



Preparing for HRSA Operational Site Visits

Ethan Kerns, DDS

Chief Dental Officer, Salud Family Health (Colorado)

October 11, 2024

Montana Primary Care Association

Objectives



Understand the purpose of operational site visits.



Describe what is typically evaluated during an operational site visit.



Discuss strategies to prepare for operational site visits.



About NNOHA

- Founded in 1991 by FQHC Dental Directors who identified a need for peer-to-peer networking, collaboration, research, and support
- Membership now includes more than 5,500 dentists, dental hygienists, dental assistants, supporters, and partners



HRSA National Training and Technical Assistance Partner



Learning Collaboratives



NNOHA Listserv



Annual Conference



NNOHA Oral Health
Leadership Institute
(NOHLI)



Webinars and on-demand
learning



Resources: publications,
dental forms library,
promising practices, and
more!

Visit nnoha.org or email info@nnoha.org



Purpose of Operational Site Visits (OSV)

- Provide objective assessment to verify the status of each program awardee's compliance with requirements and guidelines
- Learn successes, challenges, and future plans
- Assess financial and operational compliance
- Identify opportunities for improvement or support
- Understand unique programs and strategies from health centers



Frequency of OSVs

- OSV conducted at least once per period of performance
- Health centers with 1-year period of performance
 - OSV will take place 2-4 months into the period of performance
- Health centers with 3-year period of performance
 - OSV will take place 12-16 months into the period of performance



General OSV Process

- Takes place over 3 days
- Entrance conference with senior management and Board
- Tour the site(s)
- Review documents
- Key staff interviews
- Board of Directors meeting
- Pre-exit conference with Chief Executive Officer
- Exit conference with senior management and Board
 - Red flag: Board is not involved in the OSV



Site Visit Final Report

- HRSA will share a site visit report within 45 days after the visit
- Includes site visit findings, final compliance determinations, and any areas that failed to meet compliance

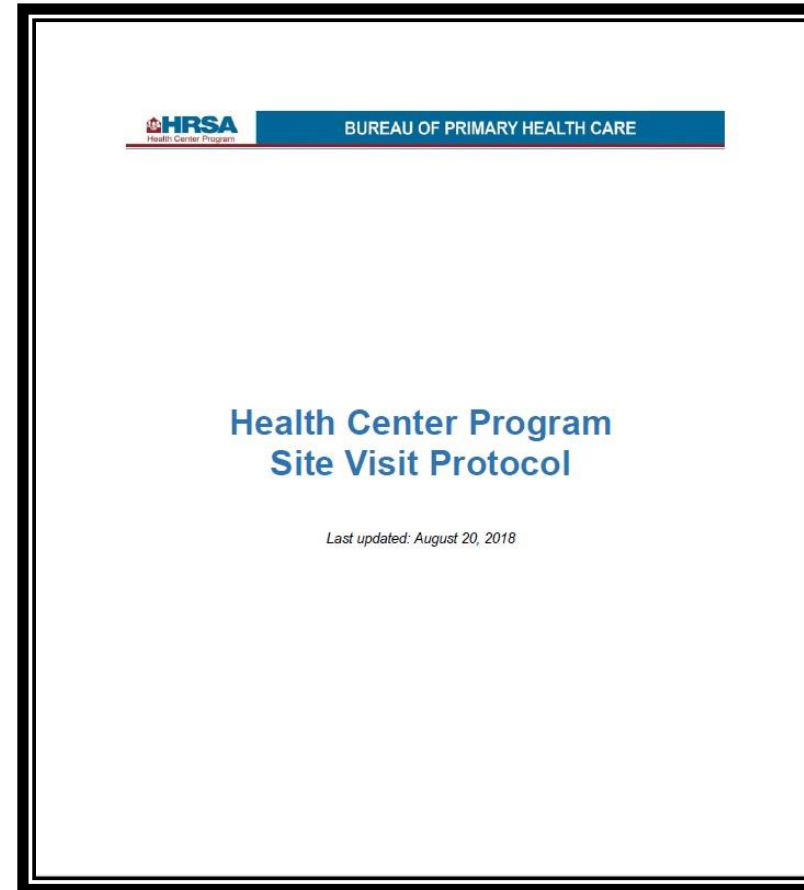
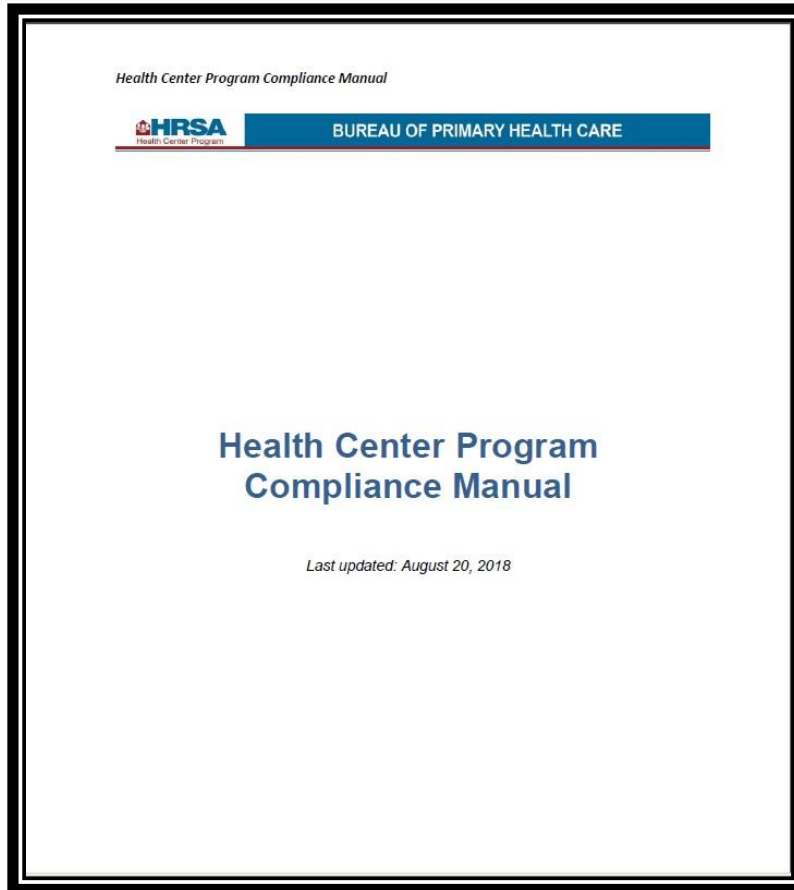


Preparing for OSV

- Health centers are usually notified 3 months in advance
- Inform key staff and Board of Directors
- Review the compliance manual
- Review the Site Visit Guide – provided by HRSA
- Collect and review documents to determine compliance – site visit reviewers will provide a list of required documents
- Participate in the OSV Planning Call to answer questions and learn about the OSV process



HRSA Compliance



Logistics

- There will usually be three members on the site visit team
- Each member is assigned a specific area to review based on their expertise (governance, clinical, and fiscal)
- If possible, the health center's Project Officer (PO) will attend the site visit



Important OSV Areas for Dental

- Credentialing and privileging
- Peer review
- Quality indicators
- Sterilization and infection control
- Staffing plan for dental
- Referral process and follow-up
- Policies and procedures
- MOU/MOA with community specialists
- Prescribing patterns



Two vertical bars are positioned on the left side of the slide: a dark blue bar on the left and a green bar on the right, both extending from the top edge.

What is evaluated during an
OSV?

Needs Assessment

- Determines if the health center annually reviews and identifies its service area
 - Needs assessment of the current or proposed population is completed at least once every 3 years
 - Health center assess unmet needs for health services in their area
- Needs assessments can include:
 - Access to care and health care utilization – transportation, occupation, income, education
 - Morbidity and mortality – diabetes, cancer, cardiovascular disease, health disparities
 - Social determinants of health – language needs, housing status



Dental Implications:

- Identify the target population (is it the same as medical?)
- Do zip codes of your dental patients match those of your service unit?
- Do most of your dental patients also utilize medical services?



Required and Additional Services

- Requirement: *Provide all required primary, preventive, enabling health services, and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals*
- Health centers requesting funding to serve people experiencing homelessness must provide substance use disorder services
- In scope referral arrangements must be formally documented with a written agreement



Required and Additional Services Cont.

- Interpretation and translation services are provided to health center patients with limited English proficiency
- Health centers must make arrangements or provide resources that enable their team to provide culturally appropriate care



Dental Implications:

- Where do you refer patients for services that you don't directly deliver? Have lists and documentation ready.
- What written agreements are in place for these providers? Be able to demonstrate fees and discounts patients can receive from the referral providers.
- How do you track referrals?
- Does the health center provide training on culturally appropriate care?
- Do patient materials reflect primary languages in the community?



Clinical Staffing

- Health center maintains a core staff to carry out all required services
- Staff are appropriately licensed, credentialed, and privileged
- Staffing is culturally and linguistically appropriate for the service population
- Health center has standard procedures for granting and reviewing staff privileges as well as regular review of credentials.



Dental Implications:

- All provider licensure is on file and up to date
- Are providers credentialed and privileged for the services they provide? How is this documented?
- Up to date job descriptions are ready to show and staff have copies of their job description
- Do you have copies of contracts for any contracted team members?
- How are you addressing vacancies?
- Is there a formal dental orientation for new staff? Show your policies and procedures.



Credentialing

- Assessing and confirming the license or certification, education, training, and other qualifications of a licensed or certified health care practitioner
- Granted for a specified period, typically not exceeding 2 years
- The health center must have operating procedures for the initial and recurring review of credentials for all clinical staff members



Dental Implications:

- Are your dental providers appropriately licensed?
- Do your providers have criminal records?
- Do your dental providers have a history of malpractice claims?



Dental Privileging

- The process by which a provider is granted permission by the health center to provide specific dental procedures based on an individual's clinical competence determined by peer review, training (formal and informal) and licensure
- Privileging helps you determine that a provider is practicing with-in their training abilities
- You need defined education and training requirements for each procedure(s)
- Dental privileging is granted for a specified period typically not exceeding 2 years



Dental Implications:

- Are your dental providers appropriately trained for the procedures they are doing?
- Do the privileges you grant align with your scope on Form 5A?
- Do you have a process for providers to gain new privileges through training and proctoring?



Accessible Locations and Hours of Operation

- Health center service sites are accessible to the patient population
- Health center's total number and scheduled hours of operation are responsive to patient needs



Dental Implications:

- Are you open at times that ensure accessibility and meet the needs of your *patients*?
- Do you offer services at locations that assure accessibility for patients?
- Can individuals in your service area access dental services readily? If not, can you bring portable/mobile services to them?
- Are there other strategies to increase access or meet unmet dental needs?



Coverage for Emergencies During and After Hours

- Health center has the capacity to respond to emergencies where at least 1 team member is trained and certified in basic life support present at each service site
- There are procedures in place to respond to medical emergencies during regular hours



Coverage Continued

- Health center has after-hours coverage operating procedures which may include formal arrangements outside of the organization
- There is documentation of after-hours calls and any necessary follow-up to ensure continuity of care



Dental Implications:

- How do you address patients who call after hours with dental needs?
- Is there a message about emergency coverage on the dental department phone?
- Is there written information on what to do after hours?
- Are these messages available in languages that your patients speak?



Continuity of Care and Hospital Admitting

- Health center provides the required primary health care services promptly and in a way that assures continuity of service to patients
- There is an ongoing referral relationship with one or more hospitals



Dental Implications:

- Does not always apply to dental unless your health center treats dental patients in the operating room.
- Documentation of hospital admitting privileges are readily available.
- Post-hospitalization tracking and follow-up plan is documented.



Sliding Fee Discount

- No patient is denied services due to an inability to pay
- Health center has a schedule of fees that is consistent with locally prevailing rates and designed to cover its reasonable costs of operation and must prepare a corresponding schedule of discounts to be applied to the payment of such fees
- There is a system for sliding fee scale eligibility determination



Dental Implications:

- What is your sliding fee scale for dental services?
- Be prepared to describe your sliding fee scale and eligibility determination.

Self Paced Course on Sliding Fee Scale:

<https://nnoha.dialogedu.com/nnoha/courses/the-hrsa-uds-sealants-measure-understanding-the-why-and-how>



Quality Improvement/Assurance

- Health center has policies and procedures related to QI/QA that address:
 - Clinical guidelines, standard of care, standards of practice
 - Patient satisfaction
 - Patient confidentiality
 - Patient safety/adverse events
 - Periodic QI/QA assessments
 - QI/QA oversight and report generation



Dental Implications:

- Who is responsible for QI/QA?
- What is the process for periodic chart reviews? How often are they completed?
- Is there a formal process to follow up on deficiencies during these reviews?
- Are records standardized in content and organizations?
- HIPAA compliance
- Is dental tracking clinical outcome measures?



Key Management Staff

- Job descriptions for key management staff including experience and qualifications are clear and available
- Health center maintains key personnel to carry out activities of the organization
- There is a process for filling vacant key management staff positions



Dental Implications:

- Is there a dental director? Is this person an active member of the executive leadership team?
- Does the dental director have scheduled time for administrative duties?
- Does the dental director interact with other department heads?



Contracts and Subawards

- Determine whether an individual agreement will result in disbursement of Federal funds will be carried out through a contract or subaward. The agreement is structured accordingly.
- Procurement procedures are in place
- Health center has appropriate oversight and ability to maintain its independence and compliance for all contracted services and affiliation agreements



Dental Implications:

- If the dental program utilizes contracts or subawards, they must meet health center requirements
- Affiliation agreements/contracts do not threaten the health center's integrity, compromise program compliance, limit autonomy



Conflict of Interest

- Maintain written standards of conduct including conflicts of interest
- No employee, officer, or agent of the health center can participate in the selection, award, or administration of a contract supported by a federal award if they have a conflict of interest
- Standards of conduct must provide disciplinary actions to be applied for violations



Dental Implications:

- Document responses for all conflicts of interest or related issues
- Be careful not to assume that someone's financial interest is not substantial or a gift is an unsolicited item of nominal value, therefore, can be accepted by employees, Board members, and agents of the health center



Collaborative Relationships

- Health center has made and continues to make efforts to establish collaborative relationships
- To the extent possible, health centers coordinate and integrate project activities with other federally funded, state, and local health service programs that are serving the same population



Dental Implications:

- Are there collaborations in place between the dental department and other community organizations? Show documentation.
- Determine if collaborations bridge over to need a contractual relationship.
- Does your health center include the importance of oral health in all grant applications?



Financial Management and Accounting

- Health center maintains effective control over and accountability for all funds, property, and other assets
- Utilize sound financial management procedures to ensure fiscal integrity to ensure compliance and terms/conditions of the health center program award



Dental Implications:

- Is there a separate cost center for dental? Is it site specific?
- Does the dental director have input into the formulation of the dental budget?
- Does the dental director review and share provider productivity reports?
- Does the dental director know the current payer mix?
- Does the dental director know and share the significance of cost savings due to oral health being integrated into overall health?
- Does the dental program regularly review its financials?



Billing and Collections

- Fee schedule is consistent with locally prevailing rates and designed to cover its reasonable costs of operations
- Health center makes reasonable efforts to collect reimbursement with Medicaid and CHIP
- Documented billing and collection policies
- Additional billing options are accessible to all patients

- There are board approved policies to include specific circumstances when the health center waives or reduces fees due to inability to pay



Dental Implications:

- Who is responsible for dental billing?
How is it done?
- Do you know your collection rate?
- Are there written policies for billing and collections?
- Are dental codes updated annually?
- How do you track denied claims?



Budget

- Health center develops and submits a budget to HRSA that reflects projected costs and revenues. This is submitted annually.
- Budget includes all other projected revenue sources that will support the program.



Dental Implications:

- Is there an annual operating budget for dental?
- Does the dental director provide primary input into the budget development?
- Does the dental director meet regularly with the Chief Financial Officer to understand the dental budget and how it fits with overall budget?



Program Monitoring and Data Reporting

- There is a system in place for overseeing operations of the federal awarded-supported activities
- Health center produces data-based reports on trends in the patient population, service utilization, and overall health center performance



Dental Implications:

- Is the EDR integrated with the EMR?
- Does the dental program have specific measures that will evaluate program success?
- Does dental leadership have access to reports that show performance
- Does the dental department use data dashboards?



Board Authority

- Governing board maintains appropriate authority to oversee the operations of the health center with bylaws that specify the responsibilities of the board
- The board holds monthly meetings and documents attendance, actions, and decisions
- Board establishes health center policies, conducts long-range planning, and adopts a three-year fiscal plan



Dental Implications:

- Be prepared to share dental performance data
- Share dental performance data regularly to the Board
- Scope of project changes should be approved by the Board
- Significant dental policies should be reviewed regularly by the Board



Board Composition

- Health center meets the requirements of Board composition as outlined in the compliance manual
- There are documents and bylaws that specific the process for ongoing selection and removal of board members



Dental Implications:

- How many Board members access dental care in the health centers
- Can you recommend any dental patients for the Board?
- Are there any dentists in the community that can be champions for your dental program that could serve as non-patient Board members?



FTCA Deeming Requirements

- As of October 27, 2023, the Federal Tort Claims Act (FTCA) assessment is discontinued.
- Health centers no longer provide documentation for this FTCA assessment section as part of their OSV



Promising Practice

- Opportunity to share promising practices during the OSV
- Three categories are:
 - Clinical Services
 - Governance
 - Management and Finance



Additional Recommendations

- Demonstrate integrated care efforts by having the Medical Director and Dental Director give the site visit tour together
- Introduce the surveyor to the dental team
- Consider inviting your primary care association to attend the exit interview



My Experience with the OSV

- Our last OSV was December of 2023
- I participated in multiple sessions with the surveyors
 - Chapter 3 = Needs Assessment
 - Chapter 4 = Required and Additional Services, Review of Form 5A, Scope of Project, Contracts for Column II & III Services
 - Chapter 5 = Clinical Staffing- credentialing and privileging
 - Chapter 6 = Locations & Hours of Operation, Form 5B
 - Chapter 7 = Coverage for Emergencies During & After-Hours Coverage
 - Chapter 10 = Quality Improvement and Quality Assurance
 - Chapter 14 = Collaborative Relationships



My Experience with the OSV

- Attended the pre-visit closing sessions with the surveyors
- Attended both clinic visits where I led the tour through the dental clinics and introduced staff to the surveyor
- Thoroughly walked through our dental scope on Form 5A
 - In addition to “Preventive Dental” and “Additional Dental Services”, I also have specialty endodontics, oral surgery, and periodontics on Form 5A
- Peer Review
 - Demonstrated how we complete our chart audits in Microsoft Teams and showed the results for each quarter
 - Discussed how our Peer Review Committee operates



Key Resources

- Health Center Compliance Manual <https://bphc.hrsa.gov/compliance/compliance-manual>
- Site Visit Protocol (SVP) <https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol>
- HRSA Site Visit Resources <https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/site-visit-resources>
- PowerPoint Slides – OSV Guidance (D4 Practice Solutions) [https://www.nnoha.org/items-2/digging-deeper%3A-operational-site-visits-%2B-a-look-at-federal-tort-claims-act-\(ftca\)-guidance](https://www.nnoha.org/items-2/digging-deeper%3A-operational-site-visits-%2B-a-look-at-federal-tort-claims-act-(ftca)-guidance)



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 under grant number U30SC29051 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



Questions?



Ethan Kerns, DDS
Chief Dental Officer
Salud Family Health, Colorado
ekerns@saludclinic.org

