

## ANSWERS TO GENERAL HUMAN RESOURCE ROUNDTABLE QUESTIONS

**Q. Recommendations for consultant to review/develop employee salary and benefit scales policy?**

**A.**

- Craig Strom  
Integrated Healthcare Strategies
- Laura R. Conover, MBA  
[www.conoverconsulting.com](http://www.conoverconsulting.com)  
[laura@conoverconsulting.com](mailto:laura@conoverconsulting.com)
- Sally Angel  
ASConsulting  
Office: 661.254.1240  
[sangel@aschr.com](mailto:sangel@aschr.com)
- This is done mostly internally working with surveys such as CAPG, MGMA, CompAnalyst Kenexa, and Mercer.

**Q. Do you have a full time/part-time Staff Scheduler employed in your clinic? Specifically someone who ensures that vacation schedules and Leave of Absences are covered to maintain the appropriate staffing ratio for Support Staff and Clinicians to provide quality patient care.**

**A.**

- The HR Generalist handles all LOA requests but that is different from a scheduler as noted in the question.
- This would be the role of our Clinic Administrator that reports to our Director of Clinic Administration.

**Q. Can anyone provide feedback on the InLine Group?**

**A.**

- We have worked with the Inline Group for the past 6 months and they have been helpful
- I would recommend the Inline Group as the most cost effective and efficient external resource.
- Have worked with the Inline Group. They are good, had a great number of candidates presented. I recommend them.
- I've used the Inline group. They provide you with a lot of candidates from all over, many who plan to relocate to CA. You have to weed through and screen the applicants. After weeding through approx. 45 CVs over a 4 month period, I hired 2 PAs.
- The inline group is definitely helpful when it comes down to recruiting physicians.

**Q. How much are the other organizations are offering to LCSW Per Diem folks?**

**A.**

- The salary ranges for our LCSW's is \$26.30 - \$40.28

**Q. How many days of CME are other clinics offering? And how much are they covering for Physicians and Mid-levels each?**

**A.**

- Same amount for all:
  - 1 week of PTO for CME corresponding to the percent of FTE worked
  - CME registration stipend of up to \$750 annually (invoice of expenses must be submitted)
- Amounts below:
  - Nurse Practitioner (5 days/year, \$2000/year)
  - Licensed Social Worker (\$5K)
  - Register Nurses (\$5K)
  - Medical Social Worker (\$5K)
  - Licensed Vocational Nurse (\$5K)
- Amounts below:
  - Nurse Practitioner - 32 hrs & \$700 annually
  - Licensed Social Worker - 24 hrs & \$600
  - Register Nurses - 24 hrs & \$600
  - Licensed Vocational Nurse - 24 hrs & \$600
  - Medical Social Worker - N/A

**Q. Does anyone utilize agencies that provide Locum Tenens coverage and if so what are the names of the agencies?**

**A.**

- We use Staff Care, and Supplemental Staffing.
- We currently use Tracy Zweig Associates, Inc,
- We recommend Shawna Bestreich at Supplemental Physicians  
<http://www.supplementalphysicians.com/>  
<http://www.patientcareforum.com>
- We have used the following:
  - Whitaker- So, so. PDs/LTs through them are either spectacular or completely lackluster
  - Delta- Always consistent, good agency
  - Harris- Not very pleased w/this agency – recruiter and PDs/LTs
  - Supplemental- Has been bringing us great people so far
  - Parallon/Martin Fletcher- The few we have through them are good
  - Maxin- We have one physician with them who is always consistent and reliable

**Q. How are most clinics handling HR1522?**

**A.**

- Implemented new policy –pulled out 24 hours from PTO and designated specifically as sick. Start July 1 ends June 30<sup>th</sup>. Changed employee handbook, discussed at all staff meeting and posted sign in employee lounge.

**Q. What HR software is being used in clinics for recruitments, benefits, compliance tracking?**

**A.**

- We use Paycom

**Q. We're having some labs, visits, prescriptions, etc being provided under the table by our staff to other staff members and their families. I'm hoping that the HR group might have a policy related to how employees are treated as patients, what appropriate monitoring of this activity is, and if employee charts are treated any differently.**

**A.**

- We do not allow employees to have one of our own Providers assigned as their PCP.

**Q. Do your clinics have evening hours and if so, what type of security do you have in place if applicable?**

**A.**

- We do have late hours, we close at 8pm, our security guard comes in 12-830 and walks out all the girls to their vehicle. We also encourage our staff to move their cars closer to the exits during lunch time to avoid any long walks to their vehicles.
- Our clinic has evening hours. However, it is located in a building that has 24 hours security. In fact, all of our locations have 24 hours security even if services are not provided in the evening.
- We don't have evening hours and we stay open later than usual, we have a security guard at the front door who also walks the premises of the clinic.

**Q. What are your compensation policies around vacation pay and sick time?**

**A.**

- Employees can cash out vacation only if they wish to but must do 20hrs minimum per cash out.
- We have PTO. Employees accrue PTO based on actual hours worked. Max accrual is 2 times their accrual for that year.
- Paid Time-Off Accrual Rates:
  - Employees are eligible for pro-rated Paid Time-Off (PTO) benefits based upon the number of hours worked. Employees may begin using accrued PTO after 90 days of employment. Paid Time-Off is accrued based upon the employee's length of employment, as follows:
    - Up to 5 years employment 15 working days annually
    - 5 to 9 years employment 20 working days annually
    - 10 to 14 years employment 25 working days annually
    - 15 + years employment 30 working days annually

- Our organization encourages its employees to use PTO time for recreation. At times, employees may wish to be paid for their accrued PTO time in lieu of taking the time off work. An employee must complete and sign a PTO Cash Out Form.
- Employees may request an advance on PTO twice a year. However, an employee may not request an advance of PTO if they are below a zero balance. Employees may not request more than 40 hours of advance PTO and must have completed 3 months employment. Upon termination, any employee is eligible for payment for accrued PTO. In the event of death of an employee, the estate will receive payment for accrued PTO. PTO rolls over annually.

**Q. Do any of the clinics offer paid time off for religious holidays, separate and apart from vacation?**

**A.**

- No, our clinic does not offer paid time off for religious holidays separate and apart from vacation.

**Q. Can anyone recommend an agency to assist with recruitment of a Director of Nursing Services and Director of Behavioral Health? Any general search firm recommendations?**

**A.**

- B.E. Smith Executive Search is considered a leader in the Health Care retained search area. Very pricey. I used them for a Chief Nursing Officer search when I worked for a local hospital.

**Q. “Does your health center provide laundry service for your providers (for their lab jackets) and/or nursing staff (for their scrubs) on a weekly (or regular periodic basis) or only when certain incidents happen?”**

**A.**

- We order three lab coats for each provider from a service. The service comes once a week to pick up soiled lab coats and return those that have been laundered. It is up to the provider to rotate their coats to make sure that they keep a clean one and to deposit their soiled coats in the basket for pick-up.
- We do not provide laundry service for anyone. But we have replaced scrubs for employees when there was an “incident”.
- We provide 4 lab jackets for Full-time and 2 for Part-time. We provide the laundry.
- Our providers are responsible for their own coats.

**Q. Can you recommend a management coach to assist one of my Senior Staff members in changing his management style? Do you know of someone who does this type of consultant work?**

**A.**

- Anne Laguzza (562) 597-4932

**Q. We’re looking for a dependable broker who will provide comprehensive information in a proactive manner.**

**A.**

- We have been working with Tolman and Wiker for years and absolutely love them! Barbara is superb and always goes the extra mile each and every time.

- Gallagher & Company and our representative is Tim DePriest. We switched from Houska Insurance in 2012 and are very happy with the results.
- We are also with Chapman for liability coverage. We use Baker Romero for all other insurance coverage, they provide excellent customer service.
- We are extremely happy with Chapman, which is a part of Arthur Gallagher. They handle everything for us from liability to worker's comp to property to crime to auto to glass. You name it – they have found it for us. They work with us and our budget and are always answer our questions quickly and thoroughly.
- I have worked with Chapman for my workers comp, property, general liability, malpractice gap etc. I work with Tim DePriest and Aida Cruz. They are both good to work with and I would recommend them.

**Q. Can medical assistants wear “fleece jackets or vest while seeing patients in the clinic. If not, can someone give me the basis for the decision –for example, is it in OSHA regulations”**

**A.**

- No, Medical assistants cannot wear “fleece jackets or vest while seeing patients in the clinic”. Not included for Clinical support staff in our MCCN Dress Code.
- We allow our MA's to wear sweaters or fleece as long as the sweater doesn't have any profanity or any inappropriate materials on it.
- I don't know of any regulations. I would think it would be an agency dress code decision. Also, long sleeves on any coat (particularly providers) may be a hygiene/infection issue if they are not washed and/or changed out regularly.
- Our clinic is cold and we've given staff jackets with the clinic brand
- We provide uniforms for our front and back office staffs

**Q. Could anyone share the policy regarding license renewal fee reimbursement (State license for MD, NP, RN, LVN etc. and DEA renewal)?**

**A.**

- We do not reimburse for license renewal. The licensed professional pays for his or her own.
- Our Licensing and DEA policy:
  - Providers are eligible for reimbursement of licensing, board certification, and DEA fees following one year of service.
  - Employees who regularly work 20 hours or more per week are eligible for reimbursement as follows:
    1. An employee who regularly works between 20-23 hours per week will be reimbursed 50% of the fees.
    2. An employee who regularly works between 24-27 hours per week will be reimbursed 60% of the fees.

3. An employee who regularly works between 28-31 hours per week will be reimbursed 70% of the fees.
4. An employee who regularly works between 32-35 hours per week will be reimbursed 80% of the fees.
5. An employee working between 36-40 hours per week are considered full time employees and therefore will be reimbursed 100% of the fees.

**Q. We will be hiring a grant writer and I'd like to ask if anyone has had better luck with a part-time grant writer or a full-time one.**

- We hired a full time grant writer more than a year ago and we had so much success with that rather than part-time.
- We hired a full-time grant writer; it has been one of the best hires yet.

**Q. Do you offer a 401(k) or a 403(b) plan and if so do you match?**

A.

- We have a 401(k) and not a 403(b).
- We offer a 403(b) plan for ALL of our employees. In fact, all our benefits are fully accessible to all employees. The board decides at the beginning of the year what amount will be contributed. The employer contribution is made once a year and has ranged from 38 cents to 55 cents for every dollar an employee contributes to his plan, up to the maximum including catch-up for the employees over 50.
- We have a 403(b) plan, but do not match.
- We have a 403(b) but we do not match. Although we do have the option to match.
- We have a 403(b) plan for all employees. We match 50% of the first 4%. It's up to the employee to decide how the money should be invested.
- We do have a 403(b) plan for all our employees including providers. The match is "discretionary" each year, so it is not a guaranteed match. Some years we do, others we do not. Our match is 1%.
- We have a 401k and a 403b plan but they're both open to all employees. One our plans allows employees to send unused benefit dollars from a section 125 plan to their pension plan at the end of the year. The other is comprised solely of employee elections deducted from payroll checks on a pre-tax basis. Pension plans are very complicated and we've had a lot of help designing ours.
- We currently have a 403(b) plan for all employees including Providers. We don't match at the moment, but are planning to do so based on company being profitable.

**Q. How do clinics currently supervise their MA? Do they have a Director of Nursing? Or have they ever combine a NP/Administrator role to supervise back office?**

A.

- Our MAs are supervised by the Nursing Supervisor. We are currently in the process of changing the Nursing Supervisor position to that of Clinic Manager, to oversee all aspects of the back office. The requirement for Clinic Manager is RN (minimally).
- Director of Nursing supervises the M.A.s
- Our medical assistants report to each site Clinic Coordinator and then to the Manager of Clinical Operations.
- We promoted our strongest MA as our Lead, and she handles all the day to day observation. The MA Lead then reports to the Clinic Manager.
- We have LVN charge nurses who supervises our MA's. LVN charge nurse report directly to Nurse Managers (RN's) and the Nurse Manager reports to Director of Nursing who is also one of our NP's and have patients and administrative duties.

**Q. How do health centers manage vacation requests from providers. Do they have a maximum number of vacation hours permitted per month? How do they ensure their sites are properly staffed from a provider perspective?**

A.

- We have a policy of maximum 3 Providers that can be off at the same time. If you are the 4<sup>th</sup> Provider to request then your request will be denied.
- We don't really have any firm policy in place but do try to schedule only one provider out at a time. Gets tricky around holidays and PrimeMed.
- We do not have a maximum limit for the amount of time a provider can request off but we do ask that they submit their requests well in advance with a minimum of two weeks' notice when the need for time off is foreseeable, and requests are approved or denied based on the need for coverage at the clinic site. We do try to cover what we can with locums, but if no locums are available, we have to decide whether or not we can do without the provider. If we can't, we have to deny their request.
- We've created a series of questions for clinics and we limit hours, # of Providers off at any one time, limit of hours per incident and per year and it all depends on the size of the clinic and the number of providers in each clinic. The Clinic Administrators and Site Medical Directors Medical Directors will work together to decide on any exceptions to our rules and regulations.
- We require providers to submit vacation request a minimum of 3 months in advance. The Scheduler ensures that all of our clinics have adequate coverage. Vacation request are granted on a first come first serve basis. Once the appropriate numbers of requests are granted (ensuring coverage) the other requests are denied. We do not have a maximum number of hours per month, per se, but vacation requests cannot be more than 2 consecutive weeks.

- We require Providers to provide at least 2 weeks' notice when requesting time off in order to provide adequate coverage. We do rely on Locum Tenems or Providers who will float to ensure our sites are properly staffed.
- Our Medical Provider Time Off Request and Management policy:
  - A. All providers have until February 1st of each year to submit priority vacation requests on "Request for Time-Off" forms for the calendar year February 1<sup>st</sup> - January 31<sup>st</sup>.
  - B. A total of two (2) providers from both (not each) facilities may take vacation at the same time in any given week. Three providers will be allowed during holiday weeks. Exceptions can be made if needed.
    - a. In the event that two or more providers have requested the same block of time, the requesting providers shall be asked to resolve this matter. If the parties are unable to come to an agreement then Medical Director shall decide based on seniority and other relevant information.
  - C. Vacations will then be assigned in the following order:
    - a. Date of request. All requests prior to February 1<sup>st</sup> will be considered as if dated February 1<sup>st</sup>.
    - b. Seniority (based on years at EVCHC). However, if the provider had the same week(s) off the previous year, requests will be on a rotating basis to ensure fairness.
  - D. The Medical Staff Coordinator will maintain a master vacation list on file for review after February 1<sup>st</sup>.

**Q. What recruitment firms are available to help with recruitment?**

**A.**

- UHCsolutions - [www.theFQHCreruiters.com](http://www.theFQHCreruiters.com)
- BAS HealthCare – [www.baselathcare.com](http://www.baselathcare.com)
- All's Well HealthCare Services – [www.allswell.net](http://www.allswell.net)

**Q. Can you tell me if health centers/clinics are required to have clinical staff have the items listed below and what regulator agency requires it?**

- **Annual physicals**
- **Proof of MMR**
- **DTAP or TDAP**
- **Annual Flu Immunization**
- **TB**
- **Hep B or waiver**

**A.**

- I am not familiar with the regulatory agency. However, we do require all of our clinical staff to provide all of the items listed below (except the flu immunization is optional; if the employee opts out they must sign a waiver), as they are required for all audits. (Our non-clinical staff are only required to have an annual physical and TB clearance).
  - Annual physicals
  - Proof of MMR
  - DTAP or TDAP
  - Annual Flu Immunization



- TB
- Hep B or waiver
- I think the State of California Code of Regulations has the annual health exam requirement but I don't have the number of the specific regulation. Additionally, based on what I've experienced in audit, LA County requires that clinical employees have the following:
  - Annual health assessment
  - Proof of MMR or titers showing immunity
  - TB
  - Proof of Hep B vaccinations or titers showing immunities OR the Hep B waiver
  - Recently, auditors are really pushing for flu and Tdap immunization but at this point, a waiver will suffice. However, they've also indicated that they don't want to see only waivers for staff. I don't actually know if there is a regulation around these two vaccinations but apparently, the county pushes their employees to have these and would like health centers to follow suit.
- I spoke with Mattie Jones, Contract Program Auditor from Health Services of Los Angeles County and she verified the information that I included below. She also said that we could check the County Website under policies, the Centers for Disease Control (CDC), and Title 22 websites. You could also contact Diana Vasquez, RN, JD. Assistant Nursing Director for Los Angeles County Health Services 626.299.5782.
  - Annual physicals – new clinic staff, health assessment every year thereafter
  - Proof of MMR-the series
  - DTAP or TDAP-every 10 years
  - Annual Flu Immunization-recommended every year but not required
  - TB every year and/or chest x-ray every 2-3 years
  - Hep B or waiver

**Q. Can you please share clinic attendance policies?**

**A.**

- Attendance and punctuality are important factors for your success. We work as a team, and this requires that each person be in the right place at the right time. If you are going to be late for work or absent, you must notify your supervisor within one-half hour of the start of your workday. Personal issues requiring time away from your work, such as doctor's appointments or other matters should be scheduled during your non-work hours if possible. If you are absent for three days without notifying the company, it is assumed that you have voluntarily abandoned your position with the company, and you will be removed from the payroll.
- Absence Reporting and Certification: An employee who is unable to work as scheduled must report via telephone to her/his supervisor or the designated contact person within a minimum of one hour prior to the scheduled work time. Such a report must be made for each day of absence, unless other arrangements are made for an extended absence. If an employee is absent due to medical reasons for more than three consecutive workdays or three days in a 30-day period, a physician's statement may be required to certify that the employee was ill and unable to work. The statement must also provide the date that the employee may return to work. In the event an employee is absent for two days or more without prior notice or approval, such absence is viewed as job abandonment and may be considered a voluntary resignation. However, this does not change the at-will employment status.

- Excessive Absenteeism:  
Dependability and diligent attendance are required at Company. Absenteeism and tardiness place a burden on other employees, the department, and/or the clinic. Unexcused absences, excessive absences, and patterned absences are causes for disciplinary action up to and including termination. Unexcused absences are absences when an employee fails to call in, gives a late notice, fails to give advance notice for an absence which could be anticipated, and/or exceeds the number or length of absences covered by an appropriate leave policy or PTO. Patterned absences are absences for example, that routinely fall on particular days of the week, before or after holidays or calling in sick as rapidly as PTO is earned. An employee is considered absent if he or she is not present for work as scheduled, regardless of the cause.

**Q. Do you include arbitration agreements as part of the onboarding orientation packet?**

**A.**

- No
- No

**Q. What is the typical length of credentialing a provider?**

**A.**

- 1 Month
- Too long. We use MedPoint as our CVO so it can vary greatly. 1-4 months.

**Q. Do you have any resources for on-site OSHA, BBP and Biohazardous waste trainings?**

**A.**

- We contract with Stericycle and they provide trainings.

**Q. How much are Patient Navigators being paid per hour?**

**A.**

- We don't have this position
- \$15/hour

**Q. For your Senior Leadership Team i.e. Chief Medical Officer and COO specifically, do you offer a higher accrual rate for vacation, sick leave. Are there any additional benefits that you would consider for these positions?**

**A.**

- We don't have any special benefits for any of our executive staff. All our accruals and other benefits such as health, dental, vision and 401(k) are equal for all full time staff. Part-time staff gets the pro-rated benefit and that's the only difference.
- Our Senior Leadership Team accruals are the same as other staff's accruals.
- Since we considered them MD , we apply the Union contract which add another 5 days' vacation

- We do not offer a higher accrual vacation rate specifically for our CMO and COO. However, our entire senior management team receive 3 weeks of vacation upon hire (they start at tier 2 --- everyone else starts at tier 1 – 2 weeks’ vacation); we pay for certain membership fees, telephone reimbursement, tier 2 long term disability insurance, and they are eligible for bonuses.
- C-level and physicians accrue at the maximum rate of 4-weeks at the date of hire. All other employees start out with 2-weeks per year and progress according to years of service and eventually reach a maximum of 4-weeks. Sick pay is accrued at the same rate by all employees.
- No – just the CEO.

**Q. Our contract with our previous HIPAA service provider for trainings ended and we are trying to find another company to conduct our training for next year. We were wondering if you had any recommendations? We are looking for a trainer to come into the clinic.**

**A.**

- Sherri Lewitz at NEVHC is fabulous.
- NEVHC purchased a video for HIPAA Training and included a condensed PowerPoint presentation to cover our specific information which was not provided on the video. The video is call, “HIPAA Privacy Compliance,” purchased from DuPont (800) 729-4325 [www.training.dupont.com](http://www.training.dupont.com)
- Stericycle

**Q. We currently are utilizing ADP for HR, Payroll, and Timekeeping, but we are not having the employees and managers sign and approve timecards electronically. We’re currently printing and signing on paper. I’m interested in moving everything to electronic – signing and approving. I’m wondering if anyone uses ADP for timekeeping, or if anyone uses electronic timesheets at all, and if so, have they encountered any issues with audits. There is a fear that auditors will not be accepting of electronic timesheets, so I’m curious about what other clinics are doing.**

**A.**

- We use ADP for electronic timekeeping and have never run into an auditor problem. I’ve used electronic timecards at my last three companies, including hand scanning and/or web access and it hasn’t proven to be a compliance issue. I just make sure there is an acknowledgement when the employee submits a timecard that everything is true and correct.
- We do not use ADP Timekeeping modules for recording time cards; we use Kronos which interfaces with ADP. Our timecards are approved electronically through Kronos.
- We have been using ADP electronic timekeeping for years. Auditors are fine with it as long as you can show the proof of authorization by both the employee and supervisor.
- We have electronic timesheets and the auditors have not had any issues with it. We don’t use ADP, we use Paycom.

**Q. Can you tell me if health centers/clinics are required to have clinical staff have:**

- Annual physicals
- Proof of MMR
- DTAP or TDAP
- Annual Flu Immunization
- TB
- Hep B or waiver

I've been trying to locate what regulatory agency if any requires the above. If you don't know, can you point me in the right direction?

**A.**

- Annual physicals –yes, we require  
Proof of MMR – yes, we require  
DTAP or TDAP – yes, we require  
Annual Flu Immunization – yes, we require  
TB – yes, we require  
Hep B or waiver – yes, we require  
These are being audited by MHLA auditors for all clinical staff every year so our contract with them requires that.
- We do require all for our clinical staff.
- I think the State of California Code of Regulations has the annual health exam requirement but I don't have the number of the specific regulation. Additionally, based on what I've experienced in audit, LA County requires that clinical employees have the following:
  - Annual health assessment
  - Proof of MMR or titers showing immunity
  - TB
  - Proof of Hep B vaccinations or titers showing immunities OR the Hep B waiverRecently, auditors are really pushing for flu and Tdap immunization but at this point, a waiver will suffice. However, they've also indicated that they don't want to see only waivers for staff. I don't actually know if there is a regulation around these two vaccinations but apparently, the county pushes their employees to have these and would like health centers to follow suit.
- I spoke with Mattie Jones, Contract Program Auditor from Health Services of Los Angeles County and she verified the information that I included below. She also said that we could check the County Website under policies, the Centers for Disease Control (CDC), and Title 22 websites. You could also contact Diana Vasquez, RN, JD. Assistant Nursing Director for Los Angeles County Health Services 626.299.5782.
- We require these and all regulatory agencies require this information; Healthy Way LA, LA Care, HRSA, The Joint Commission, etc. We keep this information for all staff.
- I am not familiar with the regulatory agency. However, we do require all of our clinical staff to provide all of the items listed below (except the flu immunization is optional; if the employee opts out they must sign a waiver), as they are required for all audits. (Our non-clinical staff are only required to have an annual physical and TB clearance).
  - Annual physicals
  - Proof of MMR
  - DTAP or TDAP

- Annual Flu Immunization
- TB
- Hep B or waiver