Aligning Your Oral Health Program with HRSA Governance

Knowing the........ “Rules of the Road”

Our mission is to improve the oral health of all.

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1. **Needs Assessment**
   Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate. (Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act)

   A. **What does your needs assessment reveal? (both opportunities and challenges)**

   B. **Who are your populations of focus for dental?**
Governance

2. Services

Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act)

A. What services will you provide? SOP (required, expected and specialty)

B. Where will you refer patients for services you don’t provide?

C. Formal referral agreements

D. How will you track referrals to make sure patients got the care they needed?
Governance

3. Staffing

Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed, and privileged. Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and (k)(3)(I) of the PHS Act

A. Credentialing/privileging
B. Job descriptions
C. Orientation process in dental
D. Recruitment/retention
4. **Accessibility to patients**
- Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served. (Section 330(k)(3)(A) of the PHS Act)
- Health center provides professional coverage for medical emergencies during hours when the center is closed. (Section 330(k)(3)(A) of the PHS Act and 42 CFR 51c.102(h)(4)

A. **Hours of operation (at least one evening)**

B. **Location(s) convenient to patients**

C. **What about patients who can’t get to your dental department?**

D. **After hour coverage plan?**
5. **Fees/Sliding Fee Scale Discounts**

- Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient’s ability to pay.
  
  – This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 101% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.
  
  – No discounts may be provided to patients with incomes over 200% of the Federal poverty guidelines.
  
  – No patient will be denied health care services due to an individual’s inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived.

(Section 330(k)(3)(G) of the PHS Act, 42 CFR 51c.303(f), and 42 CFR 51c.303(u))
Governance

Fees/Sliding Fee Scale Discounts, Cont.

A. Are fees set at prevailing rates? Reviewed at least annually?
B. For patients at/below 100% FPL: Full discount or nominal fee? What should that nominal fee be?
C. At least three discounts between 101% and 200%?
Governance

6. Quality Management

Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records.

– A clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care;

– Periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center; and such assessments shall:

  • Be conducted by physicians or by other licensed health professionals under the supervision of physicians;
  • Be based on the systematic collection and evaluation of patient records; and
  • Identify and document the necessity for change in the provision of services by the health center and result in the institution of such change, where indicated (Section 330(k)(3)(C) of the PHS Act, and 42 CFR 51c.303(c)(1-2))
Governance

Quality Management, Cont.

A. How to assure quality of care? What is the process? How do we use the results to improve the quality of care?

B. Is documentation consistent and complete across all dental providers? Are patient records complete and up-to-date?

C. How to document outcomes of care? What outcomes to measure?
Governance

7. Leadership
Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required. (Section 330(k)(3)(I) of the PHS Act, 42 CFR 51c.303(p) and 45 CFR 75.308(c)(2)(3)

A. Who is providing clinical/administrative leadership for dental?

B. Are dental leaders part of the overall health center leadership team?

C. Do dental leader(s) have administrative time built into their schedules?
Governance

8. Program Performance

Health center has systems which accurately collect and organize data for program reporting and which support management decision making. (Section 330(k)(3)(I)(ii) of the PHS Act and 45 CFR 75.342)

A. Does the dental leadership team receive a monthly P&L broken out by dental sites? Are gross charges and net revenue tracked and reported by payer type in the P&L?

B. Does the dental leadership team have access to reports to evaluate provider productivity?

C. Does the dental leadership team have access to reports to evaluate billing/collections?
Governance

9. Billing/Collections

Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures. (Section 330(k)(3)(F) and (G) of the PHS Act)

A. How is billing done? (through dental or medical?) If through medical, how do dental charges get into medical?

B. Who is responsible for dental billing? Are they trained in dental billing?

C. Who posts payments and are they posted to individual patient accounts (and specific visits)?

D. What is the process for managing denials? Are resubmissions timely? Does anyone review and report the reasons for denials?
10. Dental Program Budget

Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served. (Section 330(k)(3)(D), Section 330(k)(3)(I)(i), and 45 CFR 75.308 and 45 CFR 75 Subpart E)

A. Is there an annual program budget for dental? Is it broken out by site (for programs with multiple sites)?

B. Does the dental leader(s) provide input into the development of the budget?
12. **Program Capacity**

Health center maintains its funded scope of project (sites, services, service area, target population, and providers), including any increases based on recent grant awards. (45 CFR 75.308)

A. What is the current visit capacity in dental?

B. What percentage of capacity has been reached?

C. If capacity is maxed out, what strategies are being considered to increase capacity?

D. If considering expansion, has a pro forma been developed?
Assessing the Environment of Care

- Service area (sociodemographics, oral health status)
- Health center patient population
- Medicaid (who is covered, what services are covered, reimbursement)
- Dental practice acts (hygienists, assistants, expanded function hygienists/assistants, other midlevels)—who is out there and what can they do?
- Dental safety net infrastructure (who else is out there? Location? Size? Patients served?)
- Where are the gaps? Where are the overlaps? Collaboration or competition?
Decisions to be Made Based on Environmental Analysis

- Dental program size (Capacity)
- Service delivery model (Structure)
- Staffing model
- Focus populations for dental care
- Scope of services to be provided
Important Benchmarks

- Dental provider to patient ratio
- Dental provider encounters/year
- Number of visits/year per unduplicated patient
- Number of operatories/dentist
- Number of assistants/dentist
- Equipment costs per dental operatory
Dental Program Design

• Service delivery model: fixed operatories, portable/mobile or combination of the two?
• How many operatories?
• Days and hours of operation
• Optimum staffing model for program success
• Projected costs vs. revenue (forecasted three years out)
• Key program goals: access, revenue, outcomes
• Populations of focus
HRSA Scope of Service

REQUIRED SERVICES
• Dental Screenings for Children
• Preventive Services
• Emergency Services

EXPECTED SERVICES
• Restorative Treatment
• Basic Endodontic Services (if able to provide)
• Non-Surgical Periodontal Care
• Basic Oral Surgery
• Occasional Single Crowns
• Space Maintenance
HRSA Scope of Service (cont.)

RECOMMENDED SERVICES

- Removable Prosthetic Services (Full and Partial Dentures)
- Fixed Prosthetic Services (Bridges and Multiple Crowns)
- Oral Surgery Services (Elective or Complicated)
- Periodontal Surgery
- Orthodontics
SNS is: (L) Danielle, Laura, Dori, Mark, Nell and Caroline
Partnering to Strengthen and Preserve the Oral Health Safety Net
• **Text level 1**
  – Text level 2
    • Text level 3
Section Opener