

Health Center Program Site Visit Protocol: Onsite Interviews and Interactions Resource

November 15, 2019

NOTE: This resource complements the Site Visit Protocol (SVP), which is the primary tool for assessing compliance with Health Center Program requirements during an Operational Site Visit (OSV). Please refer to the [Site Visit Protocol](#) for complete guidance on the conduct of OSVs.

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PURPOSE

The purpose of this resource is to assist health centers in preparation for the interviews and interactions that will take place during an Operational Site Visit (OSV). This resource is designed for use in conjunction with the Site Visit Protocol (SVP).

The interviews and interactions in the table are organized by common health center staff position titles (for example, project director/chief executive officer (PD/CEO), chief medical officer (CMO), board member). The table also describes how the site visit team interacts with health center staff, systems (for example, navigation of financial management and Electronic Health Record (EHR) systems), and processes/procedures (for example, screening for sliding fee discount eligibility, responding to after-hours calls).

HRSA recognizes that staff roles, responsibilities and staff titles may vary. As such, health centers are responsible for ensuring the most appropriate staff are available and prepared to meet with the site visit team.

This resource does not address every methodology nor every interview and interaction utilized by the site visit team. Refer to the [SVP](#) for guidance on the conduct of OSVs and the [Health Center Program Compliance Manual](#) for Health Center Program policy.

PROJECT DIRECTOR/CHIEF EXECUTIVE OFFICER (PD/CEO), KEY MANAGEMENT AND ADMINISTRATIVE STAFF

SVP Section	Primary Reviewer*	Interviewees/Participants	Focus of Interviews and Interactions
Needs Assessment (Elements a and b)	G/A	<ul style="list-style-type: none"> PD/CEO and other key management staff 	<ul style="list-style-type: none"> Service area analysis process and utilization of needs assessment(s)
Accessible Locations and Hours (Elements a – c)	G/A	<ul style="list-style-type: none"> PD/CEO and other key management staff 	<ul style="list-style-type: none"> Patient access considerations for either: <ul style="list-style-type: none"> One to two sites already in scope, or A site added to scope within the past year How hours are responsive to patient need Accuracy of scope of project (Form 5B)
Sliding Fee Discount Program (SFDP) (Elements a, b, f, h, k, and l)	F	<ul style="list-style-type: none"> Health center staff involved in implementing SFDP (for example, key management staff, eligibility and outreach staff, front desk staff, billing staff, office manager, case managers) 	<ul style="list-style-type: none"> SFDP policy(ies) Implementation of SFDP procedures SFDP screening and enrollment process (if time permits) Mechanisms for informing patients of the SFDP Out-of-pocket costs for patients eligible for the SFDP and who have third-party coverage Process for evaluating the SFDP
Key Management Staff (Elements a, c, and d)	G/A	<ul style="list-style-type: none"> PD/CEO Key management staff Staff responsible for health center hiring/Human Resources (HR) functions and documentation 	<ul style="list-style-type: none"> How key functions are distributed and carried out Status of key management vacancies and HR procedures for filling any current key management vacancies PD/CEO roles and responsibilities Reporting structures of PD/CEO and other key management staff to Board
Contracts and Subawards (Elements a, e, and i)	F	<ul style="list-style-type: none"> Key management staff 	<ul style="list-style-type: none"> Procedures for purchasing and procurement Procurement or contract oversight

*Primary Reviewer: C = Clinical; F = Fiscal; G/A = Governance/Administrative

SVP Section	Primary Reviewer*	Interviewees/Participants	Focus of Interviews and Interactions
			<ul style="list-style-type: none"> • Oversight of subrecipient activities (if applicable)
Conflict of Interest (Elements c and d)	F	<ul style="list-style-type: none"> • PD/CEO • Board Members • Staff involved in procurement and/or HR 	<ul style="list-style-type: none"> • Mechanisms or procedures for informing employees, officers, board members, and agents of the health center's standards of conduct • How identified conflicts of interest are addressed
Collaborative Relationships (Elements a and b)	G/A	<ul style="list-style-type: none"> • PD/CEO • Key management staff 	<ul style="list-style-type: none"> • Collaboration activities with other providers/programs in the service area (including local hospitals, specialty providers, and social service organizations) that support: <ul style="list-style-type: none"> ○ Reductions in non-urgent use of hospital emergency departments ○ Continuity of care across providers ○ Access to other health or community services that impact the patient population • Coordination and integration of activities with other federally-funded, state, and local health services delivery projects/programs serving similar patient populations in the service area
Financial Management and Accounting Systems (Elements b and e)	F	<ul style="list-style-type: none"> • PD/CEO • CFO 	<ul style="list-style-type: none"> • Financial management system and records of federal award expenditures from the last quarter • Use of non-grant funds (if applicable)
Budget (Elements a and d)	F	<ul style="list-style-type: none"> • PD/CEO • CFO 	<ul style="list-style-type: none"> • Budget formulation process • Other lines of business (if applicable)
Program Monitoring and Data Reporting Systems (Element a and b)	F	<ul style="list-style-type: none"> • PD/CEO • Key management staff • Board members • Health information technology personnel, or other staff tasked with data management, collection or reporting 	<ul style="list-style-type: none"> • Data management, collection, and reporting • EHR, practice management system or other data collection systems or methods • Receipt and relevance of health center data-based reports

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SVP Section	Primary Reviewer*	Interviewees/Participants	Focus of Interviews and Interactions
Board Authority (Element c)	G/A	<ul style="list-style-type: none"> • PD/CEO • Relevant public agency staff (for example, leadership, staff within the unit of the public agency related to the health center project) (for public agency health centers only) 	<ul style="list-style-type: none"> • How PD/CEO reports to the board • Board roles and responsibilities (for example evaluating health center performance, approving applications, conducting long-range planning)
Eligibility Requirements for Look-Alike Initial Designation Applicants (if applicable)	G/A	<ul style="list-style-type: none"> • PD/CEO 	<ul style="list-style-type: none"> • Ownership and operation of the applicant organization • Independent oversight of health center activities

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CHIEF MEDICAL OFFICER (CMO) AND OTHER CLINICAL STAFF

SVP Section	Primary Reviewer*	Interviewees/Participants	Focus of Interviews and Interactions
Required and Additional Health Services (Elements a – c)	C	<ul style="list-style-type: none"> CMO/Clinical Director or equivalent leadership Clinical staff responsible for service delivery, including contracted or referred services 	<ul style="list-style-type: none"> Tour at least two health center sites where the majority of required services are delivered Service delivery, including contracted or referred services, and accuracy of scope of project (Form 5A: Services Provided) Patient language needs and the role of cultural competency in the delivery of health center services
Clinical Staffing (Elements a – f)	C	<ul style="list-style-type: none"> CMO/Clinical Director or equivalent leadership Other relevant clinical staff (for example, Nurse Manager, Dental Director, Human Resources Director, Credentialing Coordinator, individual(s) or committee with approval authority for privileging) 	<ul style="list-style-type: none"> Tour at least two health center sites where the majority of required services are delivered Number and mix of clinical staff Credentialing and privileging procedures Credentialing and privileging files Process for documenting and updating provider credentialing and privileging information Provisions for provider credentialing and privileging in contract(s)/agreement(s), referral agreements and/or related documentation
Coverage for Medical Emergencies During and After Hours (Elements a – d)	C	<ul style="list-style-type: none"> CMO/Clinical Director or equivalent leadership Outreach or front desk staff 	<ul style="list-style-type: none"> Procedures for responding to on-site patient emergencies during regularly scheduled hours of operation Methods for informing patients on how to access after-hours coverage Addressing barriers for patients with limited English proficiency (LEP) or literacy level challenges Documentation of after-hours call(s) and any necessary follow-up

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Continuity of Care and Hospital Admitting (Elements a – c)	C	<ul style="list-style-type: none"> • CMO/Clinical Director or equivalent leadership • Other relevant clinical staff 	<ul style="list-style-type: none"> • Processes for ensuring continuity of care for patients that require inpatient hospitalization • Procedures for receipt and recording of medical information and follow-up related to the hospital or emergency department (ED) visit • Patient medical information (for example discharge instructions, radiology results) related to hospital and ED visits • Associated follow-up actions by health center staff
Quality Improvement/Assurance (Elements a – f)	C	<ul style="list-style-type: none"> • CMO/Clinical Director or equivalent leadership • Staff designated to oversee/responsible for the Quality Improvement/Quality Assurance (QI/QA) program and related staff that support QI/QA • Other relevant clinical staff • Health information technology personnel • Compliance or Security Officer 	<ul style="list-style-type: none"> • Implementation of the QI/QA program, including related operating procedures and/or processes • QI/QA program staff roles and responsibilities • Provider adherence to clinical guidelines, standards of care, and/or standards of practice • Patient safety and adverse events, including implementation of follow-up actions • Patient satisfaction and grievances • Systems or documentation that support QI/QA assessments • QI/QA report generation and oversight • Health center patient records • Compliance with current federal and state requirements related to confidentiality, privacy and security of health information
FTCA Deeming Requirements (if applicable) (Elements a – e: <i>Risk Management</i>) (Elements a – d: <i>Claims Management</i>)	C	<ul style="list-style-type: none"> • Staff who oversee and coordinate risk and claims management activities • Other relevant clinical staff 	<ul style="list-style-type: none"> • Methods for identifying and mitigating areas/activities of highest patient safety risk • Examples of documenting, analyzing and addressing clinically-related complaints and “near misses” • Implementation of risk management policies, procedures, training, assessment, reporting and follow-up actions, including: <ul style="list-style-type: none"> ○ Quarterly risk management assessments

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SVP Section	Primary Reviewer*	Interviewees/Participants	Focus of Interviews and Interactions
			<ul style="list-style-type: none"> ○ Status of risk management activities and progress in meeting risk management goals ○ Follow-up actions implemented based on risk management assessments and ○ Risk management reporting to board and key management staff ○ Training for relevant clinical staff on obstetrical procedures and infection control ● Training for all relevant staff on Health Insurance Portability and Accountability Act (HIPAA) medical record confidentiality requirements ● Oversight and coordination of risk and claims management activities ● Claims management policies and procedures ● Claims history and mitigation of risk of such claims (if applicable)
Performance Analysis	C	<ul style="list-style-type: none"> ● Project Director/CEO ● CMO/Clinical Director(s) and QI/QA Director ● Other QI/QA staff ● Providers and other key management staff (if available) 	<ul style="list-style-type: none"> ● Root cause analysis of Diabetes Control measure outcomes, including contributing and restricting factors ● Action steps to address the identified root causes necessary to improve performance on the measure's outcome

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CHIEF FINANCIAL OFFICER (CFO) AND OTHER FINANCIAL STAFF

SVP Section	Primary Reviewer*	Interviewees/Participants	Focus of Interviews and Interactions
Sliding Fee Discount Program (SFDP) (Elements a, f, h, i, j, k, and l)	F	<ul style="list-style-type: none"> • Staff involved in: <ul style="list-style-type: none"> ○ Implementing SFDP (for example eligibility and outreach staff, front desk staff, billing staff, office manager, case managers) ○ Administering contracts for services ○ Administering referral arrangements for services ○ Evaluating the SFDP 	<ul style="list-style-type: none"> • Implementation of SFDP procedures • SFDP screening and enrollment process (if time permits) • Mechanisms for informing patients of the SFDP • Implementation of sliding fee discounts for contracted and referred services • Out-of-pocket costs for patients eligible for the SFDP and who have third-party coverage • Legal or contractual restrictions on sliding fee discounts for patients with third-party coverage (if applicable) • Process for evaluating the SFDP
Contracts and Subawards (Elements e and i)	F	<ul style="list-style-type: none"> • Staff involved in: <ul style="list-style-type: none"> ○ Procurement or contract oversight ○ Oversight of subrecipient activities 	<ul style="list-style-type: none"> • Procurement and contract oversight • Oversight of subrecipient activities (if applicable)
Financial Management and Accounting Systems (Elements a – e)	F	<ul style="list-style-type: none"> • CFO and/or other relevant financial staff • If applicable, contractors who have responsibility for the health center's financial management systems • Any other individual(s): <ul style="list-style-type: none"> ○ authorized to draw down and expend federal award funds 	<ul style="list-style-type: none"> • Financial management, accounting and internal control systems • Procedures for drawdown, disbursement and expenditure of federal award funds • Financial management system and records from the last quarter • Findings, questioned costs, reportable conditions, material weaknesses or significant deficiencies cited in audit (if applicable) • Status of corrective actions (if applicable)

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SVP Section	Primary Reviewer*	Interviewees/Participants	Focus of Interviews and Interactions
		<ul style="list-style-type: none"> ○ responsible for the health center's financial management systems 	<ul style="list-style-type: none"> ● Use of non-grant funds (if applicable)
Billing and Collections (Elements a, b, c, d, f, g, i, and j)	F	<ul style="list-style-type: none"> ● CFO/financial or billing staff ● Staff involved in billing and collections processes, including oversight of any contracts for billing and collections ● Staff involved in educating patients on insurance options 	<ul style="list-style-type: none"> ● Fee schedule ● Health center participation in public and private assistance or health insurance programs ● Educating patients on available insurance and related third-party coverage options ● Billing and collections systems and procedures ● Methods for notifying patients, in advance of service provision, of out-of-pocket costs for supplies and equipment related to but not included in the service ● Contracts with outside organizations that conduct billing or collections on behalf of the health center (if applicable) ● Refusal to pay policy
Budget (Elements a and d)	F	<ul style="list-style-type: none"> ● CFO/financial staff 	<ul style="list-style-type: none"> ● Budget formulation process ● Other lines of business (if applicable)
Eligibility Requirements for Look-Alike Initial Designation Applicants (If applicable)	G/A	<ul style="list-style-type: none"> ● CFO/financial staff 	<ul style="list-style-type: none"> ● Ownership and operation of the applicant organization

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HEALTH CENTER BOARD MEMBERS

SVP Section	Primary Reviewer*	Interviewees/Participants	Focus of Interviews and Interactions
Accessible Locations and Hours of Operation (Element a and b)	G/A	<ul style="list-style-type: none"> Board members 	<ul style="list-style-type: none"> Patient access considerations for either: <ul style="list-style-type: none"> One to two sites already in scope, or A site added to scope within the past year How hours are responsive to patient need
Sliding Fee Discount Program (SFDP) (Element b, k, and l)	F	<ul style="list-style-type: none"> Board members 	<ul style="list-style-type: none"> SFDP policy(ies) Out-of-pocket costs for patients eligible for the SFDP and who have third-party coverage Process for evaluating the SFDP Setting nominal charges at a level that is nominal from the patient perspective (if applicable)
Conflict of Interest (Element c and d)	F	<ul style="list-style-type: none"> Board members 	<ul style="list-style-type: none"> Mechanisms or procedures for informing employees, officers, board members, and agents of the health center's standards of conduct How identified conflicts of interest are addressed
Program Monitoring and Data Reporting Systems (Element b)	F	<ul style="list-style-type: none"> Board members 	<ul style="list-style-type: none"> Receipt and relevance of health center reports
Board Authority (Element c – e)	G/A	<ul style="list-style-type: none"> Board members 	<ul style="list-style-type: none"> How PD/CEO reports to the board Board roles and responsibilities (for example evaluating health center performance, approving applications, conducting long-range planning) Process for evaluating health center policies
Board Composition (Element c, d, and f)	G/A	<ul style="list-style-type: none"> Board members 	<ul style="list-style-type: none"> Composition of the current board Process for verifying board membership eligibility Utilization of special population input (for health centers with approved waivers)

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