



# 2018 Healthcare Program Requirements and Regulations

**April 4 – 5, 2018 in Helena, MT**

Health Centers are increasingly reviewed and audited for performance and compliance with program regulations and expectations. HRSA recently [issued a new revision of the Health Center Program Requirements Compliance Manual](#), and while the basic requirements remain, there are many changes in the performance indicators and interpretations. Some new indicators for meeting them have been added; some others have been modified or deleted.

This two-day training will go in-depth into what is required, what is changed, and how to meet and exceed the performance expectations. Be ready for your next Operational Site Visit by attending this very important training.

### About the Presenters:

#### **Pamela J. Byrnes PhD**

##### **John Snow, Inc.**

Dr. Byrnes' training and experience is a unique combination of quantitative methods, health care systems, and health care policy. She has a PhD in Sociology and Health Care and an MS in applied statistics and research methods. Dr. Byrnes has been engaged in epidemiological research, health policy development and implementation, and consumer health care advocacy for over thirty years. She works with community health centers, state and national associations, public and private non-profit organizations in increasing their resource environments and reshaping their policy landscapes to allow for organizational growth. Dr. Byrnes specializes in community needs assessments and market analysis, strategic planning, Board training and development, program development and evaluation, organization and association development and management, operations assessments, policy development and advocacy.

#### **Gil T. Bernhard, CPA**

##### **CohnReznick, LLP**

With more than 20 years of public accounting experience, Gil Bernhard is Co-Managing Director of CohnReznick's Healthcare Industry Practice. He has broad capabilities in Government Auditing Standards, Federal Single Audit Under the Uniform Guidance (formerly OMB Circular A-133), and also concentrates on healthcare financial management and reimbursement issues. Gil's clients include Federally Qualified Health Centers (FQHCs), behavioral healthcare organizations, AIDS/HIV agencies, prepaid health service plans, healthcare trade associations, and other not-for-profit healthcare corporations.

He also consults on internal controls and accounting systems for health centers and other not-for-profit corporations. Gil has given testimony at Medicaid administrative hearings and has served as an expert witness in federal court in a case involving Medicaid reimbursement. As part of his financial management services for healthcare clients, Gil supervises and reviews the preparation



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of specialized cost reports specific to ambulatory care facilities reimbursement and client financial reports required for filing with the U.S. Department of Health and Human Services (i.e., UDS, FSR) and other government agencies.

Gil frequently lectures before the National Association of Community Health Centers and state primary care associations on healthcare finance and reporting requirements for community health centers. He was published in the “Adapting the Chart of Accounts to Community Health Centers,” chapter in Chart of Accounts for Health Care Organizations, Center for Research in Ambulatory Healthcare Administration.

## Draft Agenda

### Wednesday, April 4

- 8:00 – 8:30 Registration and Breakfast
- 8:30 – 9:00 Welcome and Introductions
- 9:00 – 9:30 Scope of Project  
Understanding the “Bubble” of obligations and benefits Compliance and Program Oversight
- 9:30 – 12:00 Chapter 3: Needs Assessment  
Service Area update and confirmation  
Comprehensive needs assessment update and application
- Chapter 4: Required and Additional  
Providing & documenting services within scope of project  
Ensuring access for limited English proficient patients  
Providing culturally appropriate care
- Chapter 5: Clinical Staffing  
Staffing to meet scope & ensure access  
Credentialing & privileging procedures
- Chapter 6: Accessible Locations and Hours of Operation  
Accessible Sites & Hours  
Accurate documenting of sites in scope
- Chapter 7: Medical emergency Coverage  
Clinical capacity and procedures for responding during operating hours After-hours coverage arrangements and call documentation
- 12:00 – 1:00 Lunch
- 1:00 – 4:00 Chapter 8: Continuity of Care & Hospital Admitting  
Documenting arrangements Procedures for hospitalized patients  
Post-hospitalization tracking & follow-up



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Chapter 9: Sliding Fee Discount Program  
Applicability, policies & procedures

Chapter 10: Quality Improvement/Assurance  
Policies, procedures & oversight

Chapter 11: Key Management Staff  
Composition & functions  
Documenting & filling positions HRSA approval

Chapter 12: Contracts and Sub-awards  
Contracts – Procurement, monitoring, records, retention HRSA approval, required provisions  
Sub-awards – HRSA approval, agreements, monitoring, records

Chapter 13: Conflict of Interest  
Standards of conduct – dissemination & adherence  
Organizational conflict or interest

## **Thursday, April 5**

8:30 Breakfast

9:00 – 12:00 Chapter 14: Collaborative Relationships  
Coordination & integration  
Collaboration with others Expanding scope

Chapter 15: Financial Management & Accounting Systems  
Management & internal control systems  
Documenting use of federal funds: drawdown, disbursement, expenditures  
Audits  
Use of non-grant funds

Chapter 16: Billing & Collections  
Fee schedule  
Participating in insurance programs  
Billing systems, procedures  
Waiving payment  
Refusal to pay

Chapter 17: Budget  
Annual budgeting for scope of project  
Revenue sources  
Allocation of funds

Chapter 18: Program Monitoring & Data Reporting Systems  
Collecting & organizing  
Reporting



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12:00 – 1:00 Lunch

1:00 – 4:00 Chapter 19: Board Authority  
Maintenance, exercise of authorities  
Adopting, evaluating, updating health center policies

Chapter 20: Board Composition  
Selecting and removing  
Required & present composition  
Prohibitions  
Waivers & special population input

FTCA Risk Management Deeming

Performance Analysis: Diabetes

Questions and Discussion