HRSA - Bureau of Primary Health Care

Consultant eNews

Desire is the starting point of all achievement not a hope, not a wish, but a keen pulsating desire, whic transcends everything. **-Napoleon Hill**

BPHC Policy Guidance

Structured Technical Assistance Report
Consultants are now required to complete OSV reports using the Structured Technical Assistance Report (STAR). Under the new report process, only the team lead will be able to submit the completed OSV report. More information below regarding STAR.

340B Drug Pricing Program Portion of the OSV
As a reminder, there are no changes to the questionnaire for 340B that is completed as part of the OSV. This form will be completed within STAR and transmitted directly to the HRSA Office of Pharmacy Affairs.

- Please note that either the Clinical or the Fiscal consultant may complete this portion of the OSV/STAR based on discretion of the site visit team and the time constraints of either reviewer. This may also be a shared responsibility.
- As per previous practice, please direct any questions regarding the 340B portion of the OSV to: 340Bcompliance@hrsa.gov .

Look-Alike Designation and Site Visit Protocol
The Health Center Program Site Visit Protocol (SVP) has a new section called "Eligibility Requirements for Look-Alike Initial Designation (ID) Applicants." This section, to be conducted by the Governance/Administrative Expert, contains questions to confirm that the ID applicant is operational (i.e., delivering primary care services) and independently owned, controlled, and operated. More information will be forthcoming specific to ID site visits. Regarding all look-alike site visits, the Structured TA Report (STAR) in EHB has been programmed to skip several Demonstrating Compliance elements in the SVP that do not apply to look-alikes.

Promising Practices Reminder
Any member of the team can identify and report on Promising Practices. It is the Team Lead's final decision as to what Promising Practices to ultimately include only if more than 2 are identified.

Performance Analysis Reminder

Assuming the conversations are initiated during the pre-site visit call, it is ultimately the team's decision, based on the grantee, on who should conduct the performance analysis. It may not be advisable that the clinical consultant will be leading this activity, but rather, all consultants share accountability for feeding the designated team member all the needed information for accurate reporting.

New Site Visit Resources

HRSA/BPHC has added additional site visit resources for health center staff and consultants on the Site Visit Protocol page. These resources include a credentialing and privileging file review tool, a single-source listing of all health center requested documents, and a tool to track expert recommendations/site visit findings. Also please check back on the Site Visit Protocol page in the near future to obtain a version of the protocol as a single PDF document.

STAR Workaround

***Financial Management and Accounting Systems* Program Requirement Area, STAR OSV Report *Questions 8-11*:**
Within STAR, if you are completing the Financial Management and Accounting Systems section of an OSV report for a health center that DOES meet the Single Audit Threshold ("Yes" in response to Question 8), you will be required to answer Questions 9 through 11 and will not be allowed to select "N/A" as a response to those questions.

We recognize that this may cause some confusion when the answer to Question 10 is "No" (indicating tha there are not any audit findings/material weaknesses/etc.) but then are forced to select "Yes" or "No" to Question 11 (regarding corrective actions), because there would be no corrective actions if there are no audit findings/material weaknesses/etc. **In such a scenario, please select "Yes" to Question 11**. For a helpful visual of the questions and example scenario, please see below.

Example Scenario for Questions 8-11:
8.Did the health center expend $750,000 or more in Federal award funds during its last complete fiscal year?
X YES ☐NO

9.If Yes: Has (i.e., audit is complete at the time of site visit) or will (i.e., audit is in progress at the time of site visit) the health center ensure an audit is conducted in accordance with Federal audit requirements?
☐YES ☐NO ☐NOT APPLICABLE *-SELECT "YES" OR "NO" AS APPROPRIATE*
If No, an explanation is required:

10.Based on review of the most recent audit and management letter, were there any findings, questioned or unallowable costs, reportable conditions, material weaknesses or significant deficiencies, including any cited in the previous audit report?
☐YES X NO

11.If Yes: Has the health center either completed corrective actions to address the finding(s) or was the health center able to document steps it is currently taking to address the finding(s)?
XYES ☐NO ☐NOT APPLICABLE - IF YOU SELECTED "NO" IN RESPONSE TO QUESTION 10 (NO AUDIT FINDINGS/ETC.), SELECT "YES" IN RESPONSE TO QUESTION 11 BECAUSE THE SYSTEM CURRENTLY WILL NOT ALLOW YOU TO SELECT "NOT APPLICABLE" EVEN THOUGH THE HEALTH CENTER WOULD HAVE NO CORRECTIVE ACTIONS SINCE IT DID NOT HAVE ANY AUDIT FINDINGS.

BPHC Staff Role in ALL CY 2018 Visits

In CY 2018, there is a new protocol that requires that all OSV's include a BPHC staff member. Below is a brief description of the role that BPHC will play as part of the Site Visit preparation process and the grantee onsite visit:

Prior to the Site Visit, staff will...
* Provide consultants with specified documents in the SVP
* Introduce/lead pre-site visit calls with consultants, health center

During the Site Visit, staff will...
* Introduce/lead the Entrance and Exit Conferences
* Staff may give brief Health Center Program presentation at Entrance
* Work closely with consultants and health center
* Serve as subject matter expert on the Compliance Manual

Consultant Training Recordings, Materials and Resource Documents Now Available!

- **Promising Practices**
- **Performance Analysis**
- **STAR Training** (Structured Technical Assistance Report) Module for consultant reports
- **Site Visit Protocol Trainings**

PLEASE NOTE: These trainings are required prior to participating on site visits.

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MSCG Consultant Discussion Board

MSCG is pleased to announce the MSCG Consultant Discussion Board! We have heard from several consultants requesting a place to participate in virtual conversation at any time and from any location. The Discussion Board will promote peer-to-peer discussion and support as well as interaction with MSCG staff and BPHC Policy team. Questions, comments and thoughts are posted with the ability to reply and continue discussion up to 90 days. There are currently several discussion topics available to choose from. MSCG will monitor the Discussion Board postings for appropriate and timely follow up. Access and alerts to new postings can be found in your MSCG Consultant Portal.

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Technical Tips for Successful Report Submissions - Operational Site Visits

After a few weeks of working in the STAR system, MSCG continues to identify issues that require additional clarification with Consultants conducting the operational site visits. OSV Consultants must assure they are meeting these guidelines and recommendations during the report writing and submission process.

Guidelines to be applied across the entire report:

1. Compliance **Manual citations, which was previously used during the transition last fall are not to be included in the report when non-compliance is assessed,**

○ Please refrain from including these Compliance Manual citations. The Compliance Manual citations are imbedded in the Site Visit Protocol within the STAR system.

2. Please do not add any additional text to the report unless it is specifically asked for and unless the question specifies the following:

A consultant should only provide an "Explanation" where it is specifically asked for, i.e., the question specifies the following:

- ○ if the answer is "No" and "No" requires an explanation;
- ○ if the answer is "Yes" and "Yes" requires an explanation; or
- ○ if the answer is "Yes or No" and a "Yes or No" answer requires an explanation.

A consultant's response to the question "Compliance Demonstrated" for an "Element" should be consistent with the consultant's determination of compliance or non-compliance for any related sub-elements, unless the consultant has provided a justification in the "Explanation" for excusing a determination of non-compliance for the element or sub-element.

A consultant should ensure that in the case where an "Explanation" is required, the text responds to the question, i.e.:

- ○ for a determination of non-compliance, which depending on the question can be a "YES" or "NO" response, the "Explanation" supports the determination of non-compliance; or
- ○ in the case of a required response to a "YES" or "YES or NO" question asking for a description, the text provides the information required.

Please note:
Please identify the vendor and service in the explanation when there is a finding of "compliance not demonstrated" involving a **contract**, whether this occurs under Services, Sliding Fee Discount Program, Contracts and Sub-Awards, or Conflict of Interest. This will provide the information the PO needs to follow-up on the compliance finding.

Guidance regarding specific report sections and program requirements:

3. Staffing: Some teams provide detail regarding individuals identified as "Other" in the List of Participants. The BPHC has not specified this to be a necessary inclusion or request of information, so it should not be included in the report.
Also, please assure that the BPHC Project Officer is included and identified clearly on the report.

4. Site Locations: Teams need to assure that they provide the "BPHC Site ID" identifier for "Sites Visited." The BPHC Site ID is located on Form 5B.

5. In the Clinical Staffing section of the report, there is some confusion when responding to Elements c., d., and e. Though Elements c. and d. focus on the health center's "procedures" for credentialing and privileging, the consultant answers the questions based on what was discovered during the review of C&P files, which is the focus of Element e.

6. In the Board Authority section of the report, similar to Comment 5, there is some confusion when responding to Elements b. and c. Though Element b. focuses on board authorities and responsibilities outlined in bylaws, articles of incorporation, and other corporate documents, the consultant answers

the question based on what he/she discovered during the review of the board minutes, which is the focus of Element c.

7. In <u>Board Composition</u>, in reference to the question asking about the non-patient board members who earn more than 10% of their income from the health care industry, frequently answers are provided to the first part of the question about the number of non-patient board members that earn more than 10% of their income from the health care industry, <u>but those answers do not</u> address the second part of the question that asks for the total number of non-patient board members, which allows the reviewer to determine that not more than 50% of the non-patient board members can earn more than 50% of their income from the health care industry. Please assure you answer both parts of the question.

8. In the <u>340B Survey</u>, please make sure that name of the person interviewed in the "Respondent" ce is actually the name of the team member conducting the interview.

Tips for addressing Revisions Requested by MSCG Staff

9. Should you receive a report revision request where the team member <u>does not make a change requested by MSCG, please</u> include an explanation explaining why the requested change was not made. These explanations should be added in the comment box at the bottom of the page and identified with the comment writer's name and date of the comment.

While MSCG does not have an issue with a consultant challenging a MSCG recommendation, and there have been instances where MSCG has misunderstood the explanation or decision, the expert consultant should provide the basis for not making the requested change. Without an explanation, it is impossible for MSCG to determine if the consultant disagreed with the comment, and has a justifiable reason for doing so, or just missed the comment.

10.   DO NOT, under any circumstances, delete comments that have been placed in the comment box at the bottom of each requirement by someone else working on the report.   All comments placed in these boxes are to remain, as they serve as a guide for work performed on this report and important guidance that has been given in terms of making changes or requesting changes to reports.

Consultant Report Reminders

Important reminders which consultants conducting Operational Site Visits (OSV) should keep in mind in the early stages of preparing reports in the STAR system.

- All OSV reports going through the STAR system must be thoroughly proofread by each consultant preparing their portion of the report AND by the team lead submitting the report, prior to final submission of the report into the STAR system.

- Communication between the consultant expert team and project officer in post-visit discussions, including clarifying findings resulting from the OSV, should be completed in a timely fashion to allow for submitting the report to the consultant team lead within the 7 days allotted. Discussions should not be a cause for delaying the submission of the report. The overall MSCG report process in the STAR system, which includes consultant team report writing, a review by MSCG reviewers, editing, and any revisions must continue to be completed within the total 20-day MSCG timeline.

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Consultant Report Quality Review and Scoring Process

Reminder - MSCG has been tasked with creating and implementing a numerical quality scoring system for BPHC consultant reports for *Operational Site Visits only*. It is expected that consultant reports achieve a minimum score of 90% (out of 100%). The goal of the MSCG internal review process is to ensure high quality reports are submitted by the teams and all reports fully meet BPHC expectations prior to BPHC Project Officer review. To accomplish this, MSCG staff and consultant site visit team leads will evaluate and score reports throughout the 20 day MSCG review process. The team lead will evaluate and score the reports by clicking on **'Quality Report Scoring'** button from the **consultant portal** (https://www.mscginc.com/consultant), this button is visible only to the team leads on or after the first day of the site visit. The scoring system is effective immediately. The scoring system framework, sample and pre-recorded training can be found in your MSCG Consultant Portal: https://www.mscginc.com/consultant .

Thank you in advance for your participation in this process!

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BPHC/MSCG New Report Formats and Process

Report Formats and Process: All OSV reports will require consultants to utilize the Site Visit Protocol via STAR to submit reports to MSCG. All other site visits will require consultants to utilize Google Docs to submit reports to MSCG. See the table below:

Site Visit Type	Site Visit Type Focus Areas	Consultant Report Format
Operational Site Visit	Compliance Assessment 340B Performance Analysis Promising Practices	STAR System
Program Requirement Verification Site Visit	Compliance Verification-Targeted	Generic Report Format (Google Docs)
Targeted Program Requirement Assessment Site Visit	Compliance Assessment-Targeted	Generic Report Format (Google Docs)
Program Requirement Assistance Site Visit	Assistance in Meeting Compliance	Generic Report Format (Google Docs)
Performance Improvement Site Visit	Assistance with Performance Improvement	Generic Report Format (Google Docs)
Specialized Site Visits	Federal Tort Claims Act (FTCA)	FTCA - Specific Report Format (Google Docs)
	Health Center Controlled Network (HCCN)	HCCN - Specific Report Format (Google Docs)
	Primary Care Association Assessment (PCA Verification)	PCA Verification - Specific Report Format (Google Docs)
		Other Special Projects - Generic Report Format (Google Docs)

Please note that the MSCG Google Docs process will be included in TA packet.

If you need assistance logging into TATS/STAR please contact HRSA help desk at 877-Go4-HRSA/877-464-4772;301-998-7373. You can also [Click Here](#) to contact them. This information is also on your login page.

Consultant Voucher Update

Operational Site Visits _Only_

1. Team Lead and Team Members vouchers will become available only after the Team Lead completes the first section, 'Review Report' of the Quality Report Scorecard.
2. Team Lead and Team Members will receive an email informing them that the voucher is available after the 'Review Report' section of the Quality Report Scorecard has been completed.
3. Team members are no longer required to submit a separate report into the voucher system.
4. Please contact us at logistics@mscginc.com should you have any questions.

Staff Transitions - Congratulations and Welcome!

Congratulations to **Linda Martin** who will be joining our BPHC consultant report review staff as a TAR (Technical Assistance Reviewer). In her new role, Linda will continue to support the North Central Division (NCD) and Southwest Division (SWD). Please join us in congratulating Linda...

Kaoutar Srayi has joined our BPHC team and will be a new addition to the Technical Assistance Coordinators (Logistics Coordinators) team. Kaoutar will be supporting the North Central Division (NCD), Southwest Division (SWD), and Office of Quality Improvement (OQI). Please join us in welcoming Kaoutar! Her contact information is below:

- Kaoutar Srayi
    - Email Address: ksrayi@imstrategists.com
    - Phone: (571) 343-4890 x104

Angela Gaffney has joined our BPHC consultant report review staff as an Editor. Angela will be supporting the Southeastern Division (SED) and North Midwest Division (NMD). Please join us in welcoming Angela! Her contact information is below:

- Angela Gaffney
    - Email Address: agaffney@imstrategists.com

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Consultant Referrals Welcomed!
MSCG is seeking to expand its consultant pool to include additional OB/GYN's, Nurse Practitioners, and Licensed Clinical Social Workers. License(s) must be current. If you know of anyone who meets the qualifications of these professions, please refer them to Karen Carter Parks, kcarterparks@mscginc.com to request an application packet for consideration.

Kudos Kudos Kudos!

Grantee Comments

Daniel Dey, Michael Gervasi, and Daniel Miles - While we are a relatively new FQHC, we really did find tremendous benefits in having this OSV, and specifically, this team. They were highly experienced, obviously enjoyed the work and process, and most of all were very giving of their knowledge and experience. Thank you for creating such a non-threatening, organization peer-review process.

W. Gaye Williams - Ms. Gaye left our center a stronger, more cohesive organization as a result of her survey efforts. As a CEO who was ending a challenging year, both professionally and personally, she challenged me to sharpen my critical thinking skills, flex my strategic mindset and use my experience and know how to re-energize my leadership efforts. She also reminded our well-meaning board of directors that their fiduciary duty does not extend to the oversight of daily operations, adding they have one employee who manages that work on their behalf. Again, HRSA is fortunate to have Ms. Williams on their team.

Juanita Burnam - Our financial team was highly satisfied with the expertise and non-judgmental approach Ms. Burnam took with the review of our financial systems. Her knowledge and experience were clearly evident to our relatively new team. This area has been a challenge for us because of 100% turnover of our accounting team during the previous two years and the limited knowledge of health center finances of our new team. Ms. Burnam was patient, acknowledged our progress and on-going improvement plans and offered many suggestions to make our work better and easier. We recommend her highly for other OSV's.

William Rice - Bill was a pleasure to work with. He provided us with a lot of good information that will help to prepare us for our site visit in Nov/Dec. He did a great job educating our board of directors; they found him to be very informative and felt that the time that they were with him was well spent. They also learned a lot from him. He provided us with some tools that we can use to prepare/improve in the areas in which we did not currently meet. His explanations were honest, clear and concise.

We want to cover the topics that are of real interest to you. Please submit your suggestions at
https://www.mscginc.com/feedback.cfm