FQHC/RHC MINIMUM PRODUCTIVITY STANDARDS FACT SHEET

Productive Full-Time Equivalent (FTE) Verification

The FTE on the cost report is a productive FTE that is defined by Centers for Medicaid Services (CMS) as, "the time spent seeing patients or scheduled to see patients." All hours that a provider spends seeing patients or is scheduled to see patients must be included in the productive FTE calculation, regardless of the amount of no-shows and other activities performed in between appointments. The productive FTE does not include any hours for nonproductive activities when a provider is not seeing patients or scheduled to see patients. Nonproductive time typically includes paid time off (PTO), continuing medical education (CME), teaching responsibilities, training/meetings, and administrative time.

In order to verify the productive FTE calculation, the clinic will be required to document the time their providers spent (1) seeing patients or scheduled to see patients (2) PTO (3) CME/Trainings/Meetings/Teaching (4) administrative activities.

Seeing Patients or Scheduled to See Patients

To verify the time seeing patients or scheduled to see patients versus administrative time, the clinics are expected to maintain adequate documentation. The requirement of adequacy of data implies that the data/documentation be accurate and in sufficient detail to verify the clinics productive time. All activities related to the provision of health care, such as, but not limited to, reviewing test results, authorizing refills, care related emails, and follow up calls, etc., will be considered productive time. Documentation that may be submitted to support the clinic's productive time includes, but is not limited to, the following:

1. Employment contracts, agreements or other employment documentation that shows how much time a provider is required to spend on patient care activities and administrative activities. This is extremely important for medical directors who also see patients and are scheduled to see patients.
    - If available, any internal analysis and supportive documentation performed by the clinic of their clinicians' productivity for which a productive FTE was calculated.
2. The clinic's scheduling policies and procedures.
3. A schedule of total visits by provider by day by location with dates of service for the full fiscal year.
    - A list identifying the days and hours that each health care provider was available to see patients during the full fiscal year.
4. Payroll summary reports by pay period showing the hours paid in the pay period for PTO, CME, patient care, etc. The summaries should tie to the daily timesheets to help verify their accuracy.

5. Daily record of time for each provider for which a productive FTE was calculated showing the hours spent on all activities performed in a given day, at what times they were performed, and at what location. The more specific the time records are, the more useful they will be.
    - If a portion of the health care provider's schedule is blocked out and the health care provider was not scheduled to see patients, the clinic must document what the health care provider did during the blocked out time.
    - Documentation from clinician interviews.
    - Daily calendars
    - Medical records that show the start and end time of appointments.

PTO and CME/Training/Meetings

Verification of PTO hours, such as vacation, sick and holidays is rarely a problem. These hours can be verified with the following:

- Payroll summary reports by pay period

The clinic should be prepared to submit documentation to verify the hours spent on CME and other non-productive time for activities such as training, meetings, and teaching responsibilities. Non-productive teaching time is only performed when a clinician is not scheduled to see patients or seeing patients. It does not include any time a physician spends teaching a resident when the teaching physician is the billable provider. The time spent on these activities can be documented with the following:

- Meeting or training sign in sheets if accessible to health center
- Receipts for paid training seminars and conferences
- Registration confirmations, meeting agenda, or other supporting documentation

Administrative Time

Administrative time is considered activities related to the overall administration of the clinic, which includes, but may not be limited to the following types of activities: medical protocol evaluation and implementation, ensuring compliance with state and federal statutes and regulations, resource allocation, utilization review, quality assurance and improvement, planning and administrative meetings, oversight and coordination between clinic departments, inventory control, etc.

Example – a provider is working an eight (8) hour day. The provider's schedule indicates he/she is available to see patients for seven (7) hours and the eighth (8^{th}) hour is blocked for administrative time. The 7 hours the provider is scheduled to see patients is part of the productive FTE regardless if the provider performs administrative duties in between seeing their patients. The 8^{th} hour is nonproductive time, assuming no activities related to the provision of health care were rendered during that hour.

The Exception Process

If the productive FTE results in a clinic not meeting the minimum productivity standards, the provider may request an exception from the application of the standards. To request and exception, the clinic must submit the following documentation:

1. The specific reason(s) for the exception and the number of times the specific reason(s) occurred that prevented the clinic from not being able to meet the standards. For example, if a clinic requests an exception because it took them longer to treat HIV patients, homeless patients that presented with multiple conditions, or any other reason, the clinic must provide a listing of the number of visits that occurred with those conditions present.
2. An explanation of why there is good cause to believe that the reasons listed above will be present in future years.
3. Documentation of the time spent on the visits listed in number 1 above. There is a presumption that a clinic is able to calculate the time that was spent on the visits for which they are requesting an exception. If a clinic cannot do so, there is no reasonable expectation that an auditor will be able to do so. Some of the documentation submitted to verify the productive FTE discussed above may be useful here as well, such as, the scheduling policies and procedures, the daily time records, daily work schedules, and the schedule of visits by provider. The most optimal documentation is a medical record (or electronic equivalent) that documents the actual start time and end time that a provider spends during the visits. The time a provider actually spends during a visit will likely differ from the duration of the entire visit. An optimal medical record would allow an auditor to distinguish between the two.
4. If the specific reason(s) for an exception is not related to time spent on an actual visit, the clinic must submit verifiable documentation that is capable of being audited of the occurrence of the specific reason(s) for the exception and when the specific reason(s) occurred.
5. The same review of the fiscal year(s) subsequent to the rate setting fiscal year to determine if the clinical circumstances are still present, and still result in the inability to meet the minimum productivity standards.