

HEALTH CENTER PROGRAM REQUIREMENTS

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Overview

- There are 19 Key Health Center Program Requirements (<http://www.bphc.hrsa.gov/about/requirements.htm>)
- Requirements are divided into four categories:
 - Need
 - Services
 - Management & Finance
 - Governance

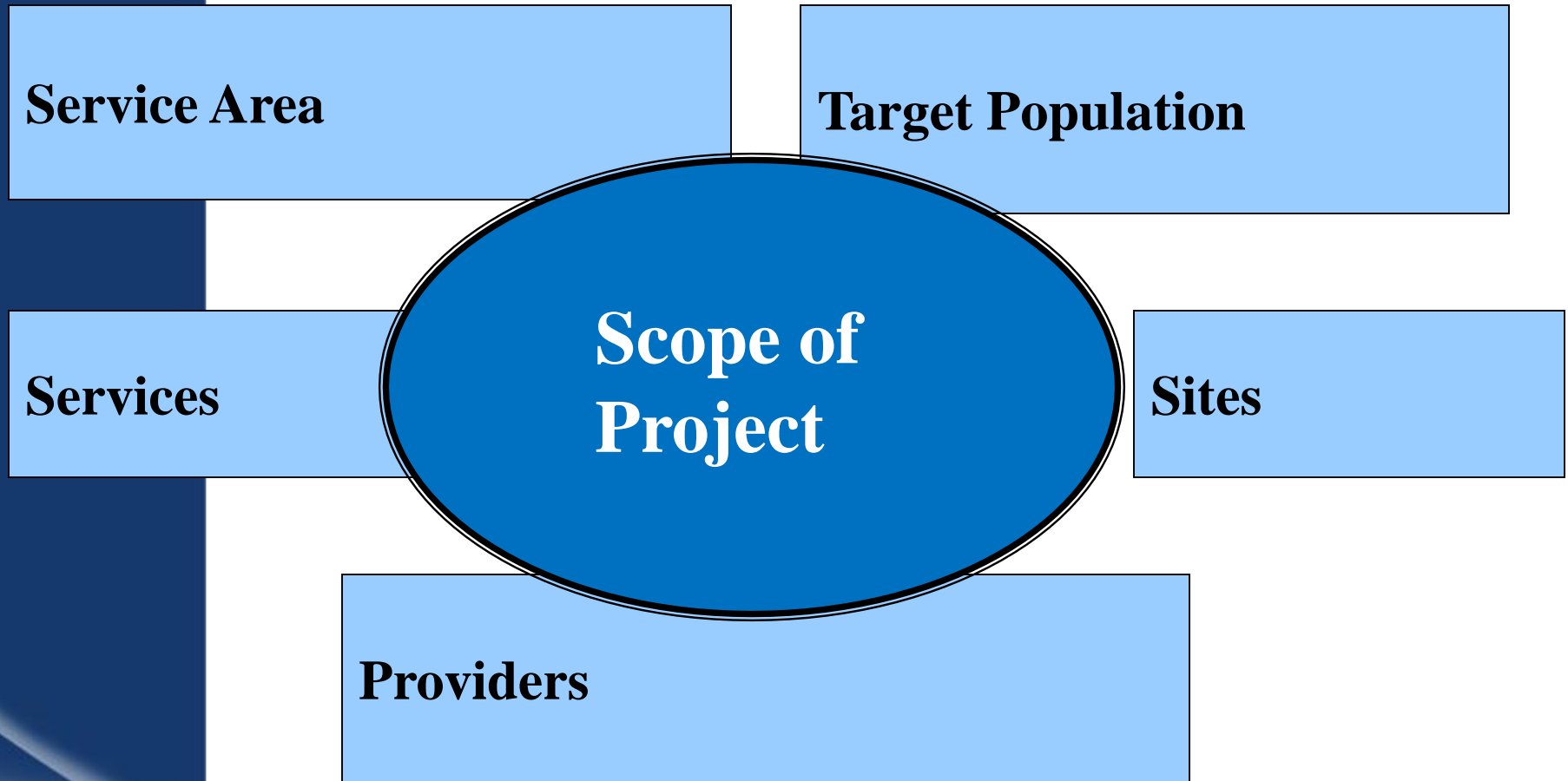
BEFORE WE START

WHEN YOU SEE AN



THESE ARE REGULATORY REQUIREMENTS THAT ARE RECOMMENDED BUT NOT REQUIRED FOR GRANTEES THAT RECEIVE FUNDS SOLELY FOR HEALTH CARE FOR THE HOMELESS (SECTION 330(H)) AND/OR THE PUBLIC HOUSING PRIMARY CARE (SECTION 330(I)) PROGRAMS.

SCOPE OF PROJECT: FIVE CORE ELEMENTS



REQUIREMENT #1: NEED

Requirement:

- Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate.
- Health center performs periodic needs assessments.
- Assessments document the needs of its target population in order to inform and improve its delivery of appropriate services.

Core Requirement #1: Need

- Needs Assessment documenting
 - The **geographic service** area of the organization
 - The **health disparities** experienced by the *Target Population*
 - The **access problems** experienced by the *Target Population*
 - The **barriers to care** experienced by the *Target Population*

HEALTH CENTERS ARE LOGICAL

**IDENTIFIED NEEDS FORM THE BASIS OF
PROGRAM**

HEALTH DISPARITIES = SERVICE PACKAGE

ACCESS PROBLEMS = STAFFING PROFILE

BARRIER PROBLEMS = DELIVERY STRATEGY

REQUIREMENT #2: SERVICES

Requirement:

- 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.

All Required and In-Scope Services

- You don't have to do it all yourself – but you do have to have written agreements
 - How is the referral is made and managed – **care coordination?**
 - Do your patients have access regardless of ability to pay – **not identical but equal?**
 - Will your patients be treated consistent with your Board policies and expectations – **culturally competent/sensitive and respectful??**

All Required and In-Scope Services

- You don't have to do it all yourself – but you do have to have written agreements
 - Will information about the services – diagnoses and treatment get to their PCP - **care coordination, follow-up?**
 - How are you going to get your patient back – **NO PIPELINES OUT!!!!**

READ PIN 2008-01!!

REQUIREMENT #3: Staffing

Requirement:

- Health center maintains 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 credentialed and licensed.

REQUIREMENT #3:

Staffing

- What does your needs assessment tell you about how much of what kinds of providers you need - **not just medical!!**
- Can you actually meet the demands of your health plan – **SCOPE AND PERFORMANCE MEASURES?**
- Are they culturally and linguistically appropriate for the population being served **as identified in the health center's needs assessment?**

REQUIREMENT #4: ACCESSIBLE HOURS OF OPERATION/ LOCATIONS

Requirement:

- Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served.

AH THERE'S THAT NEEDS ASSESSMENT AGAIN...BARRIERS TO CARE

REQUIREMENT #5: AFTER HOURS COVERAGE

Requirement:

- Health center provides professional coverage during hours when the center is closed. **THIS MEANS A LIVE VOICE!!!!**

WHAT DO YOU WANT FOR YOUR FAMILY??

WHAT IF IT IS YOUR KID IS SICK IN THE MIDDLE OF THE NIGHT??

REQUIREMENT #6: HOSPITAL ADMITTING PRIVILEGES AND CONTINUUM OF CARE

Requirement:

- Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center **must firmly establish arrangements** for hospitalization, discharge planning, and patient tracking.

REQUIREMENT #7: SLIDING FEE DISCOUNTS

Requirement:

- Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient ability to pay. No patient will be denied health care services due to an individual's inability to pay for such.
- Individuals at or below 100% FPL must receive a full discount on fees for services, however a **nominal** fee may be charged.*
- The fee schedule must slide/provide varying discount levels on charges to individuals between 101% and 200% of the FPL.*

Sliding Fee Discounts

- There must be no **discount** for patients above 200% FPL.*
- The fee schedule must be based on the most recent Federal Poverty Level/Guidelines, available at <http://aspe.hhs.gov/poverty/> and must be updated and approved by the Board annually.
- Patients must be notified/made aware of the availability of the sliding fee discounts.

Sliding Fee Discounts

So here's the question on this one:

- What does NOMINAL mean to you?
- What if you make less than \$10,000 a year?

(Hint: How much is your insurance co-pay??)

REQUIREMENT #8: QUALITY IMPROVEMENT / ASSURANCE PLAN

Requirement:

- Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records. The QI/QA program must include:

REQUIREMENT #8: QUALITY IMPROVEMENT / ASSURANCE PLAN

- Assessing patient satisfaction*
- A Clinical Director with training/skills to run the clinic*
- Have an information system capable of collecting QI/QA data for practice management, clinical performance, risk management*
- Have an ongoing process for improvement based on QI/QA information*

MANAGEMENT & FINANCE

REQUIREMENT #9. KEY MANAGEMENT STAFF

Requirement:

- Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center.
- Prior review by HRSA of final candidates for Project Director/Executive Director/CEO position is required.

REQUIREMENT #9. KEY MANAGEMENT STAFF

- Who is running the place?? Are they really qualified??
- Have you “cheaped –out” your infrastructure??
- Can you fulfill your scope and meet your performance measures?
- Are you just plain overworking everyone to save money (the old we can’t afford a “fill in the blank” line)?????

REQUIREMENT #10: CONTRACTUAL/AFFILIATION AGREEMENTS

Requirement:

- Health center exercises appropriate oversight and authority over all contracted services
- Affiliation agreements or contracts must not:
 - Threaten the health center's integrity
 - Compromise compliance with any other Program Requirements
 - Limit the health center's autonomy

REQUIREMENT #10: CONTRACTUAL/AFFILIATION AGREEMENTS

READ THE PINS!!!!

**In case you forgot
PINS 97-27 & 98-24**

REQUIREMENT #11: COLLABORATIVE RELATIONSHIPS

Requirement:

- Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center. The health center must secure letter(s) of support from existing Federally Qualified Health Center(s) in the service area or provide an explanation for why such letter(s) of support cannot be obtained.

REQUIREMENT #11: COLLABORATIVE RELATIONSHIPS



PLAY NICE IN IT!!

Collaborative Relationships

- The health center has collaborative relationships with other appropriate providers and organizations in the area, including other Federally Qualified Health Centers (FQHCs).
- Know the requirements for SAC applications and Public Housing Primary Care grantees

REQUIREMENT #12: FINANCIAL MANAGEMENT AND CONTROL POLICIES

Requirement:

- Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability.
- Get that audit!!!! Fix the problems!!!!
- Do you know where your money is??

REQUIREMENT #13: BILLING AND COLLECTIONS

Requirement:

- Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures.

REQUIREMENT #13: BILLING AND COLLECTIONS

- How long does it take your providers to close a ticket??
- How long after to bill – and what about those days in AR???
- Are all payers on your dance card?? Do the contracts make sense for your dollars and cents?
- Do you offer same day discounts? (yup you can!!)

REQUIREMENT #14: BUDGET

Requirement:

- Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served.

**IF IT'S NOT IN THE BUDGET
IT'S NOT HAPPENING!!!!**

REQUIREMENT #15: PROGRAM DATA REPORTING SYSTEMS

Requirement:

- Health center has systems which accurately collect and organize data for program reporting and which support management decision making.
- Practice management - my fav
- Reporting requirements
- Tracks data to demonstrate health and business plans performance improvement measures

REQUIREMENT #15: SCOPE OF PROJECT

Requirement:

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

**YOUR SCOPE IS NOT A WORK
OF FICTION
IF YOU DON'T DELIVER THEY
MAY NOT EITHER**

GOVERNANCE

REQUIREMENT #17: BOARD AUTHORITY

Requirement:

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

Board Authority

- hold monthly meetings (that means 1 EVERY month)
- approve the health center grant application and budget;
- select/evaluate/dismiss the CEO;
- select services and hours of operation;

Board Authority

- Measure and evaluate progress in meeting annual and long-term programmatic and financial goals *
- Engage in strategic planning, review mission and bylaws, evaluate patient satisfaction, and monitoring organizational assets and performance;*
- Establish general policies for the health center

Board Authority

DOES NOT MEAN

MICRO-MANAGING!!!!

REQUIREMENT #18: 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.

REQUIREMENT #18: BOARD COMPOSITION

- SIZE - 9 TO 25*
- A majority (at least 51%) receive services (i.e., are patients) at the health center.*
- Patient/consumer board members must reasonably represent the individuals who are served by the health center in terms of race, ethnicity, and sex.*

Board Composition

- Non-consumer members of the board shall be representative of the community in which the center's service area is located 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.*

REQUIREMENT #19: CONFLICT OF INTEREST POLICY

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.*

Conflict of Interest Policy

- 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.

**BEYOND
REQUIREMENTS**

HEALTH CENTERS AS

**COMMUNITY CENTERED
ACTIVIST HEALTH
HOMES**

And Most Important of All

Remember Why You Are Doing This!!



PLEASE STAY IN TOUCH

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