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Health Center Compliance Manual Webinar #5:

Understanding the Roles of Management & Governance: The OSV Process As it Stands Today (Chapters 11, 19 & 20)

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This webinar series is co-sponsored by the National Association of Community Health Centers (NACHC)

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PRESENTERS: MOLLY EVANS & CARRIE RILEY

- Partners at Feldesman Tucker Leifer Fidell, specializing in, among other things, federal grants and grant-related requirements (in particular the requirements related to Section 330 of the Public Health Service Act) and nonprofit corporation law
- Provides advice and technical assistance services on compliance with federal statutes, regulations and requirements related to the operation, administration and governance of health centers and health center consortia; analyzes and provides comments/advice on legislation, regulations and policies impacting health centers and the health care industry in general; and assists with development of federal grant applications

AGENDA

- **A Quick Refresher: Introduction to Health Center Program Compliance Manual and The OSV Process As it Stands Today**
- **Key Management Staff**

  Program Requirement 9 → Chapter 11
- **Board Authority**

  Program Requirement 17 → Chapters 19
- **Board Composition**

  Program Requirement 18 → Chapters 20

COMPLIANCE MANUAL

- August 28, 2017: HRSA issued the final Health Center Program Compliance Manual – was effective immediately
- Separate chapters for each requirement
  - Legal authority – statutory/regulatory citations
  - Requirements – statutory/regulatory requirements
  - Demonstrating compliance – how health centers can demonstrate compliance with the requirements – must meet all elements
  - Related Considerations – areas for which health center retains discretion in making decisions on how to implement compliance elements – not within BPHC's purview to assess compliance
- Aligns credentialing/privileging requirements and the quality improvement/assurance requirements with the FTCA deeming requirements for the same areas

COMPLIANCE MANUAL

- Serves as consolidated resource and definitive guidance for interpreting Program Requirements and FTCA requirements
- Supersedes many current PINs / PALs (including SFDP, governance and budgeting/accounting), and "summary of health center program requirements"
- Deletes "Scope of Project" as a separate requirement – 18 requirements now
- Will not supersede
  - Scope guidance
  - Service area overlap policy (PIN 2007-09)
  - Emergency management program expectations (PIN 2007-15)
  - FTCA Manual and deeming PALs
  - UDS Manual and resources

COMPLIANCE MANUAL

- Applies only to activities included in the health center's scope of project
- Does not provide guidance on requirements in areas beyond HRSA purview (such as 340B, Medicaid, Medicare)
- Pay attention to the Related Considerations section – reflects implementation areas that HRSA explicitly delegated to health center discretion (important when talking with reviewers!)
- Webpage:
    - Compliance Manual
    - Frequently Asked Questions
    - Responses to Comments received by HRSA

https://www.bphc.hrsa.gov/programrequirements/compliancemanual/index.html

COMPLIANCE MANUAL: PROGRAM REQUIREMENTS COMPARISON

#	Site Visit Guide (FY 2015)	#	Compliance Manual
		1	**Health Center Program Eligibility**
		2	**Health Center Program Oversight**
1	Needs Assessment	3	Needs Assessment
2	Required and Additional Services	4	Required and Additional Services
3	Staffing	5	**Clinical** Staffing
4	Accessible Hours of Operation/Locations	6	Accessible Locations and Hours of Operation
5	After Hours Coverage	7	Coverage for **Medical Emergencies During and** After Hours
6	Hospital Admitting Privileges and Continuum of Care	8	**Continuity of Care** and Hospital Admitting
7	Sliding Fee Discounts	9	Sliding Fee Discount **Program**
8	Quality Improvement/ Assurance Plan	10	Quality Improvement/ Assurance
9	Key Management Staff	11	Key Management Staff
10	Contractual / Affiliation Agreements	12	Contracts and **Subawards**

#	Site Visit Guide (FY 2015)	#	Compliance Manual
		13	**Conflict of Interest (moved from #19)**
11	Collaborative Relationships	14	Collaborative Relationships
12	Financial Management and Control Policies	15	Financial Management and **Accounting** Systems
13	Billing and Collections	16	Billing and Collections
14	Budget	17	Budget
15	Program Data Reporting Systems	18	Program **Monitoring** and Data Reporting Systems
16	**Scope of Project**	NA	**(Incorporated into other requirements, as appropriate)**
17	Board Authority	19	Board Authority
18	Board Composition	20	Board Composition
19	**Conflict of Interest Policy**		**(Moved to #13)**
		21	**Federal Tort Claims Act (FTCA) Deeming Requirements**

SITE VISIT PROTOCOL

- Site Visit Guide was replaced by a new Site Visit Protocol (SVP), which is aligned with the Health Center Program Compliance Manual
  - Issued early January – effective for Operational Site Visits, New Grantee Site Visits and FQHC Look-Like Designation Site Visits on or after January 22, 2018
  - More proscriptive on reviewers than prior Site Visit Guides – see below
- For each Chapter, the following are identified
  - Statutory and regulatory authority (consistent with the Manual)
  - Primary and secondary reviewers

SITE VISIT PROTOCOL

- For each Chapter, the following are identified (cont.)
  - Documents lists: (1) documents sent prior to site visit; and (2) documents provided on-site – **NO OTHER DOCUMENTS SHOULD BE REQUESTED**
  - Which "Demonstrating Compliance" elements from the Manual will be assessed off-site by HRSA and which will be assessed on-site by review team
  - Assessment methodology (policy/procedure review, samples of files and records, interviews, site tours) that should be used by the reviewers to determine compliance with each on-site element
  - Questions to determine site visit findings

https://www.bphc.hrsa.gov/programrequirements/svguide.html

IMPACT ON OPERATIONAL SITE VISITS

- OSV is still a 3 day on-site audit of a health center's compliance with the requirements of the Compliance Manual
  - Three reviewers (admin/governance, clinical, financial) who are consultants acting as "authorized representatives of HRSA"
  - Either project officer or another person from HRSA operations divisions will be on site
  - Elements of on-site process unchanged from prior process – entrance conference, facility visits, document reviews, interviews and exit conference
  - Should be able to make minor revisions to policies (if board is available to approve) and procedures while review team is on site – no revisions after they leave!

IMPACT ON OPERATIONAL SITE VISITS

- Reviews should be more objective
  - Has the center established and implemented required policies, procedures, etc. that include all elements/bullets for "Demonstrating Compliance" sections of Manual and SVP?
  - SVP is more proscriptive with respect to review process (documents, review methodologies)
  - Greater level of focus on health center implementation – not just compliance on paper – review of sample charts and records to assess implementation
  - Assessment should not discuss whether the reviewer thinks what you have in place is "good" or "bad"

IMPACT ON OPERATIONAL SITE VISITS

- Final reports should be issued by HRSA within 45 days of the site visit
  - Before finalizing the reports, HRSA will review the findings and may adjust the reports accordingly
  - Report will include findings and final compliance determinations
  - Non-compliance will result in grant conditions
  - Report will also be used by FTCA to support deeming decisions and identify TA needs – but no conditions on FTCA elements that are not also part of program requirements (credentialing and privileging, QI/A)

CHAPTER 11: KEY MANAGEMENT STAFF

- What are the Authorities?
  - *Section 330(k)(3)(I)(i) of the PHS Act; 42 CFR 51c.104(b)(4), 42 CFR 51c.303(p), 42 CFR 56.104(b)(5), and 42 CFR 56.303(p); and 45 CFR 75.308(c)(1)(ii)(iii)*
- What are the Requirements?
  - Must have position descriptions for key personnel / key management staff that set forth training and experience qualifications necessary to carry out the activities of the health center
  - Must maintain sufficient key personnel / key management staff to carry out the activities of the health center
  - Must request prior approval from HRSA for a change in the key person specified in the Health Center Program award or Health Center Program look-alike designation (i.e., the CEO or Executive Director)

KEY MANAGEMENT STAFF

Site Visit Guide: Program Requirement #9

- Health center must have a CEO and a key management team, the size and composition of which is appropriate for size and needs of the health center

2017 Compliance Manual: Chapter 11

- Health center must determine makeup and distribution of functions among key management staff and % of time dedicated to the health center for each position
  - Explicit discretion to determine position titles and distribution of functions
- Must document the qualifications related to training and experience, as well as duties, required for each key management staff

KEY MANAGEMENT STAFF

Site Visit Guide: Program Requirement #9

- While not directly included in the Site Visit Guide, affiliation policies required the CEO to be full-time at, and directly employed by, the health center – no exceptions!!
- While not directly included in the Site Visit Guide, affiliation policies required prior HRSA approval to contract for any key management team members

2017 Compliance Manual: Chapter 11

- CEO must report to the board and is responsible for overseeing other key management staff
  - Explicit discretion of the board to determine whether and under what circumstances it is appropriate to contract for CEO, and/or whether a less than full-time CEO is sufficient to oversee daily operations
- Explicit discretion of health center to determine whether to contract for other key management staff
- Prior HRSA approval required if contracting for the CEO or entire key management (Chapter 12)

KEY MANAGEMENT STAFF

Site Visit Guide: Program Requirement #9

- Key management team should be fully staffed consistent with the most recent organizational chart and/or staffing profile
- If not fully staffed, there should be an active recruitment plan / implementation of interim measures to address roles

2017 Compliance Manual: Chapter 11

- Post-award change in CEO requires prior HRSA approval
  - Changes include absence of more than 3 consecutive months, reduction of time by more than 25%
- If necessary, health center must implement a process to fill vacant key management positions

KEY MANAGEMENT STAFF (KMS)

- **SVP Element a:** Composition and Functions of KMS
  - Interview KMS, Review of Form 2, position descriptions/contracts, review organization chart
  - Determination whether health center is able to justify how the distribution of functions and allocation of time is sufficient to carry out the approved scope of project
- **SVP Element b:** Documentation for KMS positions
  - HRSA will assess this through its internal review of competing continuation applications (SAC or RD). There is no onsite review of this element.

KEY MANAGEMENT STAFF (KMS)

- **SVP Element c:** Process for Filling KMS Vacanies
  - Review organization chart and roster of KMS, review HR procedures on recruiting and hiring (if vacancy)
  - Determination whether health center has any vacant KMS positions and if so, whether the health center has implemented a process for filling the position
- **SVP Element d:** CEO responsibilities
  - Review organization chart, review position descriptions or contracts of key management staff and other documentation, (for public agencies with co-applicant board, review the co-applicant agreement)
  - Determination of whether CEO reports to the board and whether he/she oversees KMS in carrying out the day to day activities of the health center

KEY MANAGEMENT STAFF (KMS)

- **SVP Element e:** HRSA Approval of CEO Changes
  - Determine whether there has been a change in the CEO since the start of the current project or designation period
  - If there has been a change, determination of whether the health center is able to produce documentation of its request

CHAPTER 19: BOARD AUTHORITY

- What are the Authorities?
  - *Section 330(k)(3)(H) of the PHS Act; 42 CFR 51c.303(i), 42 CFR 56.303(i), 42 CFR 51c.304(d), and 42 CFR 56.304(d); and 45 CFR 75.507(b)(2)*
- What are the Requirements?
  - Must establish a governing board that has specific responsibility for oversight of the health center project and that must:
    - Develop bylaws which specify the responsibilities of the board
    - Assure that the center is operated in compliance with applicable Federal, State, and local laws and regulations
    - Hold monthly meetings, and record in meeting minutes the board's attendance, key actions, and decisions
    - Approve the selection and termination/dismissal of the health center's Project Director/Chief Executive Officer (CEO)

CHAPTER 19: BOARD AUTHORITY

- What are the Requirements?
  - Must establish a governing board that has specific responsibility for oversight of the health center project and that must (cont.):
    - Establish or adopt policies for the conduct of the health center and updating these policies when necessary, including: adopting financial management practices and system to ensure accountability for resources; adopting a policy for eligibility for services including criteria for the sliding fee discount program; establishing and maintaining general personnel policies (selection and dismissal procedures, salary and benefit scales, employee grievance procedures, equal opportunity employment practices)
    - Adopt heath care policies including scope and availability of in-scope services, locations, hours of operation and quality of care audit procedures

CHAPTER 19: BOARD AUTHORITY

- What are the Requirements?
  - Must establish a governing board that has specific responsibility for oversight of the health center project and that must (cont.):
    - Review and approve annual health center project budget
    - Provide direction for long-range planning, including identifying priorities and adopting 3-year plan for financial management and capital expenditures
    - Assess achievement of health center project objectives through evaluation of activities including service utilization patterns, productivity of the center and patient satisfaction
    - Ensure a process is developed to hear and resolve patient grievances
  - Health center must develop its overall plan for the health center project under the direction of the board

BOARD AUTHORITY

Site Visit Guide: Program Requirement #17

- Bylaws must specify / address
  - Mission
  - Authorities, functions and responsibilities of board
  - Board membership (size and composition) and individual board member responsibilities
  - Selection/removal of board members
  - Election of officers
  - Recording, distribution and storage of minutes
  - Meeting schedule and quorum
  - Description of standing committees
  - Provisions for conflict of interest
  - Provisions for board dissolution

2017 Compliance Manual: Chapter 19

- **SVP Element b:** Required authorities and responsibilities
- Bylaws or "other relevant documents" must include
  - Monthly meetings
  - Board authorities (selection / dismissal of CEO; approval of budget and applications; approval of services, locations, hours; evaluation of health center performance; establishment / adoption of policies related to operations; assurance of compliance)

BOARD COMPOSITION

- **SVP Element b:** Required authorities and responsibilities
  - Review Articles of Incorporation, bylaws, or other relevant documents
  - Review co-applicant agreement (if applicable)

BOARD AUTHORITY

Site Visit Guide: Program Requirement #17

- Minutes must confirm that the board exercises the following:
  - Monthly meetings
  - Selection, evaluation and dismissal of CEO
  - Approval of grant applications related to health center project, including annual health center project budget and audit

2017 Compliance Manual: Chapter 19

- **SVP Element c:** Exercising required authorities and responsibilities
- Bylaws or "other relevant documents" must include– must exercise without restriction
  - Monthly meetings where a quorum is present (explicit discretion on how to set quorum, subject to state law)
  - Explicit discretion to determine frequency of CEO evaluation
  - Board-approved budget must outline uses of federal grant and non-grant funds

BOARD AUTHORITY

Site Visit Guide: Program Requirement #17

- Minutes must confirm (cont.)
  - Selection of services (beyond "required" services), locations, modes of delivery and hours
  - Measuring and evaluating progress in meeting annual and long-term goals
  - Long-term strategic planning, including update of mission, goals and plans as necessary

2017 Compliance Manual: Chapter 19

- Minutes and "other relevant documents" (cont.)
  - Deleted "modes of delivery" but added approval of decisions to sub-award or contract for substantial portion of services
  - Added monitoring of financial status of center, including review – but not necessarily approval – of annual audit – still approval should be done!
  - Defined long-term strategic planning to include financial management and capital expenditure needs and frequency at least once every three years - explicit discretion to determine format

BOARD AUTHORITY

Site Visit Guide: Program Requirement #17

- Minutes must confirm (cont.)
  - Receipt of appropriate information to evaluate and plan (QI/QA information, patient satisfaction data)

2017 Compliance Manual: Chapter 19

- Minutes and "other relevant documents" (cont.)
  - Evaluation of health center performance based on QI/A assessments and other information from management and **follow-up action** regarding achievement of project objectives, service utilization patterns, quality of care, productivity (efficiency and effectiveness of center), patient satisfaction, including addressing patient grievances

BOARD COMPOSITION

- **SVP Element c:** Required authorities and responsibilities
  - Interview CEO
  - Interview board
  - Review board calendar (or other related scheduling/planning document)
  - Review board minutes (12 months) (and lass three years, as applicable)
  - Sample Board packet
  - Review relevant committee minutes or committee documents
  - Review strategic planning or related documents within the previous 3 years
  - Review CEO evaluation
  - Review CEO employment contract

BOARD AUTHORITY

Site Visit Guide: Program Requirement #17

- Board must establish general policies for the center
  - Personnel – selection and dismissal, salary and benefit scales, employee grievance procedures, equal opportunity practices, codes of conduct
  - QI systems
  - Financial management – fee schedules and sliding fee discount program, billing and collections, policies to ensure accountability for resources and avoidance of conflict of interest

2017 Compliance Manual: Chapter 19

- **SVP Element d:** Adopting, evaluating and updating health center policies
- Board must adopt, evaluate **at least once every three years** and update as necessary policies in the following areas (consistent with other chapters of Manual)
  - Sliding Fee Discount Program
  - QI/A
  - Billing and Collection

BOARD AUTHORITY

- **SVP Element d:** Adopting, evaluating and updating health center policies
  - Review board minutes from past 3 years to confirm the board has reviewed and, if needed, approved updates to the policies
  - Interview board members regarding the process for evaluating health center policies listed in the prior slide

Question: Was the health center able to provide one or two examples, if applicable, of actions taken as a result of these evaluations (e.g., updating a particular policy, making recommendations to key management)?

– Include explanation if “no” or “not applicable”

BOARD AUTHORITY

Site Visit Guide: Program Requirement #17

- Board must establish general policies for the center
  - Personnel – selection and dismissal, salary and benefit scales, employee grievance procedures, equal opportunity practices, codes of conduct
  - QI systems
  - Financial management – fee schedules and sliding fee discount program, billing and collections, policies to ensure accountability for resources and avoidance of conflict of interest

2017 Compliance Manual: Chapter 19

- **SVP Element e:** Adopting, evaluating and updating financial and personnel policies
- Board must adopt, evaluate **at least once every three years** and update as necessary policies that support financial management and accounting systems and personnel policies
  - Note: For public health centers, public agency may establish and retain the authority to adopt/approve such policies

BOARD AUTHORITY

- **SVP Element e:** Adopting, evaluating and updating financial and personnel policies
  - Review board minutes from past 3 years to confirm the board has reviewed and, if needed, approved updates to the policies
  - Interview board members regarding the process for evaluating health center policies listed in the prior slide
  - Review co-applicant agreement to determine if the public agency retains authority for adopting and approving such policies (if applicable)

BOARD AUTHORITY

Site Visit Guide: Program Requirement #17

- Silent on autonomy and independence that was included in the affiliation policies

2017 Compliance Manual: Chapter 19

- **SVP Element a:** Maintenance of Board authority over Project
- Incorporates affiliation standards – organizational structure and relevant corporate documents must ensure that the board maintains authority for health center oversight
  - Do not allow any other individual, entity or committee to reserve approval authority or have veto authority over board with respect to required authorities
  - Collaboration cannot restrict or infringe upon board's required authorities

BOARD AUTHORITY

- **SVP Element a:** Maintenance of Board authority over health center project
  - Review organization chart (for public agencies or organizations with a parent or subsidiary), Articles of Incorporation, bylaws, and other relevant documents
  - Review health center's current Form 5A and 5B
  - Review any collaborative or contractual agreements
  - Review co-applicant agreement (if applicable)
  - Review agreements with parent, affiliate, subsidiary, or subrecipient (if applicable)

CHAPTER 20: BOARD COMPOSITION

- What are the Authorities?
  - *Section 330(k)(3)(H) of the PHS Act; 42 CFR 51c.303(i), 42 CFR 56.303(i), 42 CFR 51c.304(d), and 42 CFR 56.304(d); and 45 CFR 75.507(b)(2)*
- What are the Requirements?
  - Board must consist of at least 9 and no more than 25 members
  - The majority [at least 51 percent] of the health center board members must be patients served by the health center who as a group, represent the individuals served by the health center in terms of demographic factors, such as race, ethnicity, and gender
  - Non-patient health center board members must be representative of the community served by the health center and must be selected for their expertise in relevant subject areas, such as community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community
    - Of the non-patient health center board members, no more than one-half may derive more than 10 percent of their annual income from the health care industry

CHAPTER 20: BOARD COMPOSITION

- What are the Requirements? (cont.)
  - A health center board member may not be an employee of the center, or spouse or child, parent, brother or sister by blood or marriage of such an employee
    - The CEO may be a non-voting, ex-officio member of the board
  - The health center bylaws or other internal governing rules must prescribe the process for selection and removal of all governing board members
    - Must ensure that the governing board is representative of the health center patient population
    - Selection process is subject to approval by HRSA
  - In cases where a health center receives an award/designation under section 330(g), 330(h) and/or 330(i) and does not receive an award/designation under section 330(e), the health center may request approval from HRSA for a waiver of the patient majority board composition governance requirement by showing good cause

BOARD COMPOSITION

Site Visit Guide: Program Requirement #18

- Bylaws not addressed under Program Requirement 18 – addressed under Program Requirement 17 (Authorities)

2017 Compliance Manual: Chapter 20

- **SVP Element a:** Board member selection and removal process
- Bylaws or "other relevant documents" must specify process for ongoing selection and removal of all board members – subject to HRSA approval
  - No other individual, entity or committee can select either the chair or majority of board members, including majority of non-patient members
  - Outside entity can only remove board members it has selected as its representative to the board
- **SVP Element a:**
  - Review organization chart (for public agencies or orgs with a parent or subsidiary)
  - Review Articles of Incorporation, bylaws, or other relevant documents

BOARD COMPOSITION

Site Visit Guide: Program Requirement #18

- Majority patient board members
  - Must be currently registered patients and must have accessed the center in the past 24 months to receive at least one of more in-scope services that generated a visit(s)
  - Legal guardian of a patient who is a dependent child or adult or a legal sponsor of an immigrant may be considered a patient for board purposes

2017 Compliance Manual: Chapter 20

- **SVP Element b:** Required board composition
- Bylaws or other relevant documents that require:
  - Patient majority – retains existing definitions and adds
    - Site at which services are provided must be in-scope (no Form 5C other location)
    - Person who has legal authority to make health care decisions on behalf of a patient may be considered a patient for board purposes

BOARD COMPOSITION

Site Visit Guide: Program Requirement #18

- Patient board members collectively must represent individuals served by center in terms of demographic factors such as race, ethnicity and sex

2017 Compliance Manual: Chapter 20

- Bylaws or other relevant documents (cont.)
  - Patient members collectively – retains demographic representation requirement
    - Consistent with UDS
    - Explicit discretion to determine whether to consider factors in addition to race, ethnicity and gender

BOARD COMPOSITION

Site Visit Guide: Program Requirement #18

- Non-patient board members represent the community served by the center and are selected for expertise in various areas (as specific in regulations)
- No more than ½ non-patient board members derive more than 10% of their income from health care industry

2017 Compliance Manual: Chapter 20

- Bylaws or other relevant documents (cont.)
  - Non-patient board member requirements retained
    - Must represent either the community served or the health center's service area - live or work in community or have a demonstrable connection to the community
    - Explicit discretion to define within its policies "health care industry," and to determine how to calculate the % of income of each non-patient board member that is derived from health care industry

BOARD COMPOSITION

- **SVP Element b:** Required Board composition
  - Review Articles of Incorporation, bylaws, or other relevant documents

BOARD COMPOSITION

Site Visit Guide: Program Requirement #18

- Silent on board policies and documentation to verify compliance with board composition requirements

2017 Compliance Manual: Chapter 20

- **SVP Element c:** Current board composition
- Center must document that board is comprised consistent with all size and composition requirements and that there are representatives of special populations for which the center receives targeted funds (as applicable)
  - Not just in Bylaws
- **SVP Element d:** Prohibited board composition
- Center must verify periodically that board does not include current employees or immediate family members of current employees

BOARD COMPOSITION

- **SVP Element c&d:** Current Board composition (and prohibited Board members)
  - Interview Board members
  - Review current Board roster or Form 5A
  - Review Board member applications, board member bios, and board member disclosure forms, as applicable
  - Review clinical or billing records to confirm the patient status of Board members
  - Review UDS data for an overview of patient population demographic factors (race, ethnicity, and gender)

BOARD COMPOSITION

Site Visit Guide: Program Requirement #18

2017 Compliance Manual: Chapter 20

- **SVP Element e&f:** Waiver Requests and Utilization of Special Population Input
- If special population only center with a governance waiver
  - Must present a request to HRSA that meets the requirements of the Manual (previously codified in the governance PIN 2014-01)
  - Must have documentation to verify how special population input is utilized in making board decisions in key areas (consistent with waiver request)
  - Explicit discretion to determine which strategies to use to receive special population input

BOARD COMPOSITION

- **SVP Element e:** Waiver Requests
  - HRSA will assess this through its internal review of competing continuation applications (SAC or RD). There is no onsite review of this element.
- **SVP Element f:** Utilization of Special Population Input
  - Review documented examples from health center on the use of special populations input
  - Interview Board members

QUESTIONS?

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OTHER UPCOMING TRAINING EVENTS

Webinars		
Mar 13th @ 1 PM	Emergency Preparedness: Implementation Updates and Best Practices	
Apr 5th @ 1 PM	Leveraging Community Support: The Anti-Kickback Safe Harbor Protection For Federally-Funded FQHCs	
Live Trainings		
Feb 27th – 28th	De-Mystifying the New Compliance Manual & Its Impact on the Program Requirements	Mesa, AZ
Feb 28th – Mar 1st	An In-Depth Look at the Federal Tort Claims Act (FTCA)	Mesa, AZ
Feb 28th – Mar 1st	340B Drug Discount Program: An Intensive Focus on Covered Entity Compliance	Washington, DC
Apr 11th – Apr 12th	Health Center Compliance Intensive: Fundamentals	Washington, DC

For more information and to register:
Email learning@ftlf.com or go to https://learning.ftlf.com