



HRSA and the OSV

An Overview

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Acronyms and Lingo

Board – Governing Council

HRSA – Health Resources Services Administration

OSV – Operational Site Visit

BPHC – Bureau of Primary Health Care

FQHC – Federally Qualified Health Center

FTCA – Federal Tort Claims Act

Scope of Project - Sites, services, providers, service area(s), and target population in the approved Health Center Program project

HIPAA - Health Insurance Portability and Accountability Act



Eligibility

Fundamentals



Requirements



Health Center Program Fundamentals

- 1. High quality, culturally competent, comprehensive care**

Supportive services – health education, translation, and transportation

2. Provide services regardless of patient's inability to pay. Charge for services on a sliding fee scale.
- 3. Operate under the direction of a patient majority board**
4. Develop systems of patient-centered and integrated care that respond to the unique needs of the diverse area and population it serves.

Requirements

1. Program Eligibility
2. Oversight
3. Needs Assessment
4. Required and Additional Services
5. Clinical Staffing
6. Accessible Locations and Hours of Operation
7. Coverage for Medical Emergencies During and After Hours
8. Continuity of Care and Hospital Admitting
9. Sliding Fee Discount Program
10. Quality Improvement
11. Key Management Staff
12. Contracts and Subawards
13. Conflict of Interest
14. Collaborative Relationships
15. Financial Management and Accounting Systems
16. Billing and Collections
17. Budget
18. Program Monitoring and Data Reporting Systems
19. Board Authority
20. Board Composition
21. Federal Tort Claims Act Deeming Requirements

BASICS

I Need to Know....

- Lake County Health Department and Community Health Center (LCHD/CHC) meets HRSA program eligibility requirements
- Data/demographics regarding patients served is regularly reviewed
- Provides services as required and within scope

- 1. Program Eligibility**
- 2. Oversight**
- 3. Needs Assessment**
- 4. Required and Additional Services**

HOW SERVICES ARE PROVIDED

I Need to Know....

1. **Clinical Staffing**
2. **Accessible Locations and Hours of Operation**
3. **Coverage for Medical Emergencies During and After Hours**
4. **Continuity of Care and Hospital Admitting**
5. **Collaborative Relationships**

- Hours and changes to types of services are discussed and approved by the Council
- The Council reviews the credentials and privileging of all providers
- There are collaborative relationships with area hospitals
- We have a hospitalist arrangement or are resuming admitting privileges
- Staff are CPR certified and providers take call after hours

FINANCIAL REQUIREMENTS

- 1. Sliding Fee Discount Program**
- 2. Financial Management Systems**
- 3. Billing and Collections**
- 4. Budget**
- 5. Contracts and Subawards**
- 6. Conflict of Interest**

FINANCIAL INFORMATION

I Need to Know....

- No patient is turned away because of inability to pay
- Fees, fee schedules (for discounted/sliding fees) and nominal fees are reviewed and approved by the Council
- Budget status is reviewed at each Council meeting
- Financial audits are performed annually and reviewed by the Council
- LCHD/CHC has policies for billing and collections
- A budget is submitted annually to HRSA that identifies the projected costs and revenue sources
- LCHD/CHC has no subawards
- LCHD/CHC oversees the performance of any service contractors providing required services as defined by HRSA
- All Council members and management are required to acknowledge and follow the *Conflict of Interest* policy

QUALITY IMPROVEMENT AND DATA

I Need to Know....

1. **Quality Improvement**
2. **Program Monitoring and Data Reporting Systems**

- Data related to performance measures are presented monthly to Council
- There is a QI Committee (and a Council member participates) that meets on a regularly basis
- Patient satisfaction is assessed through periodic surveys or town hall meetings
- Risk Assessment and Adverse Event analysis is provided to the Council
- A HRSA compliant EHR is utilized and the agency follows and monitors HIPAA requirements

MANAGEMENT

I Need to Know....

1. Key Management Staff

- Mark Pfister is our Executive Director and he reports to and is evaluated by the Council
- Key management staff (Medical Director, Director of Healthcare Operations, Director of Finance) meet with the Council monthly

2. Board Authority

- We have no contracted key management staff
- The Council functions under a set of bylaws and a cooperative agreement with the Board of Health

3. Board Composition

- Budget approval and Strategic Planning are part of Council responsibilities
- Council participates in the policy adoption process
- At least 51% of Council membership is patients of the health center

Federal Tort Claims Act (FTCA) Deeming Requirements

I Need to Know....

Malpractice

- LCHD/CHC has a Risk Management Plan and a committee to assess and manage potential risk factors
- Risk Training is provided to staff annually
- The Council receives an annual report on both Safety and Clinical Risk management activities
- Credentialing and Privileging process the Council oversees is a critical component for FTCA
- LCHD/CHC works closely with County Risk Management regarding any potential claims

THE VISIT



- **Fundamental to continued status as an FQHC**
- **August 3-5, 2021; Virtual**
- **Three consultants and 1 HRSA representative**
- **Follows the HRSA Health Center Site Visit Protocol related to each of the program requirements**
[Health Center Program Site Visit Protocol \(SVP\) | Bureau of Primary Health Care \(hrsa.gov\)](#)
- **Daily Debrief**



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