



Interview Topic	Compliance Manual Related Chapter	Potential Interviewees	Notes
What is the process the health center uses to analyze its service area and how the needs assessment is utilized?	Chapter 3	CEO, Other Key Management Staff	
Review Form 5A for accuracy	Chapter 4	Relevant health center staff	
How does the health center address patient language needs?	Chapter 4	CMO, other clinical leadership	
What role does cultural competency play in care delivery? Provide an example of how the health center delivers services in a manner that is culturally appropriate for its patient population.	Chapter 4	CMO, other clinical staff	
How is service delivery established to meet Form 5A required and additional services (employees, contracted or referred services)	Chapter 4	CMO, other clinical staff	

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How does the health center ensure appropriate size, composition of staff to carry out all required and additional services? Provide an example of how the mix and number of clinical staff is responsive to size, demographics and needs of its patient population.	Chapter 5	CMO, Clinical Director Dental Director, BH Director	
How is fitness for duty, immunization status, and current competence determined?	Chapter 5	Individuals or committees with privileging approval authority	
What is the process for considering changes in scope of project related to locations (if locations were added to scope within the last year)	Chapter 6	Board members, health center staff	
Review Form 5B for accuracy	Chapter 6	Relevant Health Center staff	
How has the health center responded to medical emergencies or how would it follow its operating procedures when responding to a patient medical emergency during regular business hours?	Chapter 7	CMO, Clinical Director	
What is the method used to inform patients of after-hours coverage?	Chapter 7	CMO, Clinical Director and if applicable, outreach or front desk staff	
How does the health center address barriers to after-hours care?	Chapter 7	CMO, Clinical Director	
What is the process for ensuring continuity of care for patients that require inpatient hospitalization?	Chapter 8	CMO, Clinical Director	

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What is the process for implementing sliding fee discount program(s)? Includes a walk-through of the SFDS screening and enrollment process	Chapter 9	Health center staff involved in implementing the SFDS	
What is the involvement of the Board in setting the amount of nominal charge(s)?	Chapter 9	Board, key management staff	
How are the procedures for assessing/reassessing all patients for income and family size implemented?	Chapter 9	Health center involved in implementing procedure	
How is sliding fee information provided to patients?	Chapter 9	Health center staff involved in implementing the SFDS.	
Review contracts and arrangements for services provided in Form 5A Columns II and III related to sliding fee language.	Chapter 9	Health center staff responsible for administering contracts and agreements	
Discuss the roles and responsibilities of those who oversee the QI/QA program.	Chapter 10	CMO, Clinical Director, etc	
Can the health center provide at least one example of how QI/QA reports support decision-making and oversight by key management staff and the board regarding the provision of health center services and responses to patient satisfaction and patient safety issues?	Chapter 10	CMO, Clinical Director, Board, etc	
What is the process for periodically assessing (quarterly) clinician adherence to evidence-based clinical guidelines, standards of care, and standards of practice?	Chapter 10	CMO, Clinical Director, etc	

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How does the health center maintain up-to-date knowledge about federal and state requirements related to confidentiality, privacy, and security and actions taken by the health center to comply with these provisions across all sites?	Chapter 10	CMO, health IT staff, Compliance or Security officer, etc	
How are key functions distributed and carried out across key management staff?	Chapter 11	Various key management staff (CCEO, COO, CMO, CFO)	
What is process for procurement and contract oversight?	Chapter 12	Key management staff or other staff involved in procurement and contract oversight	
What is the mechanism or procedures for informing employees, officers, board members, and agents of the health center's conflict of interest standards/procedures?	Chapter 13	CEO, Board members, and other relevant staff	
Discuss the health center's collaborations regarding coordination and integration activities with other providers or programs to support continuity of care.	Chapter 14	CEO	
What are the key functions of the financial management systems? Do they reflect GAAP or GASB principles? Does it track actual expenditures to budget? Safeguards? Documenting use of non-grant funds? Tracking financial stability? Can the CFO or designee walk-through the last quarter's use of federal funds from drawdown to obligation of payment?	Chapter 15	CFO and/or other relevant staff, and if applicable contractors who have responsibility for financial management systems	

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What is the status of corrective actions if there are any audit findings?	Chapter 15	CFO and/or other relevant staff, and if applicable contractors who have responsibility for financial management systems	
Review/discuss the fee schedule to Form 5A. How was the fee schedule derived?	Chapter 16	CFO, financial, or billing staff	
What is the process for educating patients on insurance options? Provide one example of how it educates patients.	Chapter 16	Staff involved in the billing and collections process	
What is the process for billing for supplies and equipment that are related to, but not included in, the service itself as part of prevailing standards of care?	Chapter 16	Staff involved in the billing process	
What is the refusal to pay process, if health center elects to limit or deny services based on a patient's refusal to pay?	Chapter 16	Staff involved in the billing and collections process	
What is the budget formulation process?	Chapter 17	CEO, CFO/finance staff	
Does the health center operate other lines of business?	Chapter 17	CEO, CFO/finance staff	
How is data collected and used in decision making (clinical, financial, etc)?	Chapter 18	CEO, CIO, or other staff tasked with data management, collection, and reporting	
Is the data presented accessible and understandable for decision-making? Are data such as patient service utilization, patient	Chapter 18	Board members, key management staff	

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population trends, financial, clinical, and operations performance reported?			
How does the Board carry-out its function and how does the CEO report to the Board?	Chapter 19	CEO	
How does the Board carry out its functions?	Chapter 19	Board members	
How does the Board evaluate health center policies in these areas; 1) sliding fee discount program, 2) QI/QA; 3) billing and collections, 4) Financial, and 5) personnel. Board provides at least 2 examples of actions taken because of these evaluations.	Chapter 19	Board members	
How does the health center define “health care related industry” to make a determination to meet requirements for non-user board members?	Chapter 20	Board members	
How does the Board determine size and composition of its Board?	Chapter 20	Board members	
How does the Board verify and how often that no board members are current employees of the health center or immediate family members of current health center employees?	Chapter 20	Board members	
For board waivers: Can the health center provide one example of how special population input impacted board decision-making?	Chapter 20	Board members	
Discussion of diabetes A1C>9 performance with focus on contributing and restricting factors and actual/potential actions to improve performance?	Performance Analysis	CEO, CMO, Clinical Director, staff involved in QI/QA, IT, etc.	
How is the health center’s risk management program implemented and what are the components? Policies and procedure	Chapter 21	Risk manager or designee	

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evaluation? Risk mitigation? Staff training? Complaints and incidents, Board reports? Provide an example of how clinically related complaints and near misses are documented and analyzed?			
How is the health center's claims management program implemented and what are the components? Policies and procedure evaluation? Risk mitigation? Board reports? Investigation and actions for closed claims within the last 5 years?	Chapter 21	Claims management designee	