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HRSA - Bureau of Primary Health Care

Consultant eNews

"Coming together is a beginning; keeping together is progress; working together is success". Henry Ford

BPHC Policy Guidance

Additional or Specialty Services

During an OSV, if a consultant observes that one or more Additional or Specialty Services [NOTE: make "Additional or Specialty Services a link to <http://www.bphc.hrsa.gov/programrequirements/scope/form5aservicedescriptors.pdf>], are being provided, but are not documented on the health center's Form 5A, this should be documented in the site visit report under PR #16/Scope of Project, however the presence of such a finding does not automatically indicate that the health center has "not met" the Scope of Project requirement. The information documented in the site visit report about this potential scope of project issue will allow the BPHC Project Officer to discuss with the health center whether or not the health center intends to offer these services within its approved scope of project and if so, what steps and information will be necessary for the health center to submit a change in scope request for such services, if applicable. Therefore, consultants should not direct health centers to add or remove Additional or Specialty services to their scope of project. Project Officers will provide guidance to health centers to assist on a case-by-case basis should such findings occur. Health centers are always encouraged to consult their Project Officer directly with questions related to changes in scope and to consult resources available at: <http://bphc.hrsa.gov/programrequirements/scope.html>.

Look- Alike Designation

In September 2016, BPHC released new streamlined instructions for applicants applying for Look-Alike designation. The instructions and technical assistance resources for applicants are available on the [Look-Alike Technical Assistance website](#). Since the 2013 release of Look-Alike designation instructions, the Look-Alike application has been revised to more closely align with New Access Point and Service Area Competition applications. All the forms have been updated to the current versions. In addition, changes have been made to the instructions to further emphasize the requirement to be operational and compliant with most current Health Center Program requirements. For example, an attachment to the application was added that indicates where within the application compliance has been addressed.

If you have questions, contact the Look-Alike Application Response Team at lookalike@hrsa.gov. An updated training for consultants is tentatively scheduled for Summer 2017.

Rapid Resolution Pilot Dissolution (Post Site Visit Activity)

Effective Immediately - The Rapid Resolution Process, a pilot recently used within the Office of Northern Health Services, has now ended. The process allowed Health Centers to quickly submit formal documentation to BPHC in order fulfill compliance with Program Requirements that were found to be Not Met during an OSV without placing a condition on the grant. Again, BPHC will no longer participate in this process. Please feel free to contact us with any questions at contact_us@mscginc.com.

As a Reminder...

Addressing Compliance Issues During an Operational Site Visit

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Please note that any aspect of compliance status observed during the course of the 3 days of the site visit is to be incorporated into the final findings of the site visit report. Specifically, if a particular program requirement is initially identified as non-compliant but the health center is able to demonstrate compliance (i.g., update a policy with a missing element and receive board approval) DURING the course of the site visit, and the OSV team is able to assess these updated materials during the site visit, the requirement would be marked as met.

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Helpful points when documenting compliance status during site visits:

- Should the board of a health center choose to convene a meeting DURING the OSV, the OSV team should not be in the Board meeting when action items are being presented and acted upon related to the OSV findings. The issues can be discussed during the OSV team meeting with the Board and health center leadership, but the Board is not to be pressured into taking quick actions, just to resolve a "not met" during the course of the OSV as many areas of non-compliance may require significant research, time and consideration by the board and management team (e.g., revising its sliding fee discount program policy)
- The OSV teams' work needs to remain focused on the required review work in assessing and documenting compliance status on all program requirements and not allow "rapid remedy" issues to divert the purpose of the visit.

Examples of Compliance Issues that the Health Center Might Address During the Site Visit:

- Minor update(s) to a policy or procedure to bring it into compliance with health center program requirements. (Requires Board Action)
- A sliding fee discount schedule does not reflect the current Federal Poverty Guidelines (FPG) and the board-approved policy requires the staff to update the schedules annually for the FPG (while the board should be notified, the policy statement does not require the board to approve the update); which may be different from health center to health center.

MSCG Pre-Site Visit Conference Call Lines

Please note that the service provider for MSCG pre-site visit conference calls is now Go-to-Meeting. Consultant Team Leads (TL) will no longer require a Moderator Pin # to open the call and *all* participants will now use the same assigned number to access the conference call.

The TL should share the assigned number to all participants for the designated date and time. However, should changes need to be made after conference line assignment, please notify MSCG as soon as possible to prevent overlap and ensure availability.

REMINDER: TL's should provide the TA number, date and time when requesting MSCG conference lines for pre-site visit calls, as the lines are assigned according to the TA number by division.

Consultant Reminders...

Reimbursement/Voucher Process Changes

Please visit <https://www.msccinc.com/vouchers> voucher for updated changes effective January 2017.

Consultant Solicitation

MSCG discourages consultants blocking their calendar when contacted by BPHC staff directly for site visit availability. Please note that your participation on an assignment is not confirmed until you receive the Logistics Confirmation email. **Arrangements made outside of this process will not be honored.**

Consultant Trainings and Resources

As the busy season approaches, we would like to remind you to please review your consultant profile (<https://www.mscginc.com/consultant/>) to confirm that you have completed all mandatory trainings. In order to be considered for assignments, it is imperative you are fully compliant. Failure to comply will disqualify you from the assignment solicitation process.

The mandatory playback recording for the **340B Drug Discount Program Assessment Supplement** training is now available. As a reminder, all consultants must participate prior to conducting any Operation Site Visits (OSVs) in 2017.

For a list of all trainings and resources please visit: <https://www.mscginc.com/trainings.htm>.

Please contact Carolina Callahan ccallahan@mscginc.com with any concerns of inconsistency with your training participation and training profile.

Sample OSV Report - Please click here (<https://www.mscginc.com/trainings.htm>) to find a model 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 Suggested Trainings and Resources on our Consultant Trainings page.

Promising Practices FY2014 Available - Please click here (<https://www.mscginc.com/MSCGTATS/Docs/promisingpracticesFy2014.pdf>). Also available on our website under Suggested Trainings and Resources on our Consultant Trainings page.

Consultant Referrals Welcomed!

If you know of a colleague with a health center background in the 19 Program Requirements and an interest in consulting please have them visit the MSCG Online Rostering page at: <https://www.mscginc.com/consultant> for more information.

As always please update your current online profile and resume with any recent activity that would be helpful to BPHC Programs.

Consultant Report Reminders...

- Team Leaders (TLs) - Please communicate and consult with team members on significant changes, i.e. 'met or not met' of consultant reports. Also, we strongly encourage that the final BPHC approved report be shared with the team.
- Team Members - Please note that the Team Leader is required to submit the revised reports within 5 business days of receipt of comments, so it is incumbent on the other team members to respond in a timely fashion when notified of changes by the TL. Minor edits however, are routinely acceptable for submission with the team members' review.
- Consultant Team - Please perform a comprehensive review of your designated compliance area. Please ensure that findings are substantiated with clear, concise statements that are in accordance with the current Site Visit Guide <https://bphc.hrsa.gov/archive/administration/visitguidepdf.pdf>
- Report Version Control - As the report submission process involves several layers to deliver an exceptional end product, please take the time to manage version control of reports. Often times, unedited reports are uploaded to BPHC TATS' although the report has been through the MSCG Editor. Please ensure that the report uploaded to TATS is the version that has been through the MSCG report process.

Travel Support

Medical and Weather-Related Emergencies

If you are a team member experiencing a medical or weather-related emergency, please contact your team leader, MSCG Logistics Coordinator, BPHC Project Officer and Corporate Travel Management (CTM) as soon as possible. We will make every effort to move forward with the site visit as planned and

reschedule your participation in that visit for a later date; however, it may be necessary to use an alternate consultant to accommodate the schedule of all those involved in the site visit.

If you are facing a weather-related emergency, please immediately contact CTM, in addition to contacting your team leader and MSCG. For CTM after hours please call 1-855-928-7323.

Please note that a weather-related emergency at the location of the site visit may result in the visit being cancelled if conditions prohibit safe access to the site. Team members affected by an emergency such as this will be notified as soon as it is determined that the site visit will be cancelled.

During any emergency MSCG will make every attempt to provide assistance and guidance to everyone involved. We appreciate your patience and flexibility as every emergency occurrence is unique.

REMINDER ... please review travel itineraries immediately for changes that may be needed. Also, please contact your designated Logistics Coordinator (TAC) should you require additional assistance when scheduling travel for upcoming assignments.

Corporate Travel Management

Phone: 703-318-9400 (M-F 8AM - 6PM EST)

Email: res_mscg@travelctm.com

Emergency After Hours Service: 1-855-928-7323

Kudos Kudos Kudos!

Grantee Comments

- **Coy Boroff** - An expert, diligent and curious evaluator. Coy clearly has a cadre of experience, yet arrived full of expectation and a willingness to learn about the health center. As much as Coy's role was to audit, explore, inquire and press--he also was very generous in sharing the full slate of his expertise in health centers. The staff were engaged and comfortable in discussions with Coy, and his expertise in Sliding Fee is just an example of how he through his time here worked diligently, thoroughly and respectfully with board and staff alike. His inquiries left us better positioned and our CFO more challenged and inspired, before his arrival.

Bonnie Petty - Brought a range of experience from across the country as she arrived at onsite. Bonnie was expert, deliberate and sensitive in her evaluation of the health center. Bonnie was an exceptional communicator and had a manner that made staff from across the health center respond in earnest with ease and focus. Bonnie brought her clinical acumen to the Quality and Clinical team, and accentuated the strengths of the QI/PI program and our team made sure to record her feedback and recommendations for moving forward. Bonnie was honest, sincere, direct and responsible in providing her feedback throughout her stay with us. We are appreciative for her time with us.

John Schalk - From his accessibility to have a preliminary phone call very early in the process, to understanding an unexpected special event, and a weather induced power outage, --John led the team and the visit with a sense of professionalism and respect for the health center, the commitment of board members, staff and our patients. John's feedback was consistent, candid, and respectfully offered and delivered. John's vast understanding of the CHC program left our staff, many of whom have only worked within one health center, interested and engaged in health centers beyond the one they have served within, and with a desire to learn even more. The experience of the OSV is innately full of anticipation and angst--John was both unassuming, willing and insistent and this helped to draw forward the best process possible for our team, and for the board of directors. John shared resources and guides that we have already put into use. His understanding of the value of the Project Officer and CEO and staff partnership was affirming and validating.

William Turnley - Words can't explain, how smart and understanding Bill is to HRSA and this site visit. He gave very wise understanding and accountability to finances, making sure that the right things were in place.

Catherine Jones - We were very pleased that Catherine Jones would be the TA to handle our follow up.

Catherine provided us with ample information and advice in the original Site Visit and so having her back on site was a great time saver. She was already aware of the situation and was able to help us orchestrate a plan to complete the necessary areas noted in our Site Visit Final Report. Catherine is well respected by my Executive staff and very well received by other staff members that she worked with. It is so refreshing to have the kind of support and information from HRSA through such a great TA.

We want to cover the topics that are of real interest to you. Please submit your suggestions at <https://www.msginc.com/feedback.cfm>

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