



HRSA - Bureau of Primary Health Care Consultant eNews

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December 2019

The MSCG family would like to express our appreciation for your dedication and hard work throughout 2019. We wish you and your family warmest wishes in this holiday season and the upcoming year!



BPHC Policy Guidance

Multiple Nominal Charges Based on Special Population Status/Funding Stream

Q: Can a health center have different nominal charges for patients that are identified as being part of a "special population?" For example, can a health center assess no nominal charge for its homeless patients but assess a \$10 nominal charge to general underserved patients for the same service?

A: Consistent with requirements in Federal statute and regulations, eligibility for sliding fee discounts, including any nominal charges, is to be based solely on income and family size, not on whether patients are identified as being part of a "special population" or any other demographic category. If a health center chooses to assess a nominal charge for patients with incomes at or below 100% of FPG, or to not assess any nominal charge for services, then this charge or lack thereof, would apply to all patients based on income and family size.

Consultant Trainings and Resources

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Consultant Reminders

Setting the Stage for a Successful Contract Year

A new contract year is upon us. We look forward to another year providing technical assistance and consultative services for OSVs, PCAs, NCAs, FTCA, HCCN and other types of site visits. Here are a few tips to assure delivery of expert consulting skills for a stellar site visit:

1. Be thoroughly prepared prior to going onsite. This requires consultants to review their TA Packet, including Compliance Manuals and Site Visit protocols, depending on the type of visit being conducted. Consultants must also utilize the correct report format for each type of visit, verify the report template before the site visit, and review the requisite pre-visit documents from BPHC and from the non-Federal entity (NFE). Consultants must also plan for and participate on the pre-visit planning calls with BPHC and the NFE. All required trainings must be completed before going onsite. Of particular importance is the **Consultant Professional Standards Training** located in the MSCG Consultant Portal training link. One can never be too prepared for a site visit.

2. Know your audience. Please assure you familiarize yourself with the NFE you will be reviewing, including the populations served, type of awardee, and be ready to demonstrate a professional delivery of services in a culturally competent manner. It is important to provide constructive technical assistance and to also maintain good listening skills. These are characteristics of a great consultant and contribute to a successful visit. Constructive feedback delivered with diplomacy will have a positive impact.

3. Set a positive tone and be a team player. Maintaining a pleasant, constructive, and professional demeanor onsite is critical. Working well with team members and BPHC onsite staff will ensure the NFE receives the support they need to be successful. Remember Health Center Program requirements are cross-cutting requiring team work. Always maintain a positive attitude, open communication, and a collaborative spirit.

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**KUDOS! KUDOS!
KUDOS!**

Grantee Comments

**Happy Holidays
from the MSCG
Staff!**

If you have any additional questions during the site visit preparation phase, please reach out to MSCG staff members who are always willing to assist you.



MSCG's Quality Report Scoring (QRS) for NCA, PCA, HCCN, and FTCA Site Visit Types

In 2018, MSCG developed and implemented a Quality Report Scoring (QRS) system to augment the Quality Report Review (QRR) process for Operational Site Visits (OSVs). The purpose of the QRS for OSVs was to provide a framework to ensure site visit reports:

- are of the highest quality;
- meet HRSA/BPHC standards;
- identify consultants who may need coaching;
- identify areas where the consultant pool can benefit from additional training;
- improve the quality of reports upon initial submission to MSCG; and
- provide a systematic process to ensure accountability in meeting BPHC requirements

The result of the QRS process for OSVs has served to accomplish these goals and has been proven to be an effective performance management and improvement system.



Consultant Reminders

REAL ID Requirement

Less than a year away, is the federal regulation requiring a REAL-ID for airline travel and to enter federal facilities. All consultants need to be ready for air travel by complying with TSA regulations and obtaining a REAL-ID. The REAL-ID will be necessary for all individuals boarding aircraft, including domestic travel within the USA. Getting ahead of this process will eliminate any added stress later on.

According to TSA.gov, beginning October 1, 2020, every air traveler 18 years of age and older will need a REAL ID-compliant driver's license, state-issued enhanced driver's license, or another acceptable form of ID to fly within the United States, including a US passport.

REAL ID-compliant cards are marked with a star at the top of the card. If you're not sure, contact your state driver's license agency on how to obtain a REAL ID compliant card. For more information, please see: <https://www.tsa.gov/real-id>.

Effective December 2019, MSCG has implemented a QRS system for other HRSA/BPHC site visit report types, which as a group are referred to as Non-OSVs.

Non-OSV site visit types include reviews for non-federal entities (NFEs) receiving funding or other support from HRSA/BPHC through cooperative agreements including Primary Care Associations (PCAs) and National Health Center Training and Technical Assistance Partners (NTTAPs) – formerly known as National Cooperative Agreements (NCAs); grant awards for Health Center Controlled Networks (HCCNs); and deeming under the Federal Torts Claims Act (FTCA).

The QRS for Non-OSVs has been adapted to account for variances in QRR processing and for variances in the composition of site visit consultant or consultant team, as may apply. MSCG QRR processing staff score each report based on the initial submission to MSCG across a series of quality indicators (Qis). A composite score is calculated for the technical and editing components, based on a percent of the maximum score for each. Any consultant falling below a quality score of 95% for the technical component are flagged for monitoring for improvement; until such time as the consultant is able to achieve a score greater than 95% for at least three consecutive site visit reports. Consultants receive coaching through the QRR process and as part of the monitoring process.

MSCG tracks the overall performance and prepares



Pre-Site Visit Call Scheduling

Below is the MSCG Point of Contact for scheduling pre-site visit conference calls. Please be sure to provide the TA#, date, and time the conference line will be needed.

Point of Contact:

Karen Carter-Parks

Email:

kcarterparks@mscginc.com

Phone: (301) 577-3100 ext. 110



Adverse Weather Reminder

As the mercury drops and another cold winter approaches, here are some reminders to help you handle any possible travel disruptions:

Be pro-active and check the weather forecast. In the event that severe winter weather will impact your travel plans, please contact CTM, your Team Lead,

trended information on the average quality scores; and provides monthly and quarterly reports to the BPHC. Please contact us at www.logistics@mscginc.com with any questions. Updated Sample OSV Report Please click here <https://www.mscginc.com/consultant> to find an updated example of a well written OSV report. BPHC has approved this example to serve as a resource when preparing reports. This report is also available on our website under Trainings and Resources on our Consultant Trainings page.



2020 Site Visits Reminder

Next year's site visits have begun to arrive! Please continue to remind us of your availability for future assignments. We encourage you to do so on a quarterly basis or any time there is an opening on your schedule. We look forward to working with you in 2020!

Logistics Coordinators:

Carolina Callahan

ccallahan@mscginc.com

Marsha Bailey

m Bailey@imstrategists.com

Kaoutar Srayi

ksrayi@imstrategists.com

Project Officer, and Logistics Coordinator as soon as possible. For CTM after hours, please call 1-855-928-7323.

Request MSCG approval. Prior to making changes to your itinerary which may result in additional travel costs, please remember to first request MSCG approval. If no prior approval is granted, you run the risk of bearing full financial responsibility for your travel expenses.

Communicate with your Logistics Coordinator.

Adverse weather at the site visit location may result in the visit being cancelled. If your PO and/or Federal representative notifies you of a site visit cancellation, please inform your Logistics Coordinator as soon as possible. Your Logistics Coordinator, in turn, will notify you as soon as the BPHC determines whether a site visit will be cancelled.

We wish you all safe travels!

Reminder for Clinical Reviewers:

HRSA's Site Visit Protocol Performance Analysis Section requires the health center provide year-to- date, real-time data relative to the OSV date. This should not be the 2018 UDS diabetes measure data. Please document the health center's year-to-date, real-time data in the STAR report, Section 1.3 Recommended Activities along with the health center's three

performance improvement actions.



Consultant Report **Do's and Don'ts:**

Avoid Unnecessary Return of Your Reports!

You can facilitate the OSV report review process, and prevent avoidable return of your reports. When preparing OSV reports, remember that some readers, including the Reviewer and the TAR, were not on-site and are not familiar with the entity and its situation. The following is a list of tips that can assist you with this process:

- Provide information in the appropriate Comments boxes that is needed to make sense of the findings and conclusions. Starting with the Comments box for the Site Visit Participants section, state if the entity is something other than a private non-profit health center (e.g., a public entity with a co-applicant board, a Tribal organization, a migrant voucher program).
- Also, if there is an arrangement other than a CEO, CMO and CFO of the health



Consultant **Referrals** **Welcomed!**

Medical Claims Review Panel (MCRP)

MSCG is seeking to expand its consultant pool to include practitioners in the fields below. License(s) must be current. If you know of anyone who may be qualified, please have them submit a resume with proof of current license to logistics@mscginc.com.

- Licensed Clinical Social Workers
- Physician Assistants
- Pediatricians
- Family Medicine Physicians
- Internal Medicine Physicians
- Psychiatry
- OB/GYN

center (e.g., shared positions because the center is small, a vacancy with someone else acting) clarify up front, and only identify the CEO, CMO and CFO of the health center as occupying those positions, not people occupying those positions for other entities.

- Throughout the report, include statements in the internal-only Comments boxes of the applicable sections when necessary to provide clarity.
- Name and date all statements in the internal-only Comments boxes, but do not do so in the report explanation boxes.
- Write reports in the first person so that it is clear you are writing the report, not the health center. When you are cutting and pasting within the report, please be sure to review for accuracy.
- Check for completeness, clear findings and non-conflicting findings before submitting the report.
- Be sure to proof read your report before submission. Team leads must review the full report to ensure high quality prior to submission to MSCG.

Taking these steps will facilitate meeting the 20-day deadline and eliminate any unnecessary revisions.



Kudos! Kudos! Kudos!

Grantee Comments
Juanita Burman, Jennifer
Thompkins, Kathy Wood
Dobbins (Team)

Juanita's expertise far exceeded our expectations. She was able to articulate and mentor us about the HRSA requirements and to be compliant with the regulations in the area of Finance.

As a registered nurse and Health Center CEO, **Jennifer Thompkins** demonstrated exceptional knowledge, skills, and background as a Clinical Specialist. This allowed us to learn more about QM/PDSA and clinical policies and procedure we were unaware of.

Kathy provided information relative to Governance that was eye opening. It enabled us to work on the requirements more effectively, particularly in the area of Bylaws.

Thank you all for listening to us and for providing your effective feedback!



HAPPY HOLIDAYS FROM THE MSCG STAFF!



Morgan Broker
and
Victor Araujo (IMS Staff)



Kelly Burks (MSCG CEO) and
Shirley Martin-Thomas (Office
Manager)



Laurice McCrae and Alyssa Lim
(IMS Health Center Program
Support)



Marlene Coleman and Lydia
Coleman (Accounting)



Kianna Winstead (HAB Deputy Manager) and Latonya Dunlow (IMS CEO)



Brittany Sanders (HAB Logistics Coordinator) and Tiffany Russell (IMS Health Center Program Support)



Ramana Kariveda (IT Manager) and Swapna Kariveda (IT Staff)



Tamiko Overton-Parks (MSCG EEO Staff)
Juanita Walker (Director of Business Solutions)
and Robin Browder (Project Manager EEO)



Marsha Bailey (BPHC Logistics Coordinator) and Jayne Bertovich (BPHC TAR)



Jack Brandenburg and Larry Peaco (Consultants)



Swapna Kariveda (IT Staff) and
Sheri Hughes (BPHC TAR)



Ramonda Davis (BPHC Project
Manager)
and
Jack Egan (BPHC Reviewer)



Kaoutar Srayi (BPHC Logistics
Coordinator, Kelly Burks (MSCG
CEO), and George Ersek (HAB TAR)



Cynthia Sano
and
Marlene Coleman (Accounting)



Kaoutar Srayi (BPHC Logistics
Coordinator and
Kelly Burks (MSCG CEO)



Alyssa Lim
and
Trina Scott (IMS Health Center
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