

HRSA - Bureau of Primary Health Care Consultant eNews

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Season's Greetings!

We wish to express our gratitude for your continued support throughout 2022. Even as we continue to experience constant change all around us as well as in our daily work environment, you have remained flexible and committed. We wish you and your family joy, hope, and peace this holiday season and in the New Year.

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Kudos! Kudos! Kudos!

Teresa Fierro

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Consultant Resources

Liability Insurance Reminder

As an independent contractor, you are responsible for obtaining public liability and property damage insurance, travel insurance, workers' compensation insurance, legal counsel, and paying payroll and withholding taxes. It is recommended that you consult with your insurance broker for specific coverage amounts. The suggested amounts are \$1,000,000 per occurrence and \$2,000,000 aggregate for general liability / professional liability insurance as well as workers' compensation insurance, if applicable and can vary by state. Please be sure to maintain a current certificate of insurance in your profile on the MSCG consultant portal. The instructions are as follows:

- Login to consultant portal: <https://www.mscginc.com/consultant>
- Click on View/Update Profile
- Click on Submit copies of all pertinent documentation (COVID-19 vaccination record, diplomas, certifications, licenses, etc.)
- Select the 'Insurance' as document type
- Enter the document title
- Select the file
- Click on Submit

Please direct any questions via email to: logistics@mscginc.com

Quality Report Scoring (QRS) System – Consultant Scores

To ensure all BPHC task assignment reports are of the highest quality, MSCG implemented the Quality Report Scoring (QRS) system several years ago. The QRS system is utilized to score the condition of each report upon submission to MSCG for Operational Site Visits (OSVs) and Non-OSVs (NTTAPs, PCAs, HCCNs, and FTCAs). The QRS includes a Technical Component and an Editing Component, with the team lead and each team member scored across a series of quality indicators for each component. The BPHC contract requires MSCG to retain a minimum aggregate average score of 95%, which we have been able to consistently meet, due to the excellent work of the consultant pool.

Consultants can see their average OSV scores in the Consultant Portal. The average OSV scores have been updated for FY 2022 contract year, which includes a breakdown by role (team lead, administrative/governance reviewer, clinical reviewer, and fiscal reviewer). The average score reflects the total average score for each role, which is comprised of the combined results of the Technical Component score and an Editing Component score. You can address any questions regarding your average QRS score to Cynthia Prorok, Quality Manager – cprorok@mscginc.com.

Tips for Improving Your Report Submissions and the Quality of Your Writing

While MSCG has excellent Editors, each consultant has the responsibility to submit a well written report; and each consultant and the Team Lead are responsible for proofreading the report prior to submission, including correcting basic spelling, following prescribed formats and style guide instructions, ensuring continuity between findings/observations, and doing your best to improve grammar and syntax.

The following tips are provided to help you improve the written quality of your reports and your Editing Component QRS scores:

If you are conducting a non-OSV task assignment, which is any assignment other than

an OSV, please be sure to immediately verify the current report template you are required to use for the task assignment type, which is included in your site visit packet. Avoid a do-over and do not use a previously submitted report. Making sure you know the report template and requirements prior to starting the assignment is integral to comprehensive planning, conducting, and reporting on the assignment. Never wait until it is time to complete the report to find the correct report type. You can also find the correct report template in the MSCG Consultant Portal and confer directly with Sheri Hughes, Technical Assistance Reviewer for Non-OSVs – shughes@mscginc.com, the sole authority on Non-OSV Report types, to be sure you are using the correct report template and for any other questions regarding Non-OSV Reports.

- Do not use different fonts or change bullets or other preset formatting structure.
- Only include one space after a period at the end of a sentence. The editing rule recently evolved from two to one space after a period.
- Spell out all acronyms when they first appear in the report and use only the acronym thereafter. A list of commonly used acronyms in BPHC reports is now provided with the consultant package in an Excel file.
- The health center is a single entity; therefore, use the words “it,” and “it’s” instead of “they.”
- Spell out numbers 0-9 (zero, one, two, etc.).
- Numbers 10 and above are not spelled out except when a number is at the beginning of a sentence. “Twenty-three patients, 10 physicians, and three registered nurses attended the meeting.”

Sliding Fee Discount Schedule - Supplies/Equipment

Question: What supplies and equipment can be excluded from the health center’s sliding fee discount schedule (SFDS)?

Supplies and equipment that are related to but NOT included in the service as part of prevailing clinical standards of care can be excluded from the SFDS. For example, patients receiving a standard eye exam may be prescribed corrective lenses. Corrective lenses are not part of the prevailing clinical standards for an eye exam. Therefore, the corrective lenses purchased by the patient can be excluded from the health center’s SFDS. On the other hand, if the patient was treated for a wound, irrigation, suture, and dressing supplies are part of the clinical standards of care. Thus, they would be included within the service, and the SFDS would cover the whole service.

This flexibility is not dependent on the related service type (dental, optometry, medical), but on the relationship between the supply or equipment and the prevailing clinical standards of care. For the clinical standards of care, health centers can defer to licensing boards and professional standards of practice in these areas.

In order to be compliant with Health Center Program Compliance Manual, Billing and Collections, Element I, the health center would inform the patient of potential charges, including whether they will or will not be covered under the SFDS, prior to the provision of the service.

Each health center is responsible for ensuring adherence to any terms and conditions of their award(s) that apply to specific reimbursement, funding, or compensation sources. Please refer to your notices of award for more information on terms and conditions.

For case-specific questions, contact BPHC Program staff through the [BPHC Contact Form](#).

Bring Your Colleague to the MSCG Meet & Greet!

MSCG is excited about resuming our in-person Meet & Greet! It will be held in March 2023 during the NACHC P&I conference. Please spread the word about MSCG and our professional consulting opportunities. Invite a colleague to join



Kudos! Kudos! Kudos! **Grantee Comments**

Teresa Fierro

Teresa clearly understands the fiscal policies and procedure requirements and was most helpful with sharing best practices. She kept the team and the sessions on track and worked hard to minimize the disruptions to operations. Our team felt she provided great insights and that her questions were well thought through. We also felt she was vested in the process to ensure we met all the objectives and continued our success. Her experience and leadership were clearly on display during the OSV.

Team – Lavonne Linneman, Thomas Maynor, and M. Buhari Mohammed

The OSV was a great experience. Things we would note are the expertise of each member of the team. They had great experience and shared best practices with us. The team were very articulate in providing feedback so it was clear and concise. Our leadership felt very positive about the OSV team noting that they wanted our health center to be successful so we can provide the greatest quality care for our patients. Also, they all worked well together as an OSV team. Very seamless, and thorough. Our board felt their meeting went very well and stated it was the most thorough OSV's they have had thus far.



MSCG Employee Spotlight **The Spotlight is on Sheri Hughes!**

I was born in Washington, D.C. and raised in the suburbs of Maryland where I currently live with my husband and two sons. We recently became “empty nesters” when our youngest went off to college to the University of Tennessee this fall. Our oldest attends East Carolina University and will be graduating in May.

I am a graduate of Syracuse University (**Go Orange!**) and am PMP certified. I began my post college career working at HRSA in the Bureau of Primary Health Care as a Public Health Analyst. I worked in the Division of Community and Migrant Health along with some illustrious folks including Kelly Burks and Jim Macrae, to name a few. I made the move to MSCG in November 2004. I have held a few different positions since I joined

the MSCG team, starting as a Project Director for the National Health Service Corps contract and the BPHC contract and eventually becoming the Operations Director. Currently I wear two hats: one as the Operations Director and the other as a TAR on the BPHC contract.

In my down time you will find me cooking, taking walks with our 13-year old Pug (Lola), cheering on the Orange, Pirates or Vols, or with my feet in the sand at the beach.

Photo Highlights from the MSCG Holiday Luncheon



Should you have any other questions or concerns, please contact us at:

contact_us@mscginc.com

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