# Common Problems in Demonstrating Compliance

*The following items are representative of what our team can offer if we provide consultation services to your community health center.*

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The following is a chapter by chapter "high-level" review of common problems and issues in demonstrating compliance by CHCs. This is not an all-inclusive list. These are only representative of some of the issues that have been problematic for CHCs.

**Chapter 3 – Needs Assessment**

Remember it is ok to use a variety of methods for your annual review. Problem is showing what and how the Service Area review is done annually

Sometimes the data sources can be outdated when you are presenting the data from a few years before the last SAC.

Be sure to cover all of the points required

**Chapter 4 - Required and Additional Services**

Policies- Referral, Lab, Radiology procedures do not include the process of; how the referral is made, how the patient record is documented, and how tracking follow-up is conducted by the health center

Form 5A - Improper documentation of Required and Additional Services. Contracts and Agreements do not include all clinical requirements.

Patient records - Health center has poor understanding of how to select patient records for review that document their current process.

**Chapter 5 - Clinical Staffing**

Credentialing and privileging policy (c/p) - does not include all the elements required for c/p

C/P files- documents for all the elements of c/p are not uploaded to the ShareFile.

Fitness for Duty and Competency is not documented for Privileging.

**Chapter 6 – Accessible Locations and Hours of Operation**

Not having a good source of patient feedback is a problem

Highlighting and demonstrating barrier removal and what you have done in this area

Make sure you provide Form 5B

Tie in with patient feedback, and if you do not have weekend hours – how do you justify this?

**Chapter 7 - Emergency During and After Hours**

Policy/procedure does not always include the tracking and follow up of After Hours calls in the EHR.

Patient records - records quite frequently do not include how calls are tracked and followed up.

**Chapter 8 - Hospital Admission and Continuity of Care**

Policy/procedure does not describe how the hospital communicates with the health center after discharge and how the health center tracks and follows up after emergency room or hospital admission.

Contract - frequently does not address how patients are admitted, how the health center will be transmitted patient information during and at discharge for follow up to include discharge instructions, labs, radiology, etc.

Patient records - follow-up after discharge is not documented.

**Chapter 9 - Sliding Fee Discount Program**

Element B - Addresses the Sliding Fee Policy. Problem areas include wording in the policy and setting the nominal fee

Element C - Addresses Sliding Fee for Column I Services. Problem area is typically in the fee schedule. Make sure the discounted charges for a low level office visit (i.e. E&M CPT code 99212) for patients in the first sliding fee discount pay class above 100% of Federal Poverty Guidelines (FPG) is not less than the nominal fee. For example, if the fee associated with a 99212 is $80.00 and the patients in the first sliding fee discount pay class above 100% of FPG pays 20% of charges - the charge to this patient would be $16.00 ($80.00 x 0.20 = $16.00). If the nominal fee is $20.00 - this element would be out of compliance.

Element J - Addresses Sliding Fee for Column III Services. Problem area is typically referral arrangements without discounts for Sliding Fee Patients

Element L - Addresses Evaluation of the Sliding Fee Discount Program. Problem area is typically the lack of evaluation, or the data is not broken down by each discount pay class. Note - sometimes Awardees have difficulty showing examples of changes implemented based on the evaluation of the Sliding Fee Discount Program.

**Chapter 10 - Clinical Quality Assurance and Improvement**

Data collection - no quarterly tracking and trending to identify need for improvement

Clinical measures - data is uploaded that is not considered clinical date.

Activities - no quality improvement is addressed in the methodology that is documented in the quality plan.

Report to board - Board minutes do not document reports on quality tracking and trending and quality improvement activities.

**Chapter 11 – Key Management Staff**
Not usually a problem.
Talk through the functions distribution of the senior staff on the organizational chart
Issue may be if you do not have a written protocol for recruiting
Think of a recipe card for policy work in the area of recruiting for a key management vacancy.

**Chapter 12 - Contracts and Subawards**
Element F - Addressed Required Contract Provisions. Problem area is typically with missing provisions in the contract language. Note - refer to the Compliance Manual - under Related Considerations for alternate methods to monitor contractor activities and performance.

**Chapter 13 - Conflict of Interest**
Element A - Addresses Standards of Conduct. Problem area is typically missing language in the written standards of conduct requirement.
Pay attention to "real or apparent" language and the requirement to have any real or apparent conflicts that may arise in the course of the year be documented in writing, and not just reflected in meeting minutes.

**Chapter 14- Collaborative Relationships**
Be prepared to show at least one documented example of reductions in non-urgent ED, Continuity of Care, and Access to other health of community services.
This is an example of the difference between *such as* and *specifically identified evidence required*.

**Chapter 15 - Financial Management and Accounting Systems**
Element C - Addresses Drawdowns, Disbursement and Expenditure Procedures. Problem area (but rarely for most Awardees) is language in the written procedures.

**Chapter 16 - Billing and Collections**
Element J - Addresses Refusal to Pay Policy. Problem area is typically lack of documentation and procedures (if the Awardee has elected to have a Refusal to Pay policy - some Health Centers do not elect to have this policy). We are looking for a board approved Refusal to Pay policy and documentation of cases where the health center applied its refusal to pay.

**Chapter 17 - Budget**
Rarely are there any areas of noncompliance in this Chapter.

**Chapter 18 - Program Monitoring and Data Reporting Systems**
Rarely are there any areas of noncompliance in this Chapter. We would encourage the Awardee to have samples of reports for patient service utilization; trends and patterns; and clinical, financial and/or operational performance.

**Chapter 19 – Board Authority**

Evidence of governing  and the board exercising its responsibilities is key
Be sure you have evidence for each item required.
At times the evidence is weak and requires reviewers to hunt – give the reviewers "breadcrumbs"
Some of the reasons for noncompliance are that a CHC just did not provide what is required.
One CHC gave an employee handbook that was well over three years old and tried to pass this off as the board's work within the past three years.
Lack of evidence that the Board approved federal applications.
Clear demonstration of the board evaluation of the CHC performance, beyond financial.
Go line by line in the bylaws requirements.
Again – specific language such as the by adoption and gender terms.
Be ready with examples of how you modified or updated policies as a result of the evaluation of policies.
Pay close attention to the timeframe for evidence – some are required within the past 12 months and some are required within the past three years.

**Chapter 20 – Board Composition**

Board composition of patients members relative to patient make-up
Need good selection and removal processes
Need specific language on the documents and provisions that ensure "xyz"
Have a document ready that indicates how you define your 10% of annual income from the healthcare industry.
Again – be certain language is identical to SVP – (i.e., spouses, children, parents or siblings through blood, adoption, or marriage)

**Chapter 21 - FTCA**

Documentation of narrative questions required.