



State Plan Amendment (SPA) Productivity Standards, 90-Day Requirement, and Change-in-Scope

July 18, 2017



Agenda

- DHCS Fact Sheet
 - DHCS responses to our recommendations
- Proposed SPA Language on Productivity Standards and 90-Day Requirement - Pending
- Next Issue - Change in Scope of Service Request
- What's Next



DHCS Minimum PSs Fact Sheet

- Developed to outline the general steps for validating productive/non-productive FTE and the exception process
- The fact sheet will be issued to FQHCs/RHCs and A&I auditors to ensure transparency and avoid inconsistencies
- Members reviewed the draft and gave CPCA staff their feedback during a Jul 6th call
- CPCA shared the feedback with DHCS on July 12th



Our Recommendations/DHCS Response

CPCA/Members:

All examples in each category should be optional. Health centers should be able to choose what documents best justify their argument.

DHCS:

DHCS agreed which is why they put the language “includes, but is not limited to”. The examples provided by DHCS are just examples. Health centers may provide other documents not listed to support their argument. No changes are needed to the fact sheet.

Our Recommendations/DHCS Response

CPCA/Members:

Additions to administrative (non-productive) time

- Time spent completing supervisory responsibilities
- Team huddles
- Teaching responsibilities if teaching physician is not billing for the visit. If billing, then it would be part of the productive FTE

DHCS:

DHCS is open to adding supervisory responsibilities and possibly teaching responsibilities if not billing for visit. It's impossible to list every example. Team huddles are most likely meetings. Health centers are encourage to document appropriately and have available for audit.



Our Recommendations/DHCS Response

CPCA/Members:

DHCS to consider establishing a standard amount of time for charting, refills, reviewing labs, etc. as non-productive FTE if done outside the time of seeing patients.

DHCS:

DHCS will consider this recommendation and discuss internally.



Our Recommendations/DHCS Response

CPCA/Members:

Define teaching and include residency and other programs.

DHCS:

DHCS stated teaching is very general and can include many different programs. Health centers will just need to prove that a program is a teaching program. No changes will be made to the fact sheet.



Our Recommendations/DHCS Response

CPCA/Members:

Remove “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” statement under #3 of the exception process.

DHCS:

DHCS was open to removing this sentence. Health centers will need to provide some type of documentation to support the actual time a provider spends on a visit to support an exception request. Some type of time study will be required.



Our Recommendations/DHCS Response

CPCA/Members:

Under the exception process consider adding an example if the reason for an exception is not related to time spent on an actual visit – Example looking at utilization because of the size of a population

DHCS:

DHCS will consider and discuss internally.



Our Recommendations/DHCS Response

CPCA/Members:

Request for a timeline for A&I to review an exception request.
Recommendation that A&I have 90 days.

DHCS:

This could have the opposite affect for health centers. Important not to rush these types of decisions. DHCS suggested we implement the new guidelines and if health centers report an issue with A&I delaying decisions for exceptions we will re-evaluate. CPCA and DHCS agreed to give the process a chance.



DHCS Proposed SPA Language on PSs and 90-Day Requirement

- Available soon
- Member approval process
- Legal review



Change in Scope of Service Request

1. Definitions for type, intensity, duration and amount of services.
 - CPCA is requesting member suggestions for how to best define each
2. DHCS is proposing that a CIS occurs only when adding a new service and that adding an additional practitioner to an existing line of services is not considered a CIS.

Change in Scope of Service Request

(continued)

3. Require a full fiscal year (12 full months) of activity before a CIS can be filed.
 - CPCA advocate to eliminate the 20% off the rate?
 - Effective date of the rate change – the first day of the 12 months vs the current policy the first day of the FY following the FY of change?
 - Need clarification if health center would bill for the new service during the 12 months before submitting the CIS
 - What are other concerns CPCA should understand?

4. Requirement that the application be a comparison between the FY of change and the preceding fiscal year. FQHCs have waited two or more years after a qualifying event to file a CIS and this has led to confusion on how to apply Attachment 4.19-B, Section K.1(a) of the current SPA.
 - DHCS states already current practice – they want to clarify in the SPA
 - Example – CIS submitted in 2017 with qualifying event in 2013. DHCS would look at the preceding fiscal year(s).
 - Concerns?

Change in Scope of Service Request

(continued)

5. Proposal DHCS to set an interim rate within 90 days of receiving a CIS and the audit would be completed within 3 years.

- CPCA already informed DHCS we do not support this timeline.
- DHCS wants to know what we can live with. They cannot stay with the 90 days because of resources.
- Could we live with a one year timeline?
- Should we advocate for interim rates set at 90%?

Change in Scope of Service Request

(continued)

6. Proposal to adjust every health center's PPS rate based on the most recent audited home office allocations, regardless if every health center at the organization was under the audit.
 - PPS rate of sites not under audit would not be open for full review. The PPS rates would be adjusted based on a percentage of the home office allocations
 - CPCA would advocate that this would apply as well if the number of health centers decreases, thereby increasing the costs to each remaining health center
 - Is this a reasonable request? If not, why?
7. The productivity standards will be applied to the CSOSR.

What's Next?

- Give CPCA feedback on all the sections of the CSOSR by **July 25th**.
- Next Meeting with DHCS – July 31st
- Next CPCA call with members – August 10th 11 - 12

Registration

URL: <https://attendee.gotowebinar.com/register/533934224474003715>



Questions and Feedback

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