



Garfunkel Wild

FQHC Lessons Learned from the Field: Tips to Avoid OSV Non-Compliance

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Introduction - HRSA Review

- HRSA periodically performs on-site reviews of FQHCs, called operational site visits (OSVs).
- During the OSV, HRSA focuses on requirements found in the HRSA Compliance Manual
- Health Centers can expect an OSV visit at least once per designation period or at least once every 3 years.
- Typically, you will receive notice 3 months before the visit.
- Traditionally, OSVs take place over 3 days.
- However, since the Public Health Emergency, HRSA has conducted virtual OSVs that take place over the course of 1 or 3 days.

General Overview

- A HRSA representative contacts the Health Center to discuss their readiness for a virtual site visit and identify dates for the visit.
- The Health Center participates in a "Pre-Site Visit" conference call with the site visit team and the HRSA representative at least three weeks prior to the scheduled site visit start date.
- In advance of this call, HRSA's technical assistance contractor, Management Solutions Consulting Group (MSCG) will provide the applicant with file sharing and video/phone conference information to facilitate the virtual site visit.

General Overview (cont.)

- Health Center uploads all required documents at least 2 weeks prior to the scheduled start date of the site visit using the file sharing platform.
- The file sharing platform is structured to align with the Site Visit Protocol sections and documents should be uploaded into the appropriate folders.
- The site visit team and the Health Center develop a mutually agreed-upon agenda for the site visit.
- Agenda includes times for:
 - Entrance/exit interviews
 - Virtual site tours
 - Meeting with patient and non-patient board members
 - Debriefs with the CEO

Virtual Site Tour

- As a practical result, the focus of the visits have shifted, becoming far more detail-oriented, since the site reviewers are already highly familiar with the policies and documents provided by the Health Center prior to the visit.



Virtual Site Tour

- The Health Center will conduct a live virtual tour for the site visit team of the service site. If the Health Center has multiple service sites, they must conduct a tour of at least 2 service sites.
- The Health Center uses video conferencing software on their own equipment (*e.g.*, phone, tablet, computer camera) to conduct the virtual tour.
- Tour includes both the exterior and interior of the building, front desk, and clinic.
- The reviewers may provide direction to the Health Center's tour guide if they would like to review something further.
- The reviewers may request to speak informally with staff as they tour.

Screen Sharing

- The reviewers may request that the Health Center screen shares its documents and systems
 - System walkthrough
 - EHR demo
 - Form 5A walkthrough

vOSV General Practical Tips

- Now, more than ever, it is important to ensure that Health Center's procedures match the written policies. Reviewers have more time to familiarize themselves with the policies and will be eager to hear what is actually being done in the Health Center.
- Prior to the visit, ensure stable internet connection, fully charged hardware and availability of IT technician- may be helpful to do a practice run to ensure familiarity with the software.
- Be aware of patient scheduling and other factors that may impact the walk-through tours.
- It is OK not to know an answer! When in doubt, it is acceptable to check with a superior rather than to guess.

Engaging Health Centers in Compliance and Excellence Virtual Operational Site Visit (vOSV) pilot project – 1 day vOSV

- HRSA is beta testing a new site visit model.
- HCCESV includes a desktop review of 14 Compliance Manual Program Chapters and provides pre-OSV cultivation and support through technical assistance sessions with consultants for health centers on Health Center Program Requirements.
- Typically, HRSA requires narratives for the following chapter in advance: 3, 6-8, 10-18, 20 and 21 (if applicable).
- The pre-OSV cultivation and support will be completed within two weeks after the pre-OSV call and will support health centers to maintain continuous compliance.
- The model concludes with a one-day virtual site visit to determine compliance with the remaining Compliance Manual Program Chapters.

Needs Assessment (Chapter 3)

- Health Center must define and annually review the boundaries of its service area.
- Identify medically underserved population within its service area to ensure that the:
 - Size of this area is such that the services provided are available and accessible to the residents of the area promptly and as appropriate;
 - Boundaries of such area conform, to the extent practicable, to relevant boundaries of political subdivisions, school districts, and areas served by Federal and State health and social service programs; and
 - Boundaries of such area eliminate, to the extent possible, barriers to care.
- Must complete/updates a needs assessment at least once every three years, for the purposes of informing and improving the delivery of health center services.
- Service area is based on where patient population resides using ZIP codes.
 - Update service area, when appropriate.

Needs Assessment: OSV Tips

- Health Center must complete or update a needs assessment at least once every 3 years.
- Needs assessment should be comprehensive and specific, honing in on factors that are specific to your center's service area.
- It should consider things like geography, transportation, occupation, transience, unemployment, income level, education.

Required and Additional Services (Chapter 4)

- Health Center must provide all required primary, preventive, enabling health services.
- Health Center provides additional health services as appropriate/necessary.
- Services must be provided either:
 - Directly; or
 - Through written contracts and/or cooperative arrangements. This may include formal referrals.
- Health center patients with limited English proficiency are provided with interpretation and translation that enable them to have reasonable access to health center services.

Required and Additional Health Services: OSV Tips

- Check Forms 5A (Services Provided), 5B (Service Sites) and 5C (Other Activities/Locations) to make sure correct columns are marked.
- Services provided through arrangements with independent contractors and professional services agreements should be recorded on Column II of Form 5A, even if they are performed at the Health Center (e.g., a 1099 provider).
- For services provided by contract, there must be an actual written agreement. Written agreement should be reviewed to confirm it has necessary HRSA language.
- Make sure any party the Center has a referral relationship with agrees to comply with sliding fee requirements.
- Consider whether Center has substantial proportion of individuals with Limited English Proficiency (LEP) (interpretation/translation plan and cultural sensitivity training).

Required and Additional Services (Cont'd)

- Required services are those services that a health center must provide, as defined in Section 330(b)(1) of the Public Health Service Act.
- **Required Services include:**
 - General Primary Medical Care
 - Diagnostic Laboratory
 - Diagnostic Radiology
 - Screenings
 - Voluntary family planning
 - Immunizations
 - Well child services
 - Gynecological care
 - Obstetrical care
 - Emergency Medical Services
 - Preventative Dental
 - Pharmaceutical services
 - Case Management
 - Eligibility Assistance
 - Health Education
 - Outreach
 - Transportation
 - Translation

Required and Additional Services (Cont'd)

- Additional services that a Health Center *may* but is not required to offer can be found in Section 330(b)(2) of the Public Health Service Act.
- **Some examples of Additional Services include:**
 - Additional Dental Services
 - Behavioral Health Services
 - Substance Use Disorder Services
 - Optometry
 - Occupational Therapy
 - Physical Therapy
 - Speech-Language Pathology
 - Nutrition

Clinical Staffing (Chapter 5)

- Health Center ensures it has clinical staff in place to carry out all required and approved additional health services (directly or via contracts/cooperative arrangements.)
- Staff must be appropriately licensed, credentialed, and privileged and have appropriate training and experience.
- Credentialing and Privileging must occur at time of hiring and **every 2 years** thereafter, for **all** clinical staff members (re-credentialing).
- Clinical staff members include:
 - Licensed independent practitioners (LIPs);
 - Other licensed or certified practitioners (OLCPs); and
 - Other clinical staff (OCS) providing services on behalf of the health center (e.g., MAs, dental assistants).

Clinical Staffing (Chapter 5) (Cont.)

- Credentialing procedures verify:
 - Current licensure/registration/certification (primary source);
 - Education and training;
 - Querying National Practitioner Data Bank (NPDB);
 - Government-issued picture identification;
 - Drug Enforcement Administration (DEA) registration; and
 - Current documentation of basic life support training.

Clinical Staffing: OSV Tips

- Health Centers determine *how* credentialing will be implemented.
 - For example, a Health Center may contract with a credentials verification organization to perform credentialing activities or may have its own staff conduct credentialing.
- If contracted providers are being credentialed by the entity providing them (not by the Health Center itself), Health Center needs to ensure that entity is credentialing and privileging providers (and can provide those files).
- Ensure that ALL clinical staff members have basic life support training.
- The health center must consider size, demographics, and health needs of its patient population in determining the number and mix of clinical staff necessary to ensure reasonable patient access to health center services.

Accessible Locations and Hours of Operation (Chapter 6)

- The health center's service site(s) must be accessible to the patient population relative to where this population lives or works.
- The health center's total number and scheduled hours of operation across its service sites must be responsive to patient needs by facilitating the ability to schedule appointments and access the health center's full range of services.

Accessible Locations and Hours of Operation: OSV Tips

- Make sure the board approves the locations and hours on an annual basis.
- Consider patient need when determining hours of operation.
- Health Center determines which methods to use for obtaining patient input on the accessibility of its service sites and hours of operation (for example, annual survey, focus groups, input from patient board members).

Coverage for Medical Emergencies During and After Hours (Chapter 7)

- Health Center has provisions for promptly responding to patient medical emergencies during both **regularly scheduled hours** and **after hours** when the Center is closed.
- After hours coverage must ensure telephone or face-to-face communication by a qualified individual who can determine a patient's need for emergency care.
- Coverage must include the ability to refer the patient to a licensed professional for further consult or to an emergency room or urgent care, as needed.
- Documentation of after-hours calls and any necessary follow-up must be maintained.
- Patients, including those with limited English proficiency, are informed of and are able to access after-hours coverage.

Emergency Coverage: OSV Tips

- Make sure the health center's main number “rolls over” to the after-hours information/coverage lines.
- If physicians have specific extensions, make sure those numbers also roll over to after-hours information/coverage lines.
- Ensure that the after-hours line has appropriate linguistic capabilities.
- Make sure there is signage on the website and in patient areas about after-hours coverage.
- If using an outside answering service, it may need to be added to Column II of Form 5A.

Continuity of Care and Hospital Admitting (Chapter 8)

- Health center must provide health services promptly and in a manner which will assure continuity of service to patients.
- Health Center must develop an ongoing referral relationship with one or more hospitals.
- Must have:
 - physicians who have admitting privileges at one or more hospitals; and/or
 - formal arrangements with one or more hospitals for hospital admission of Health Center patients.
- For patients who are hospitalized as inpatients or who visit a hospital's ED, the health center must have (and follow) procedures and/or formal arrangements that address:
 - Receiving/recording information related to the hospital visit; and
 - Follow-up actions by Health Center staff, when appropriate.

Continuity of Care: OSV Tips

- Ensure that the Health Center has an arrangement with a hospital that patients can reasonably access (the Health Center does not need to have an arrangement with every hospital in the area).
- Contract with the hospital should state that the hospital will provide the Health Center with information about the patient's condition and that the Hospital will refer the patient back to the Health Center for follow-up care.
- Ensure that the Health Center has policies and procedures that address:
 - Hospital tracking;
 - Referral tracking; and
 - Diagnostic/lab tracking.

Sliding Fee Discount Program (Chapter 9)

- The Health Center must not deny service due to inability to pay.
- Health Center must establish a sliding fee discount scale that applies to all patients who fall into the family size and income parameters set by HRSA.
- For patients at or below 100% of the federal poverty guidelines (FPG), they should be offered a full discount or a nominal fee.
- For patients above 100% of the FPG but below 200%, they must be offered partial discounts.
- Health center must have **at least three** discount pay classes for individuals and families with incomes above 100% and at or below 200% of the current FPG.
- For services provided via column II and column III agreements, Health Center must ensure that a sliding fee discount scale is being applied.

Sliding Fee Discount Program (Cont'd):

- The Sliding Fee Discount Policies must be approved by the board.
- The board must evaluate, at least once every three years, its sliding fee discount program, by:
 - Collecting utilization data;
 - If applicable, using utilization data and other data (e.g., results of patient satisfaction surveys) to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care; and
 - Identifies and implements changes as needed.

Sliding Fee: OSV Tips

- Remember, sliding fee does NOT **only** apply to uninsured patients. The only determining factors in sliding fee eligibility are family size and income.
- The policy must apply to both uninsured and insured patients who qualify based on income and family size.
- Patients should be made aware of the Sliding Fee Scale Discounts, for example:
 - Post signs in the lobby, receptionists' desks and each treatment room;
 - Post information on the Health Center's website;
 - Inform patients in person and/or at the time of new patient phone calls
- Materials should be distributed in language(s) and literacy levels appropriate for the patient population.

Quality Improvement/Assurance (Chapter 10)

- Health Center must have an ongoing Quality Improvement/Quality Assurance (QI/QA) program that addresses **clinical services** and **clinical management**, and maintains **confidentiality** of patient records.
- Health Center must assign a program director whose responsibilities include overseeing the QI/QA program.
- The Health Center has board approved policies, which are reviewed and updated at least once every 3 years, that establishes the QI/QA Program.
- Operating procedures should address current evidence-based clinical guidelines, standards of care and standards of practice, Patient safety, adverse events; patient satisfaction; patient grievances, and completing periodic assessments.

Quality Improvement/Assurance: OSV Tips

- In the QA plan, the Health Center should form and identify a Quality Assurance Committee to oversee quality issues within the Health Center.
- Committee members should include the CMO, QA Director, members of senior management, and departmental representatives.
- The committee should meet **at least quarterly**.
- The committee minutes should reflect discussions on performance measures, patient satisfaction, QA assessments conducted, peer review, and risk management topics (e.g., patient grievances, adverse events).
- Ensure that QA activities are reported to the Board on a regular basis.

Key Management Staff (Chapter 11)

- Health Center has position descriptions for key management staff that sets forth training and experience qualifications for the position.
- Examples of key management staff may include CEO, CMO, CFO, COO, Nursing/Health Services Director, or Chief Information Officer.
- Health Center maintains sufficient key management staff to carry out the activities of the Health Center.
- Health Center determines makeup of and distribution of functions and implements a process for filling vacancies.
- CEO must report to the Board.
- Prior review by HRSA if there is a post-award change in the CEO.

Contracts and Subawards (Chapter 12)

- Health Center determines whether to contract or subaward to carry out a portion of the Federal award, and structures the agreement to meet HRSA requirements.
- For subaward, which requires HRSA approval, the Health Center is responsible for ensuring that the sub-recipient complies with HRSA requirements and for monitoring the ongoing activities of the sub-recipient.
- Health Center must conduct all procurement transactions paid for **in whole** or **in part** by the Federal award, in a manner that provides full and open competition consistent with federal law, in a manner that provides full and open competition.

Contracts and Subawards: OSV Tips

- Health Center must maintain **oversight** over work of contractors.
- Health Centers must award contracts only to responsible contractors with ability to perform. Should consider the integrity, past performance, financial and technical resources of contractor.
- Procurement procedures depend on the size of the purchase. Some purchases require sealed bids or competitive proposals, while some smaller purchases can be made through obtaining rate quotations or even a simple/informal determination that the price is reasonable.

Conflict of Interest (Chapter 13)

- Health Center must maintain written standards of conduct covering conflicts of interest and actions of its employees, officers, board members, and agents engaged in selection, award, and administration of contracts.
- Standards must include disciplinary actions for violations
- No employee, officer, or agent may participate in contract where federal funds are used if she or he has a real or apparent conflict.
- Officers, employees and agents of a Health Center may not solicit or receive gifts or favors from contractors or subcontractors.

Conflict of Interest: OSV Tips

- Make sure the Conflict of Interest Policy is reviewed periodically.
- Ensure the policy contains standards of conduct relating to procurements.
- Make sure disclosure statements are completed annually and kept on file.
- Be sure that the individuals completing disclosure forms are educated about what constitutes a conflict of interest.
- Focus on actual conflicts and not just “signing the form.”

Collaborative Relationships (Chapter 14)

- Health Center makes efforts to establish and maintain collaborative relationships with other health care providers in its service area, such as:
 - Hospitals
 - Other Health Centers
 - Private providers
 - Community stakeholders
- Health Center must coordinate and integrate project activities to the extent possible.

Collaborative Relationships: OSV Tips

- Document collaborative relationships in writing (*e.g.*, through an MOU).
- Collaborative relationships can be with both health care and non-health care entities, for example with social service organizations, including those that serve special populations.
- Community groups and professional/trade organizations can be considered collaborative relationships.
- Should focus on goals including the reductions in the non-urgent use of hospital emergency departments; continuity of care across community providers; and access to other health or community services.

Financial Management and Accounting Systems (Chapter 15)

- Health Center must maintain effective control over, and accountability for, all assets to safeguard such assets and ensure that they are only used for authorized purposes.
- Health Center develops, maintains, and utilizes financial management and control systems that must specifically identify in its accounts all federal awards, and must include but not be limited to the following:
 - Records that identify the source and application of funds;
 - Reflect Generally Accepted Accounting Principles (GAAP);
 - Ability to track financial performance and identify trends that any warrant action to maintain financial stability; and
 - Written procedures that minimize time lapse between transfer and disbursement of funds and ensure expenditures are allowable.
- Health Center must have an annual audit.

Financial Management and Accounting Systems: OSV Tips

- Policies must match operational activities.
- Policies should include language updates for HRSA Financial Management Requirements (FMR).
- Financial management and accounting activities must be reported to the Board.
- Health Center should ensure that governing Board approves audit.
- Health Center must set financial targets and measure achievement.
- Health Center must have internal control systems for cash and for purchasing.

Billing and Collections (Chapter 16)

- Health Center must prepare a schedule of fees for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation.
- Health Center must make every reasonable effort to collect payment for services from patients.
- Health Center must assure that any fees or payments required by the center for health care services will be reduced *or* waived in order to assure that no patient is denied due to an inability to pay.
- Health Centers that elect to limit or deny services based on a patient's refusal to pay must have a board-approved policy that **distinguishes between refusal to pay and inability to pay** and notifies patients of (i) amounts owed and the time permitted to make such payments; (ii) collection efforts that will be taken when these situations occur (for example, meet with a financial counselor, establishing payment plans); and (iii) how services will be limited or denied when it is determined that the patient has refused to pay.

Billing and Collections: OSV Tips

- Health Centers are required to seek reimbursement from patients.
- Policies must match actual practices. For example, if the Health Center's policy says that the billing department sends a bill in the mail for overdue balances every 2 months for the first 6 months, then the billing department's practices and records should reflect that.
- Policies should include:
 - Provisions for waiving charges
 - Payment incentives (if applicable)
 - Refusal to pay
- Board approval required for charges and fees.

Budget (Chapter 17)

- Health Center has developed a budget that (1) identifies the projected costs of the program project; (2) identifies the costs to be supported by the Federal award; and (3) includes all other non-Federal revenue sources that will support the program project.
- If the Health Center has other lines of business (i.e., activities that are **not** part of the HRSA-approved scope of project), the costs of these other activities **cannot** be included in the annual budget for the Health Center program project (and are not subject to HRSA program requirements or entitled to Health Center program benefits.)

Budget: OSV Tips

- Board must review and approve the annual budget.
- Health Center must regularly report to the Board about financial activities.

Program Monitoring and Data Reporting Systems (Chapter 18)

- Health Center must compile and submit required reports and data to HRSA.
- Health Center must establish systems for monitoring program performance to ensure: Oversight of the operations of the Federal award [or designation]-supported activities in compliance with applicable Federal requirements; Performance expectations [as described in the terms or conditions of the Federal award or designation] are being achieved; and Areas for improvement in program outcomes and productivity.

Board Authority (Chapter 19)

- Health Center board maintains appropriate authority to oversee the Center, including but not limited to:
 - Holding monthly meetings;
 - Developing bylaws;
 - Assuring that the Health Center is operated in compliance with applicable law and standards;
 - Selection/dismissal and performance evaluation of the CEO;
 - Establishment of policies for financial management, sliding fee, personnel and health care quality
 - Selection of services to be provided, service sites and hours of operations and any subawards;
 - Approval of Health Center annual budget and application;
 - Oversight over overall plan for the Health Center;

Board Authority (Cont'd)

- Long-range planning at least once every 3 years including identifying priorities and a 3 year plan for financial management and capital expenditures;
- Ensuring that a process is developed for hearing and resolving patient grievances
- Evaluating the performance of the Health Center based on QA/QI assessment and other information received from senior management, and ensuring appropriate follow-up actions are taken regarding:
 - Achievement of project objectives through evaluation of activities;
 - Service utilization patterns;
 - Quality of Care;
 - Efficiency and effectiveness; and
 - Patient satisfaction, including patient grievance

Board Authority: OSV Tips

- The Health Center's board of directors is no longer required to perform a self-assessment.
- The Board must evaluate the performance of the Health Center.
- The Board has discretion to determine whether to establish standing committees, including the number and type of such committees.
- The Board has discretion to determine how often the Project Director's/CEO's performance is evaluated.

Board Authority: OSV Tips (Cont.)

- HRSA is focusing on whether there was a quorum at a meeting (if not, HRSA is taking the position that the meeting does not count).
- Consider changing quorum requirements (subject to state law).
- If it is not documented, it did not happen.
- Spread actions out throughout the year rather than all at once at one meeting.
- Make sure that training/education about the Program Requirements and the Health Center's compliance with the requirements is provided to the Board in advance of the OSV.

Board Composition (Chapter 20)

- The Health Center governing board is composed of between 9 and 25 individuals, the majority of whom who are patients of the Health Center (that have received at least 1 in scope service in the prior 24 months that generated a visit) and who, as a group, reasonably represent the individuals served by the Health Center in terms of demographic factors such as race, ethnicity, and gender.
- Remaining non-consumer members of the board must be
 - representative of the community in the Center’s service area
 - selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.
- No more than 50% of non-consumer board members may derive more than 10% of their annual income from health care industry.
- No board member can be an employee of the Health Center or an immediate family member of an employee.

Board Compensation: OSV Tips

- Board composition should be reviewed at least annually.
- Evaluate whether the Board represents patients in terms of race, gender, etc.
- Members only count as User/Consumer Board members if they had a visit that would be billable within the past 24 months.

Board Compensation: OSV Tips

- Health Centers have discretion in how they define “Health Center industry” for purposes of Board composition and how to determine the percentage of annual income of each non-patient board member derived from the health care industry
- Health Centers must periodically verify that the Board does not include members who are current employees of the Health Center or immediate family members of the current Health Center employees (*i.e.*, spouses, children, parents, or siblings through blood, adoption or marriage)

FTCA Deeming Requirements (Chapter 21)

- Health Centers must submit an annual deeming application that demonstrates that the Health Center:
 - Implemented policies to reduce risk of malpractice and lawsuits
 - Credentials its physicians and other clinical staff in accordance with requirements
 - Has no history of claims, or if such history exists, fully cooperates with the US Attorney General
 - Affirms that it will fully cooperate with the US Attorney General and other applicable agencies

FTCA: OSV Tips

- Establish a risk management training plan.
- Develop Incident Reporting Form that identifies issues, any relevant witnesses
 - Incidents should be tracked and any trends identified
 - Report incidents to Quality Assurance Committee
 - Include in reports to key management and the Board
- Develop patient grievance process.
- Establish risk management goals that reduce identified risk (e.g., reduce response time to patient grievances).
- Identify ways to track progress in achieving goals (e.g., patients were contacted 1 day sooner to discuss their grievances).
- Ensure that the Health Center has policies and practices that address hospital, referral and diagnostic/lab tracking.

OSV Participation

- Garfunkel Wild has assisted approximately 50 FQHCs and Look-Alikes in preparing for their operational site visits under the new Compliance Manual.
- Given the virtual nature of the OSV, Garfunkel Wild is now able to be included as a participant in a Health Center's vOSV. We have since actively participating in over 20 vOSVs, each with very successful outcomes.

Mock Surveys – OSV Prep

- In order to assist FQHCs and Look-Alikes in preparing for their OSVs, GW provides direct, face-to-face (either in person or through video conferencing) “mock” surveys.
- Involves GW spending a full day meeting with senior management to address topics that a HRSA surveyor would review during an OSV.
- Addresses each of the OSV requirements and includes questions about the Health Center’s compliance with them.
- At the end of the mock survey, GW will provide a written report of the items that we determine need correction or improvement and recommended next steps.

Trainings

- In addition to the mock surveys and preparation of documents discussed, GW offers education for the Board of Directors outlining the Compliance Manual requirements and discussing the FQHC's/Look-Alike's compliance with those requirements.
- This presentation also outlines the OSV including how it is conducted and questions that may be asked of the Board.
- This can be used to satisfy the Board's requirement to evaluate the FQHC/Look-Alike.

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Jeff Adest represents numerous federally qualified health centers (FQHCs), health systems/ hospitals, nursing homes, home care agencies, other long term care providers, behavioral health providers, physicians, dentists, management services organizations and other health care clients in a variety of corporate and regulatory transactions and matters.

- Jeff regularly counsels FQHCs and FQHC Look-alikes throughout the United States on many complex and day-to-day issues. Jeff also regularly advises health systems/hospitals with regard to their relationships with FQHCs. Jeff assists entities with the legal aspects of the application and establishment of federally qualified health centers and look-alikes, including assisting health systems/hospitals with “spinning off” their outpatient clinics into FQHCs and FQHC Look-alikes.
- Jeff also has extensive experience in structuring and reviewing myriad types of contracts and services agreements between health centers and other health systems/hospitals, other health care providers, business associates, and vendors, while ensuring that the health centers continue to comply with the extensive fraud and abuse and specific service requirements imposed by applicable laws and regulations.

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Emily primarily advises federally qualified health centers (FQHCs), management services organizations, physicians, dentists, behavioral health providers, and other health care clients in a variety of corporate and regulatory transactions and matters.

- Emily regularly counsels FQHCs and FQHC Look-alikes throughout the United States on many complex and day-to-day issues. As health centers are federally regulated and subject to several specific requirements, Emily regularly assists the health centers in achieving and maintaining compliance, including complying with the governing body's composition, HRSA requirements, risk management and HIPAA requirements and the many other regulations and promulgations applicable specifically to FQHCs.
- Emily is also involved with structuring, drafting and negotiating a wide range of agreements for a variety of for-profit and not-for-profit health care entities, including, management services agreements, professional services agreements, partnership agreements, operating agreements and employment agreements.

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Jenny primarily works with federally qualified health centers (FQHCs), physicians, hospitals, behavioral health providers, and other health care clients in a variety of regulatory and transactional matters.

- Jenny has experience assisting FQHCs in achieving and maintaining compliance with federal requirements, including preparing for operational site visits and applying for Federal Tort Claims Act (FTCA) coverage.
- Jenny also has experience working on clinical trial agreements with research sponsors.



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