness for duty from the provider that is confirmed by a licensed provider designated by the health center.

Clinical Excellence: Credentialing and Privileging



An NPDB Query is required for ALL categories of clinical staff – No longer “as reportable”



Health Centers must ensure contracted and referral providers are appropriately credentialed and privileged



Contracts/referral arrangements must include provisions to support credentialing and privileging of the contracted/referral providers; or



Review the contracted organization’s credentialing and privileging process or documentation from a nationally recognized accreditation organization

Clinical Excellence: Credentialing and Privileging

Hot Spots:

9. Does the health center have criteria and processes for modifying or removing privileges based on the outcomes of clinical competence assessments?

YES NO

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)?

YES NO

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)?

YES NO

Clinical Excellence: Credentialing and Privileging

▶ Operational Excellence:

How does your health center ensure that credentialing and privileging files are up to date?

Do you use an electronic system to streamline credentialing and privileging?

Does your Board of Director's approve credentialing and privileging?



Case Study

- ▶ Mary is a Certified Medical Assistant and has worked in the profession for over 15 years. ABC FQHC hired her as a Medical Assistant.
- ▶ In completing credentialing and privileging, it was discovered that Mary did not go to school as a Certified Medical Assistant. She just decided to take the exam and she passed and has been working ever since.
- ▶ So....
 - Do you allow Mary to work at the FQHC?
 - Do you rescind Mary's offer of employment?
 - How would you credential and privilege her based on the HRSA requirements?





Financial Excellence



Financial Excellence: Sliding Fee Discount Program

▶ Element J (Sliding Fee for Column III Services)

22. Does the health center provide services via formal referral arrangements (Form 5A: Services Provided, COLUMN III)?

YES NO

23. For patients receiving services through these referral arrangements, has the health center ensured sliding fee discounts are provided in a manner that meets the structural requirements noted in element “c”?

YES NO NOT APPLICABLE

24. IF NO: For patients receiving services through these referral arrangements, has the health center ensured sliding fee discounts are provided in a manner such that:

- Individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG receive an *equal or greater* discount (“good deal”) for these services than if the health center’s SFDS were applied to the referral provider’s fee schedule (for example, health center has a referral arrangement with organizations that charge no fee at all for patients with incomes at or below 200 percent of the FPG); and
- Individuals and families with incomes at or below 100 percent of the current FPG receive a full discount or a nominal charge for these services?

YES NO NOT APPLICABLE

Financial Excellence: Sliding Fee Discount Program

▶ Review Form 5A (Column III)

- If the health center does not ensure sliding fee discounts through a provision(s) in the referral arrangement(s), review other documentation (for example, a compliant charity care policy) demonstrating how the health center ensures such discounts.
- ▶ “The entity I refer to does not want to sign anything”
- ▶ “The entity I refer to has a charity care that is better than what we can offer”
 - What to do?
 - Talk with your HRSA Point of Contact
 - Keep all communication with the Referral Provider
 - Use an addendum to note the Sliding Fee information
 - Keep the Referral Provider’s charity care information with their MOU

Financial Excellence: Sliding Fee Discount Program

- ▶ Sliding Fee Discount Program
 - Clarification: for any service(s) delivered via Columns II or III, HRSA expects health centers to provide any other supporting documentation not included in the written contracts/agreements, showing how health centers ensure application of the sliding fee discount program for these services
 - If the health center does not ensure sliding fee discounts through a provision(s) in the contract(s)/agreement(s), review any other documentation (for example, documentation that patients are billed under the health center's compliant SFDP) provided by the health center demonstrating how the health center ensures such discounts.

Financial Excellence: Sliding Fee Discount Program

- ▶ Sample for Column III:
 - “Referral Provider agrees to be solely responsible for billing and collecting all payments from appropriate third party payers, and, as applicable, Health Center Patients whose annual income falls between 101% and 200% of the Federal Poverty level set forth in the then current Federal Poverty Guidelines in accordance with a schedule of discounts off of charges based on household income and family size, and to bill such patients with annual incomes at or below 100% of the Federal Poverty Level, at most, a nominal charge.”

Financial Excellence: Sliding Fee Discount Program

▶ Element L (Evaluation of the Sliding Fee Discount Program)

26. Does the health center evaluate the effectiveness of the SFDP in reducing financial barriers to care?

YES NO

If No, an explanation is required:



27. **If Yes:** Is this evaluation conducted at least once every 3 years?

YES NO NOT APPLICABLE

If No, an explanation is required:



28. Does the health center collect utilization data in order to assess whether patients within each of its discount pay classes are accessing health center services?

YES NO

Financial Excellence: Sliding Fee Discount Program

- ▶ An example of evaluation of the program
 - Evaluation should include patient input from all pay classes
 - Patient focus groups, patient satisfaction, etc.
 - Generate a report indicating number of patients on each sliding fee pay class
 - Generate a report indicating the amount of outstanding patient balance in each sliding fee pay class
 - Generate a report indicating the number of patients with a balance on a payment plan
 - Present information for the board to discuss. Document any changes if needed, or if due to the reports, any process that has changed. If no changes are made, then also document that

Financial Excellence: Sliding Fee Discount Program

- ▶ Examples of Patient Satisfaction Questions
 - “When you think about seeing your doctor (dentist, etc.) is our \$XX fee a reason why you would not schedule a visit?”
 - “Is what I pay for a visit considerate of my financial status?”
 - “Do you hesitate to make an appointment at XXXX because you’re worried about not being able to pay your bill?”
 - “If we increase our fees by \$5, would that be a reason not to come here anymore?”

Financial Excellence: Billing and Collections

▶ Element H (Policies or Procedures for Waiving or Reducing Fees)

16. Does the health center have a provision(s) in policy and procedure that addresses circumstances or criteria related to a patient's inability to pay (regardless of patient income level) to ensure that fees or payments will be waived or reduced?

YES NO

If Yes OR No, an explanation is required, including specifying whether the health center waives or reduces fees or payments:

17. Does the health center follow the provision(s) in its policies and procedures for waiving or reducing fees or payments?

YES NO NOT APPLICABLE

If No, an explanation is required:

Financial Excellence: Billing and Collections

- ▶ **Waiting or Reducing Fees**
 - MUST have; it's a Program Requirement
 - What are the circumstances and process to waive or reduce fees?

- ▶ **Good Faith Estimates (GFE)**
 - Protects consumers from surprise medical bills
 - Must provide uninsured and self-pay patients with GFE of their total out of pocket costs for services upon request or after they schedule an appointment (if scheduled at least 3 days in advance)

Financial Excellence: Billing and Collections

Sample Wording:

- In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges/fees is applicable regardless of income. Waiving of charges may only be used in special circumstances and must be approved by CEO / CFO or designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, health promotion event). Patients who demonstrate financial hardship may request assistance by completing a Financial Hardship Application. The billing manager will review the application and forward to the CEO for approval. Criteria reviewed includes, but not limited to:
 - Recent loss of employment
 - Currently in the process of declaring bankruptcy
 - Recent change in marital status (within 1 year)
 - Medical crisis requiring several return visits
 - Catastrophic situation (death, disability, etc.)
 - Patients who have been determined as homeless
 - Patients who are scheduled a follow up appointment for the same issue within 7 days

Case Study

- ▶ ABC FQHC is in a semi-urban area. They have a staff of 30. The entire staff are burnt out, have fatigue and complain they are stressed out.
- ▶ The Board of Director's approved half a day before Christmas, Christmas Day and then New Years.
- ▶ The Medical Director and Executive Director of the FQHC have decided to close the FQHC for 14 consecutive days around the holidays mentioned above.
- ▶ Are there any HRSA requirements that preclude ABC FQHC to close for 14 days and not see any patients?
- ▶ If the Executive Director and Medical Director make this decision, what considerations must be considered in the areas of:
 - Fiscal
 - Clinical/Continuity of Care
 - Operations
 - Governance





Defining Excellence Through Governance

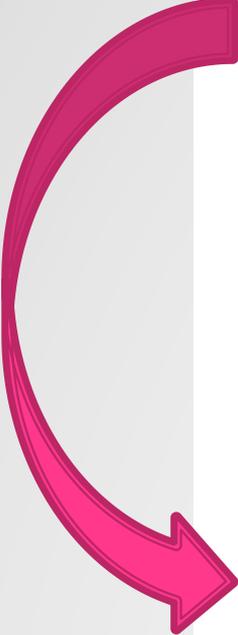


Defining Excellence Through Governance

▶ Element C (Exercising Required Authorities and Responsibilities)

- Holding monthly meetings where a quorum is present to ensure the board has the ability to exercise its required authorities and functions;
- Approving the selection, evaluation and, if necessary, the dismissal or termination of the Project Director/CEO from the Health Center Program project;
- Approving applications related to the Health Center Program project, including approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-federal resources and revenue;
- Approving the Health Center Program project's sites, hours of operation and services, including decisions to subaward or contract for a substantial portion of the health center's services;
- Monitoring the financial status of the health center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken;
- Conducting long-range/strategic planning at least once every 3 years, which at a minimum addresses financial management and capital expenditure needs; and
- Evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management,⁷ and ensuring appropriate follow-up actions are taken regarding:
 - Achievement of project objectives;
 - Service utilization patterns;
 - Quality of care;
 - Efficiency and effectiveness of the center; and
 - Patient satisfaction, including addressing any patient grievances.

Defining Excellence Through Governance

- 
7. Based on your review of board minutes, board agendas, other relevant documents, and interviews conducted with the Project Director/CEO and board members, were there examples of how the board evaluates the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management?

YES NO

If No, an explanation is required:

8. **If Yes:** Based on these performance evaluations, were there also examples of follow-up actions reported back to the board regarding:

Note: Only select "Not Applicable" for an item below if follow-up action was not necessary.

- Achievement of project objectives?
 YES NO NOT APPLICABLE
- Service utilization patterns?
 YES NO NOT APPLICABLE
- Quality of care?
 YES NO NOT APPLICABLE
- Efficiency and effectiveness of the center?
 YES NO NOT APPLICABLE
- Patient satisfaction, including addressing any patient grievances?
 YES NO NOT APPLICABLE

If No OR Not Applicable was selected for any of the above, an explanation is required:

Defining Excellence Through Governance

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Note: Only select "Not Applicable" for an item below if follow-up action was not necessary.

8.1 Achievement of project objectives?

YES NO NOT APPLICABLE

8.2 Service utilization patterns?

YES NO NOT APPLICABLE

8.3 Quality of care?

YES NO NOT APPLICABLE

8.4 Efficiency and effectiveness of the center?

YES NO NOT APPLICABLE

8.5 Patient satisfaction, including addressing any patient grievances?

YES NO NOT APPLICABLE

- ▶ Project Objectives:
 - Goals written within your HRSA grant
 - Funding received:
 - Covid Cares Funds
 - School Based Health Center
 - Completion of various projects
 - Strategic plan

Defining Excellence Through Governance

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8.1 Achievement of project objectives?

YES NO NOT APPLICABLE

8.2 Service utilization patterns?

YES NO NOT APPLICABLE

8.3 Quality of care?

YES NO NOT APPLICABLE

8.4 Efficiency and effectiveness of the center?

YES NO NOT APPLICABLE

8.5 Patient satisfaction, including addressing any patient grievances?

YES NO NOT APPLICABLE

▶ Service Utilization Patterns:

- Number of patients
- Number of no shows
- Departmental trends
 - Tele-health vs in-person
- Integration of service lines
- "Patient voice"

Defining Excellence Through Governance

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8.1 Achievement of project objectives?

YES NO NOT APPLICABLE

8.2 Service utilization patterns?

YES NO NOT APPLICABLE

8.3 Quality of care?

YES NO NOT APPLICABLE

8.4 Efficiency and effectiveness of the center?

YES NO NOT APPLICABLE

8.5 Patient satisfaction, including addressing any patient grievances?

YES NO NOT APPLICABLE

► Quality of Care

○ Clinical measures

- Comprehensive care—dental, behavioral health, specialty
- Other quality metrics
 - Chart closure times,
 - Wait times
 - Open vs. closed referrals
 - Risk Management Assessments

Defining Excellence Through Governance

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Note: Only select "Not Applicable" for an item below if follow-up action was not necessary.

8.1 Achievement of project objectives?

YES NO NOT APPLICABLE

8.2 Service utilization patterns?

YES NO NOT APPLICABLE

8.3 Quality of care?

YES NO NOT APPLICABLE

8.4 Efficiency and effectiveness of the center? 

YES NO NOT APPLICABLE

8.5 Patient satisfaction, including addressing any patient grievances?

YES NO NOT APPLICABLE

- ▶ Efficiency and Effectiveness of the Health Center
 - Financial Data
 - Fiscal measures
 - Grant Cost per Total Patient
 - Total Cost per Total Patient
 - Medical Cost per Medical Visit
 - Time studies (wait times)
 - Strategic plan updates

Cost Data	2020	2021
Total Health Center Cluster	\$82,475,179	\$91,350,958
Total Cost	\$323,574,842	\$355,111,507
Total Accrued Cost per Patient	\$778.35	\$812.37

Defining Excellence Through Governance

8. IF YES: Based on these performance evaluations, were there also examples of follow-up actions reported back to the board regarding:

Note: Only select "Not Applicable" for an item below if follow-up action was not necessary.

8.1 Achievement of project objectives?

YES NO NOT APPLICABLE

8.2 Service utilization patterns?

YES NO NOT APPLICABLE

8.3 Quality of care?

YES NO NOT APPLICABLE

8.4 Efficiency and effectiveness of the center?

YES NO NOT APPLICABLE

8.5 Patient satisfaction, including addressing any patient grievances?

YES NO NOT APPLICABLE



- ▶ Patient Satisfaction (grievances)
 - How do patients feel about tele-health?
 - Are there services/locations that would benefit patients?
 - How do they feel about the care they get?
 - What areas of opportunities have been brought to your attention?

Defining Excellence Through Governance

▶ Things to consider:

◦ Patient board members:

At least 51 percent of board members are patients served by the health center. For the purposes of board composition, a patient is an individual who has received at least one service in the past 24 months that generated a health center visit, where both the service and the [site](#) where the service was received are within the HRSA-approved [scope of project](#);

◦ A133 auditor may define “patient board members differently”

- “Billable visits”
- **Check with your auditor**



RESOURCES



[Health Center
Program Compliance
Manual](#)



[Health Center
Program Compliance
Manual FAQ](#)



[Health Center
Program Site Visit
Protocol](#)



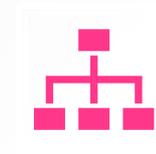
[Health Center
Protocol FAQ](#)



[Credentialing and
Privileging File
Resource Review](#)



[Health Center
Program Site Visit
Protocol: Sampling
Review Resource
Guide](#)



[Scope of Project
Resources \(Form 5A,
B, C\)](#)



Strategic Initiatives

Improving Operational and Financial Viability



Strategic Initiatives

▶ What do we know?

Resources	#Truthaboutresources
Additional/Expansion of federal funding	Bleak; NAPs vs No NAPs
Workforce	Tired, fatigue, asked to do more with decrease resources
Supplies/Equipment	Expensive, Supply/demand an issue
Energy	“Plates are full”



Strategic Initiatives



▶ HOT OFF THE PRESS:

The Health Resources and Services Administration (HRSA) seeks to better understand challenges with the application process for New Access Point (NAP) funding opportunities and to identify possible areas for improvements in the future.

HRSA has asked the Centers for Medicare & Medicaid Services Alliance to Modernize Healthcare, a federally funded research and development center operated by The MITRE Corporation, to conduct listening sessions to gather perspective on this topic. These listening sessions will be held with health centers, Primary Care Associations, National Health Center Training and Technical Assistance Partners, and other partners to understand:

- What works well with the NAP funding opportunity
- Barriers and challenges with the NAP funding opportunity
- Recommended changes to the NAP funding opportunity

We invite you or a member of your team (e.g., project director), to participate in a virtual 60-minute session with other health centers on **Tuesday October 25th, from 1-2pm EST**. The listening session will be small, with no more than 3 to 4 participants, to allow ample time to gather input. We encourage you to send the staff member who can best speak to the topics listed above.

We appreciate you responding to this email (██████████@mitre.org) by **Thursday, September 29th**, letting us know if you or a member of your staff can participate.

Thank you for supporting HRSA in this information gathering process. We look forward to hearing from you.

Strategic Initiatives

- ▶ Financial and Operational Viability:
 - Other lines of businesses
 - Do not require HRSA approval and not subject to program requirements
 - Do not need to be reasonably available to all patients and fees do not need to be discounted
 - MUST be excluded from health center budget
 - ENSURE FINANCIAL SEGREGATION
 - Can generate revenue that is not restricted
 - Restricted versus non restricted income
 - Helps to compliment the health center's mission and vision

Strategic Initiatives

▶ Questions asked by HRSA:

14. In the last complete fiscal year, did the health center generate revenue from health center activities that was then used for activities outside the scope of the project?

YES NO

15. IF YES: Was the health center able to document that these funds were used:

15.1 To support activities that benefit the current patient population?

YES NO NOT APPLICABLE

15.2 For purposes that are not specifically prohibited by the Health Center Program?

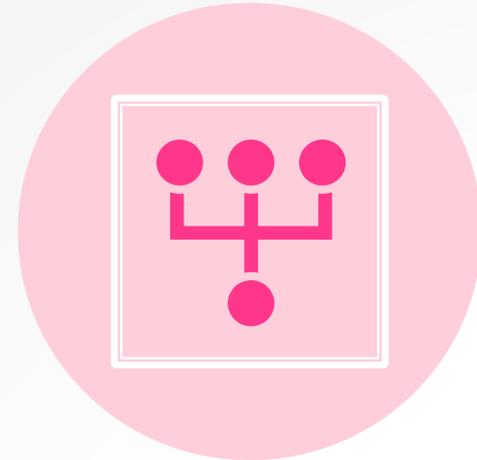
YES NO NOT APPLICABLE

Strategic Initiatives

Other Lines of Business



FIRST: CONSULT LEGAL COUNSEL AND TN NON-PROFIT LAWS



PUBLIC ENTITIES-CO-APPLICANT MODELS MAY HAVE A DIFFICULT TIME WITH CREATING OTHER LINES OF BUSINESS

Strategic Initiatives

Other Lines of Business

▶ Real Estate:

- Steady cashflow
 - Help build reserves or days cash on hand
- Can help to leverage funding
 - Can provide donors/funders security that the health center is looking to raise funds to continue the mission and vision
- Investing in the community served
 - Building assets and community presence
 - “The health center is not leaving”
 - Money stays in the community served
 - Tax lien or Foreclosure homes
- Recruiting workforce and proving housing
 - Rural area difficult to find housing
 - Provide “affordable housing”
 - Providing employment to the community



Strategic Initiatives

Other Line of Business

- ▶ Investments (Stocks, Bonds, Mutual Funds, Cash Bonds)
 - Create an investment policy statement:
 - Outlines the purpose of the nonprofit's investment portfolio
 - Objectives and unique characteristics of the organization regarding investing
 - Things to remember:
 - “Long term game”
 - Look for investments that pay out a dividend
 - Complete a financial analysis to determine risk and decide what level of risk
 - Work within the Finance Committee and then full Governing Board
 - Work with financial consultants/investors that understand non-profit investing
 - MUST have an investment policy (sample provided)
 - BOARD APPROVAL

Strategic Initiatives

Other Lines of Business

- ▶ Foundation, Endowment, Giving Options
 - A separate foundation does not detract but helps support the mission of the health center
 - Helps to establish roots within the community
 - Can help with funding projects (capital campaign)
 - Awarding grants for tuition
 - Can support the workforce within the community
 - Can be used as a recruiting tool

Strategic Initiatives

Other Lines of Business

Cosmetic
Procedures not
covered by
public or private
insurances

- Dental veneers
- Botox IV
- IV infusions
- Non-invasive procedures (Emsculpt)
- “Lifestyle Medicine”

Can create a
“cashflow”

Paid by cash, credit
card or care credit

Strategic Initiatives

Other Lines of Business

- ▶ Cosmetic Procedures not covered by public or private insurances
 - Things to remember:
 - NO FTCA (must get malpractice insurance)
 - MUST have clinical policies and procedures that govern these out-of-scope services
 - Time and Effort associated with providers and support staff completing procedures
 - Not paid for any HRSA funding or program income
 - Appropriate credentialing and privileging
 - Cost associated with supplies/equipment not purchased with federal or program income funding

Strategic Initiatives

Other Lines of Business

▶ Animal/Pet Business

- Medications for animals
 - No 340B pharmacy
 - Prescribed by a veterinarian
 - Need 2.5 exam rooms per veterinarian
- Providing veterinarian services
 - Fee schedule is competitive, and reflect the level of service provided
 - Increased cash flow (pet insurance, cash, credit cards)
 - Individuals more apt to spend \$\$ on their pets
 - **NO FTCA (malpractice)**



Strategic Initiatives

Other Lines of Business

- ▶ Community Ventures
 - Grocery Stores
 - Food Trucks
 - Food Pantry
 - Clothing Store



Lower Lights Christian Health Center

<https://iff.org/lower-lights-christian-health-center-provides-healthy-foods-promote-healthy-lives/>

- ▶ Due to covid, ceased operations due to gap between the cost of procuring inventory and sales/grant funding.
- ▶ Will continue to work and refer patients to grocery stores and continue to write food prescriptions

Strategic Initiatives

Other Lines of Business

▶ Considerations:

- Mission and Vision
 - Does the mission and vision support other lines of business?
- Policies and Procedures
 - What policies and procedures are needed to ensure the business is protected?
 - Are they reflective on what we plan to do?
- Support
 - Do I have support from staff, and more importantly the Board of Directors?

Strategic Initiatives

We are stretched too thin!

- ▶ Workforce:
 - Coping with burnout
 - Staff surveys
 - Ensuring staff have equipment and supplies needed to complete tasks
 - Access to free behavioral health services
 - Reimbursement for child/elder care
 - Incentives
 - Hire unconventional staff
 - EMS, paramedics, as clinical support staff
 - Employees that work at a fast-food restaurant that can meet customer service demands
 - Start a training program/pay for schooling

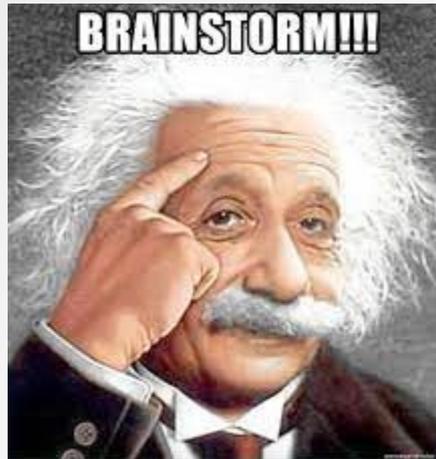
Strategic Initiatives

We are stretched too thin!

▶ Workforce:

- Provider Bridge (<https://www.providerbridge.org/>)
 - Connects health care providers with health care entities to fill their need. Providers work through tele-health or in person during national public health emergencies
 - Supported by a HRSA grant
- Share resources with other agencies (hospitals or FQHCs)
- Working from home options

Case Study



Brainstorm out of scope businesses that your health center may be interested in.

Contact Information



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