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### Prepare your FQHC’s board for a successful operational site visit

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by Robyn Hoffmann

Federally qualified health centers (FQHCs) are community-based and patient-directed healthcare organizations that provide affordable, high-quality primary healthcare services to underserved populations, regardless of their ability to pay. FQHCs serve more than 30 million people annually and provide access to medical, dental, behavioral, and other healthcare services. Based on its fiscal year 2023 fact sheet, the Health Resources & Services Administration (HRSA) reported that nearly 1,400 health center grantees operated at nearly 15,000 sites.<sup>[1]</sup>

The Bureau of Primary Health Care (BPHC)—which oversees FQHCs nationwide—is one of six bureaus administered by HRSA. BPHC requires FQHCs to comply with all requirements that are outlined in its *Health Center Program Compliance Manual*, which was last updated in August 2018.<sup>[2]</sup>

#### Operational site visits

HRSA requires a periodic operational site visit (OSV) to objectively assess and verify the health center’s compliance with mandatory statutory and regulatory requirements. For health centers with a three-year project period, the OSV usually occurs within the project’s first 14–18 months. The OSV assesses an FQHC’s compliance with all the program requirements outlined in Chapters 1–21 of the *Health Center Program Compliance Manual*.

In preparing the FQHC’s board for their important contribution toward a successful OSV, the compliance officer should not lose sight of the following points:

- At least 51% of the members of the board must be active patients of the health center, which means that most board members are not clinicians or healthcare administrators.
- It is essential to assess in advance how many current board members have participated in either a past OSV or a site visit by an accrediting organization, such as The Joint Commission (TJC).
- Because of the unique federal requirements for FQHCs and the associated terminology, even board members with a background in healthcare may get confused by FQHC-related acronyms.

As the U.S. Department of Health and Human Services (HHS) Office of Inspector General noted in its *General Compliance Program Guidance*, “New board members should receive training on their governance and compliance oversight roles promptly after joining the board.”<sup>[3]</sup> The orientation process for new board members is enhanced by their meeting, either virtually or in person, with the compliance officer to discuss the responsibilities associated with their roles. To augment this process, each new member should receive an orientation manual that includes the following list of acronyms and a brief definition of each phrase.

Unless the health center has had a significant turnover in its board membership since the preceding OSV, then each board member should receive another copy of the following terms from the compliance officer when the planning process commences.

Phrase or Term	Acronym
Accreditation Association for Ambulatory Health Care	AAAHC
Ambulatory healthcare	AHC
Board of directors	BOD
Bureau of Primary Health Care	BPHC
Credentialing and privileging	C&P
Federally Qualified Health Center	FQHC
Federal Tort Claims Act	FTCA
Health Resources & Services Administration	HRSA
Operational site visit	OSV
Quality improvement	QI
Sliding fee discount scale	SFDS
The Joint Commission	TJC

**Table 1 – Key Acronyms**

## Key differences between an OSV and an accreditation site visit

The FQHC's compliance officer should develop succinct, clear tools to help the board and the health center's executive leadership recognize the key differences between an OSV and the type of site visits conducted by independent accrediting organizations, such as TJC and the AAAHC.

The major differences between an OSV and an accreditation visit are:

- HRSA schedules an OSV in advance, whereas an accrediting organization's site visit is anticipated, but the dates are unscheduled.
- An OSV will strongly focus on the health center's SFDS program for uninsured and underinsured individuals and families.
- HRSA will require the health center to upload a series of documents prior to the OSV.
- An accrediting organization will focus on direct interactions with clinicians and patients.
- An accrediting organization will directly monitor infection prevention and control practices, such as hand hygiene, disinfection, spore testing, and autoclaving.
- An accrediting organization will inspect the health center's medication management practices, such as vaccine storage, on-site formulary and inventory of sample medications.

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