



PINES HEALTH SERVICES

Operational Site Visit - - July 11 – 13, 2017

REMEMBER: One OSV is One OSV

Context

- Last OSV was July 2013
- Results:
 - 19 of 19 program requirements found to be in compliance
 - 5 best practices identified by surveyors for subsequent use
 - Clinician comment: “If my family was traveling in Maine and anyone needed medical care, I’d go to Pines”

PREPARATION

- Previously used consultant retained for mock site visit, identified the following issues:
 - Bylaws did not contain mission statement
 - Table 5c (Sites) – one health center’s hours did not reflect current (20/week versus 24/week)
 - Credentialing & Privileging - - had not performed previously due to relationship with hospital and all providers on hospital staff - - no longer the case. We knew this would be a non-compliant finding for the OSV
 - Reviewed policy and procedures and initial files
 - Recent change of title for Director of Accounting to Director of Finance - - not reflected in QI plan and other policies & procedures
 - Review date for QI Plan not changed to current
 - Each program requirement has multiple elements, **ALL** of which must be met

July 2017 Survey

- Team not identified and confirmed until 2 weeks prior to survey
- Initial conference call for introductions held 2 weeks prior to survey
 - Only two of three surveyors on the call
 - Project Officer and Section Chief on the call
 - Theme articulated: We don't give perfect scores; expect items to be found not in compliance
- Document request lists received from all three surveyors - - substantial overlap/duplication
- Electronic documents - - provided on thumb drives as well as ShareFile within 3 days; Team Lead replied in writing that he hated shared file systems, because they never worked, then acknowledged ours worked

Survey Results

- 5 of 19 program requirements found to be not in compliance
- No best practices
- Pines Board considered Team Lead to be unprofessional and borderline rude during requested private meeting with the Board on night #1 of survey

Specifics

- Program Requirement - - Staffing:
 - Not met due to credentialing and privileging of independent practitioner staff (MD, DO, DDS, DMD, FNP, PA-C, CNM) complete. Noted that this was in process. Strongly preferred in conversation with Medical Director to have all privileges specifically delineated, rather than a general description of “core privileges”
- Program Requirement - - Sliding Fee Discounts:
 - Not met due to date of last policy review indicated as 2010; ignored annual Board review and adoption of updated Federal Poverty Guidelines

Specifics, continued

- Program Requirement - Sliding Fee Scale, continued:
 - Annual review of patient/client eligibility needed
 - Annual Board review of continued appropriateness of any nominal fee (such as due to external economic impact)
 - Noted with approval the annual Board review of nominal fee, particularly based on input from those on the Sliding Fee Scale program
 - Sliding Fee Scale needs to be incorporated in all billing and collection policies
 - Referral agreements with outside organizations need to provide a Sliding Fee Scale at least as good or better than FQHC's

Specifics, continued

- Program Requirement - - Scope of Project:
 - Not met due to Form 5a not accurate. Example - - if administer injections of FDA-approved drugs and/or provide samples of FDA-approved drugs to patients, health center is considered to be a pharmacy; look closely at the definitions incorporated in the Change in Scope web page for Forms 5a, 5b, and 5c. All change in scope requests require evidence of Board approval
- Program Requirement - - Board Authority:
 - Not met due to blanket approval by the Board, in the form of a resolution and incorporated in the Board minutes, authorizing CEO to submit grant applications (especially SAC and BPR/NCC) not allowed. Must be specific approval at the time.

Specifics, continued

- Program Requirement - - Board Authority, continued:
 - Bylaws changes required to remove - -
 - mention of CMO as “ex officio” (still considered by Team Lead to be a member of the Board, which is not allowed);
 - any mention of consultation with the Board regarding CEO’s appointment of health center officers and staff;
 - stipend payment, even if nominal, to Board members for meeting attendance not allowed. Must strictly be reimbursement for travel, lodging, food and childcare expenses incurred.
- Program Requirement - - Conflict of Interest:
 - Not met due to potential conflicts not listed by Board members when signing/completing annual disclosure document

Other Items

- Comments from Team Lead:
 - Noted that 10 of 12 Board members are patients - - good. But, of the two who are non-patients, one derives more than 10% of income from health care. Translates to 50% of non-patients deriving more than 10% of income from health care, and HRSA upper limit is 50%. If 11 of 12 Board members were patients and the health-care employed member was not, the program requirement would be out of compliance (e.g. 100% of non-patients derived more than 10% of income from health care).
 - Questioned Board representation of communities served - - on current observation, did not see any under age 30, female Medicaid recipients. Numerous Board members responded about their childhood families.

CLOSING

- One OSV is one OSV
- Written report still not received from HRSA. Corrective actions that included additional Bylaws revisions and Changes in Scope have already been processed by the Board or submitted via EHB

• **QUESTIONS ???**

THANK YOU !!

Jim Davis

(207) 498-2359 x2022

jdavis@pineshealth.org

Lisa Caron

(207) 498-2359 x2015

lcaron@pineshealth.org

Tony Lahey

(207) 498-2359 x2026

alahey@pineshealth.org