



**H B S**

Healthcare Business Specialists



**Preparing for the RHC –  
Certification Inspection  
Healthcare Business Specialists  
Sponsored by Azalea Health and ChartSpan  
February 5, 2020**





# HBS

Healthcare Business Specialists

## Contact Information

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**Healthcare Business Specialists**

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**[www.ruralhealthclinic.com](http://www.ruralhealthclinic.com)**

**[Become a fan and Like us on Facebook for more RHC information](#)**



# HBS

Healthcare Business Specialists

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[RHC Information Exchange Group on Facebook](#)

• *"A place to share and find information on RHCs."*



**2019  
2020** **SAVE THE DATE!**  
RHC UPDATE SEMINARS

**FREE**

**LOCATIONS & REGISTRATION**

Nashville, TN	10/30/19	<a href="http://bit.ly/rhc-nashville">http://bit.ly/rhc-nashville</a>
Somerset, KY	11/06/19	<a href="http://bit.ly/rhc-somerset">http://bit.ly/rhc-somerset</a>
Clanton, AL	01/16/20	<a href="http://bit.ly/rhc-clanton">http://bit.ly/rhc-clanton</a>

**HBS**  
Healthcare Business Specialists

**Azalea**  
HEALTH

**chartspan**

 **RURALHEALTHCLINIC.COM**  
EXPERIENCED KNOWLEDGE

502 Shadow Pkwy Ste 214, Chattanooga, Tennessee 37421 | (833) 787-2542

## 2020 Dates

**Nashville 11/5**  
**Somerset, KY 11/12**  
**Alabama, 11/18**

## RHC Update Seminar – Clanton, Alabama

### Agenda and Topics Outline

January 16, 2020

Healthcare Business Specialists, **Azalea Health**, and **ChartSpan** are providing a **free** seminar for RHCs at Clanton Conference Center - Alabama Power Company, 2030 7th St S. Clanton, AL 35045.

To register go to our website at [www.ruralhealthclinic.com](http://www.ruralhealthclinic.com)

Time	Subject Matter
9:00 AM to 9:50AM Catch-Up Session for people new to RHCs	Welcome and Introductions. Robert (Rob) Boyles from the Alabama Department of Public Health Office of Primary Care and Rural Health will introduce the program. Mark Lynn will provide a Catch-Up session for people new to the Rural Health Clinic Program. We will go over the 9 Conditions of Participation for RHCs and some basic 101 information for people new to the program. If you have been an RHC for awhile you may want to just come at 10.
10:00 AM to 10:50AM Omnibus Burden Reduction and RHC Modernization Act	Mark Lynn, CPA, CRHCP will present information on the Omnibus Burden Reduction Regulations which reduces the compliance thresholds for Emergency Preparedness & Program Evaluations and the RHC Modernization Act which could increase the independent RHC cap to \$115 per visit.
11:00 AM to 12:00AM RHC Billing Alabama Medicaid	Tori Nix, Provider Relations Supervisor, <b>DXC Technology</b> (Alabama Medicaid) will provide instructions for RHCs on how to bill for Medicaid services and answer questions about specific billing issues with Alabama Medicaid.
12:00 to 1:00 Lunch Provided by <b>Azalea Health &amp; Chartspan</b>	Boxed Lunches Provided on site by <b>Azalea Health, ChartSpan</b> , and Healthcare Business Specialists- At 12:30 Davis Bayles will discuss Rural Health Services provided by <b>Azalea Health</b> including the new Telehealth offering.
1:00 PM to 1:50 PM Emerging Trends in Reimbursement	In this session, John Roddy of <b>ChartSpan</b> will discuss Chronic Care Management and how RHCs can utilize chronic care management to increase revenues and Alan Bragwell from Bragwell Services will discuss mental health services in RHCs
2:00 PM to 3:30 PM RHC Billing & Cost Reporting	Cost Reporting Updates, Electronic Filing of Cost Reports, what is needed to file cost reports. How to accumulate your information, Plevnar 13 and 23, Influenza and Pneumococcal and Medicare Bad Debts. Timing of settlements and critical deadline. Mark Lynn will provide an RHC Billing Update. Questions and Answers. What is a visit, bundled services, preventive services, incident to, procedure billing, no global billing, no groups, non-rhc services, commingling, <b>setting up non-RHC time, and other FAQs.</b>

Join our Facebook Group for more RHC Information: <https://www.facebook.com/groups/1503414633296362/>

# HBS

Healthcare Business Specialists



- What does Healthcare Business Specialists do?
- Listing of Services

<https://tinyurl.com/w63xpb9>

- We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics.
- We prepare Program evaluations of RHCs.
- We help clinics startup as RHCs.
- Emergency Preparedness for RHCs.
- We prepare TennCare Quarterly Reports
- Our Cost Reporting Brochure can be found at the following link:
- [RHC Cost Report Brochure](#)

Rural Health Clinics Information Exchange

Save the Date!  
**FREE RHC UPDATE SEMINARS**

LOCATIONS & REGISTRATION

Joined Notifications Share More

Write Post Add Photo/Video Live Video More

Write something...

Photo/Video Watch Party Ask for Reco... More

FROM NOTIFICATIONS

Olivia Rivera Morris  
 3 hrs

I just want to thank you all. Your Facebook page is the most helpful page.

Like Comment Share

InQuiseek Consulting Mark has a great page here and brings all of us together. You can also like and follow our page for more info, too.  
<https://m.facebook.com/InQuiseek/>

InQuiseek Consulting

Like Reply 52m

Healthcare Business Specialists Patty Goff Harper Thank you for all you do for RHCs and answering a lot of these questions. We appreciate you very much. We look forward to seeing you in Saint Louis next week. If you are at the NARHC meeting next week stop by Patty's booth and thank her and Jeff for all they do for RHCs.

Like Reply Commented on by Mark Lynn [?] · 38m

InQuiseek Consulting Healthcare Business Specialists, we are looking forward to being in St. Louis at NARHC. It's not too late—late registrations are still available. We look forward to seeing everyone! Thanks, Mark!

Like Reply · 33m

INVITE MEMBERS  
 MEMBERS 850 Members

DESCRIPTION  
 The Rural Health Clinics Information Exchange was created to dis... See More

GROUP TYPE  
 General

UPCOMING GROUP EVENTS See All

Free RHC Update Seminar - Nashville  
 Wednesday, October 30, 2019 at 9 AM  
 5201 Virginia Way, Brentwood, TN 37027  
 Hosted by Mark Lynn

Free RHC Update Seminar in Somerset, Kentucky  
 Wednesday, November 6, 2019 at 9 AM  
 2292 US-27 #300, Somerset, KY 42501  
 Hosted by Mark Lynn

RECENT GROUP PHOTOS See All

English (US) Español  
 Português (Brasil) Français (France)  
 Deutsch

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# RHC Information Exchange Group on Facebook

Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs

<https://www.facebook.com/groups/1503414633296362/>



To find this Document online go to  
<https://tinyurl.com/sbsdaf5>

Outline <

Rural Health Clinic X

RHC Update Seminar – Clanton, A...

Alabama Power Company - Clanto...

9:00 AM to 9:50 AM | Catch-Up Se...

10:00 AM to 10:50 AM | Omnibus ...

Here are some additional resou...

11:00 AM to 12:00 PM | Alabama ...

ALABAMA MEDICAID ENROLLME...

12:00 PM to 1:00 PM | Lunch Prov...

1:00 PM to 1:50 PM | Emerging Tr...

2:00 PM to 3:00 PM | RHC Cost R...

3:00 PM to 3:30 PM | RHC Billing

RHC MEDICARE BILLING RESO...

Billing Questions

<https://www.cms.gov/.../Dow...>

Last Second Updates

2020 CMS Physician Supervisio...

Medicare Telehealth Services

Free Resources for MSDS Sheets

Azalea Health

ChartSpan

Healthcare Business Specialists

Services Provided by Healthcar...



## Rural Health Clinic

RHC Update Seminar

January 16, 2020

Clanton, Alabama



To find this Document online go to

<https://tinyurl.com/sbsdaf5>

**Healthcare Business Specialists**

Specializing in RHC reimbursement  
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# Questions or Comments?

**Please type your questions in the Questions area of Go To Webinar. Additionally, we will open up the lines for questions at the end of the 45-minute webinar.**

- Information is current as of 2/5/2020.
- We will supply general information. All situations are specific so refer to specific guidance as necessary.
- This session is being recorded.

**THE**

**DISCLAIMER**

# When do RHCs get inspected?

1. Upon initial entrance into the RHC Program
2. Upon recertification by the State, AAAASF, or TCT



1. How many conditions of participation are there in the RHC program?

---

- A. 4
- B. 8
- C. 9
- D. 12





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# **Objective of the RHC Certification Inspection**

**To determine if the RHC is in substantial compliance with the 9 conditions of participation for RHC participation or the standards of the deeming authority.**

**RHCs may receive Standard or Condition Level Deficiencies.**

# There are Nine Conditions of Participation

<https://www.law.cornell.edu/cfr/text/42/part-491/subpart-A>

- **491.4 Comply with Fed, State, & Local Laws**
- **491.5 Must meet location requirements**
- **491.6 Physical Plant and Environment**
- **491.7 Organizational Structure**
- **491.8 Staffing and Staff Responsibilities**
- **491.9 Provision of Services**
- **491.10 Patient Health Records**
- **491.11 Program Evaluation**
- **491.12 Emergency Preparedness**



## RURAL HEALTH CLINIC

### Phase 1 | Introduction & 855A Pre...

Estimated Timeline for the RHC ...

### Phase 2 | Preparing for the State I...

RHC & EP Policy & Procedure M...

Evidence Binder

Documenting Compliance

Preparing for the RHC Inspectio...

Emergency Preparedness

Mock Inspection

Products that RHCs may need t...

Other items that are needed ...

Files that will help RHCs Docum...

Fire Drill Documentation

### Phase 3 | Submitting the State Ap...

### Phase 4 | After the RHC Inspection

### Phase 5 | Cost Reporting

### | Contact Information

### Facebook Group

<https://tinyurl.com/u88v54w>



# RURAL HEALTH CLINIC

## RHC CONVERSION GUIDE

NOVEMBER, 2019

To view this document online go to <https://tinyurl.com/u88v54w>



## Healthcare Business Specialists

*Specializing in RHC reimbursement*

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# RHC Certification Resources from Healthcare Business Specialists

## RHC CERTIFICATION AND CONVERSION

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### PREPARING FOR THE RHC STATE INSPECTION WEBINAR AND MATERIALS

On February 5, 2020 Healthcare Business Specialists presented a webinar on preparing for the state/AAAASF/TCT inspections to become a rural health clinic and re-inspections conducted by the state, AAAASF, and TCT. Here is the recording of the webinar and the PDF of the presentation:

- [Webinar Recording on RHC State Inspections](#)
- [Powerpoint Presentation \(PDF\)](#)
- [Mock Inspection Form used by Healthcare Business Specialists](#)
- [Powerpoint Presentation by Kate Hill on RHC Certification](#)
- [Powerpoint Presentation by Elsie Crawford on RHC Certification](#)

### CHANGES TO THE RHC PROGRAM - FALL, 2019

The Omnibus Burden Reduction (Conditions of Participation) Final Rule was finalized on September 30, 2019 and it relieves RHCs of some of the administrative burdens of the RHC status. We have webinars on October 2, 2019 and October 15, 2019 on the changes to the RHC program in the last year from a compliance standpoint.

- [Recording of Omnibus Regulatory Burden Reduction Webinar on October 15, 2019](#)
- [Omnibus Regulatory Burden Reduction, Appendix G, Appendix Z, and TennCare Moratorium lifted Webinar Slides on October 15, 2019](#)
- [Omnibus Regulatory Burden Reduction Regulation issued September 30, 2019 and Effective November 29, 2019](#)
- [Biennial Program Evaluation Policy Updated on October 1, 2019](#)
- [Signage Required to be placed in the Lobby for RHCs](#)





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# The Process to Become a Rural Health Clinic





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# Timeline to Become a Rural Health Clinic.

Process	Length of time.
1. 855A	60 Days
2. Preparation for State Inspection	30 to 60 days
3. State Inspection	30 to 90 Days
4. CCN and Rate Setting	30 to 180 Days
5. Medicaid Application and Rate Setting	60 to 180 Days

# DOOMSDAY PREPPERS



Preparing for the RHC  
Inspection

2. If you have been open for more than one year and are becoming an RHC do you have to have a program evaluation completed before the inspection?

---

A. Yes

B. NO





## Preparing for the RHC Inspection Steps

- 1. Prepare an RHC Policy and Procedure Manual
- 2. Prepare an Emergency Preparedness Policy and Procedure Manual
- 3. Train your employees about RHC status
- 4. Start Acting like you are an RHC
- 5. Conduct an Emergency preparedness drill, risk assessment, and EP training
- 6. Conduct a Program Evaluation
- 7. Conduct a Mock Inspection
- 8. Prepare an Evidence Binder
-



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# Preparing for the RHC Inspection

3.	Prepare for State Inspection and Inspection (2 to 3 months)	
A.	Complete the RHC Policy and Procedure Manual Questionnaire.	
B.	HBS will prepare the RHC P & P Manual and Fed Ex to clinic.	
C.	HBS will prepare Emergency Preparedness P & P manual.	
D.	HBS will conduct EP Tabletop Webinar Drills.	
E.	HBS will conduct Mock Inspection and if required an annual evaluation of the RHC.	
F.	Clinic will prepare Evidence Binder for the Inspectors.	
G.	HBS will notify the state or deeming authority the clinic is ready for the inspection.	
H.	The state or deeming authority will conduct the RHC inspection.	



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## **RHC & EP Policy & Procedure Manuals**

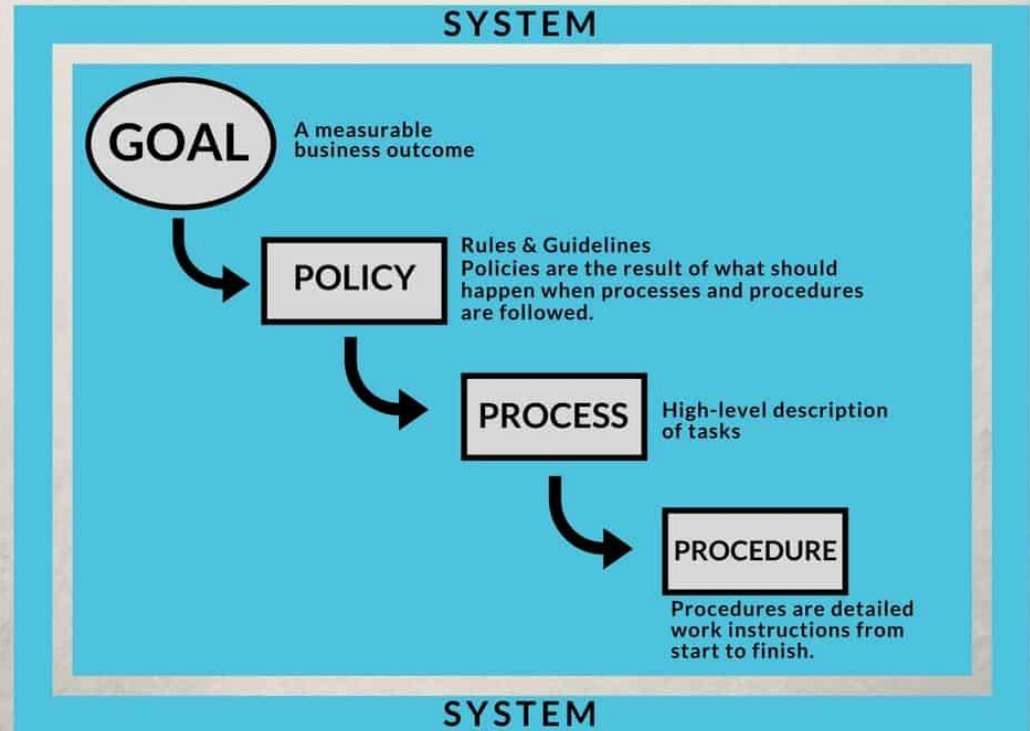
The first step is to complete the RHC Policy and Procedure Manual and the Emergency Preparedness questionnaires we will email you or you can find a link to them below. Once we receive the questionnaires, we will draft up the Manuals for you to edit and approve. The manuals will have to be approved by your Medical Director (a physician), a Nurse Practitioner/Physician Assistant, and a Community Representative who is not employed by the clinic. The following are links to the RHC and EP Questionnaires:

- [RHC Policy and Procedure Manual Questionnaire](#)
- [Emergency Preparedness Policy and Procedure Manual Questionnaire](#)
- <http://www.ruralhealthclinic.com/emergency-preparedness>

HBS has OSHA, HIPAA, and Laboratory manuals that are not specific to rural health clinics but are helpful if you do not already have those manuals. Please let us know and will email them to you.

The RHC P & P Manual should focus on those policies and Procedures that show compliance with the RHC Conditions of Participation.

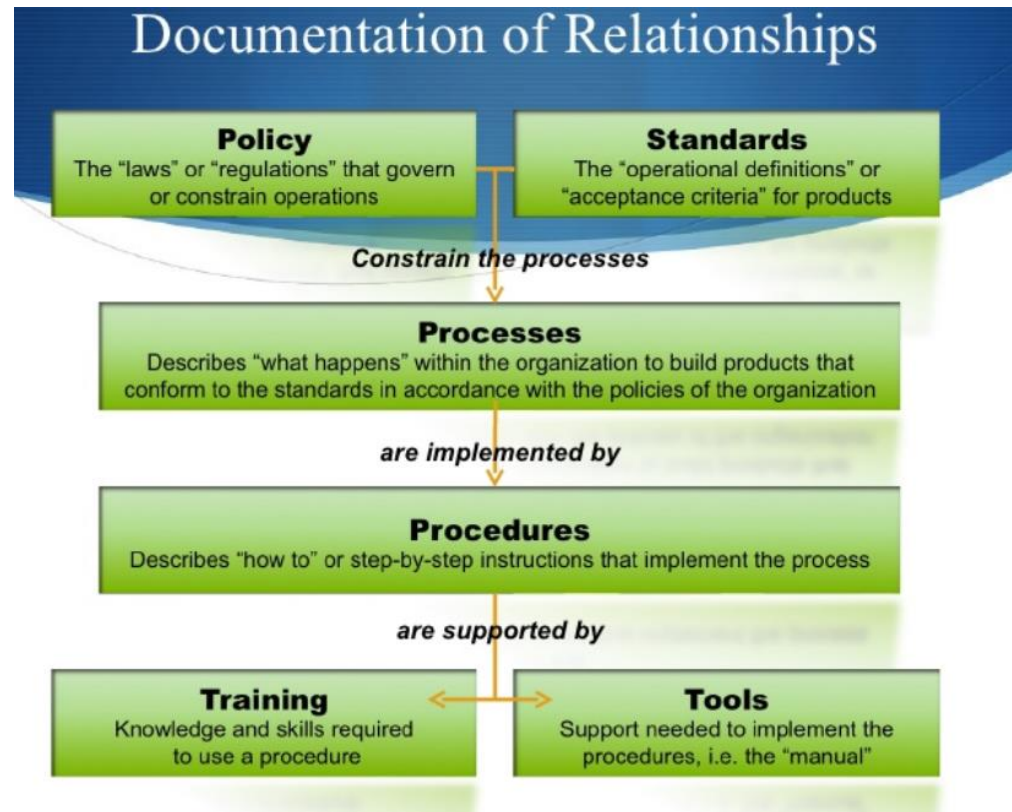
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Be careful not to  
overload your P & P  
Manual with Processes  
& Procedures not related  
to RHC Compliance

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### UPCOMING EVENTS

no upcoming events

### RECENT NEWS

- [Novitas Updates LCD 35099 Frequency of Lab Testing](#)
- [Announcing inQdocs, our cloud-based policies and procedures subscription service...](#)

### SERVICES WE OFFER

Healthcare Consulting

## News

### Announcing inQdocs, our cloud-based policies and procedures subscription service...

This year, we are introducing a cloud-based policy& document maintenance subscription service which allows you and your staff to have access to policies, procedures, and important documents at the tip of your fingers! inQdocs will allow you and your staff to have access to your policies and procedures 24/7 through your phone, tablet, or laptop. Find out more here on our website.



## Cloud-based RHC Policy & Procedure Manual

- <https://www.inquiseek.com/pages/news.php?id=8>

3. The most important step to passing the RHC inspection is to prepare and maintain a comprehensive Evidence Binder to present to the Inspector.

---

A. Yes

B. NO



The clinic will have an Evidence Binder and give that to the surveyor.

## Tennessee RHC Survey Evidence Binder

Please provide the following information to the RHC Surveyor at the beginning of the RHC survey. Please make a copy of everything provided to the Surveyor for your records.

Number	Surveyor Requested Item	Reference	Status
1	Form CMS-29	<b>Item 1</b>	<b>Done</b>
2	Copy of approval from CMS-RO for Visting Nurse Services.	NA	No Visiting Nurses.
3	Hours of operation	Item 3	Done
4.	Name and address of Owners	Item 4	Done
5.	Copy of Organizational Chart	Item 5	Done
6.	List of all patients scheduled for today, office visits for past 6 months and any emergency transfers in past year		
7.	List of all staff, title, and date of hire (Including MD)	Item 7	To Do
8.	Staffing for 2 weeks of operation (include all disciplines)	Item 8	Done
9.	Program Evaluation	Item 9	Sign page 3
10.	Copy of Confidentiality policy	Item 10	Done
11.	Policy for maintaining medical records	Item 11	Done
12.	Policy for emergency procedures	Item 12	Done
13.	Patient Care policy	Item 13	Done
14.	Copy of Physician(s), PA(s) and/or NP(s) license		
15.	Protocols for PA and/or NP to follow per physician		
16.	Procedures that PA and/or NP are allowed to perform		
17.	CLIA Certificate		
18.	Routine and Preventive Maintenance of medical equipment records		
19.	List of all services provided through agreement or arrangement	Item 19	Done
20.	Copy of facility floor plan		



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## Evidence Binder

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The most important aspect of passing the RHC inspection is to have an Evidence Binder to present to the inspector when the RHC inspection begins. We will provide a Table of Contents and if you will accumulate the information before the inspection that will make the inspection go much, much smoother. Your Evidence Binder should be maintained in a Notebook and continually updated. **In addition, please make a copy of the Evidence Binder and give it to the inspector for them to take with them.** This will ensure the inspector they have everything to show compliance with the conditions of participation to become a rural health clinic.

- [Evidence Binder Instructions](#)
- [Evidence Binder Table of Contents](#)



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**Have an Evidence Binder that is up to date at all times. (a file with copies for the inspector)**

**The Inspector will hand you a list of what they want to see in most cases. The list will typically have the same things listed:**

- A. Physician/NP/PA/CNM/Nurses licenses**
- B. Schedules for NPs/PA/CNMs (50%)**
- C. Preventive maintenance logs and plans**
- D. ALS or CPR updated certificates**
- E. Chart Reviews by the Medical Director**
- F. Emergency, Fire, and Medical Drills**
- G. Fire Department inspection, Invoices for PM.....**



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# Licensed Providers and Staff

Licensed Staff Member	State of Origin License # (or Certificate #)	Expiration Date	DEA Certificate # (as applicable)	Expiration Date	BLS Exp For Licensed and Certified Patient Care Personnel	Verification & copies of professional license, registration and/or certification is maintained if applicable.

## Rural Health Clinic Evidence Binder



Mark R. Lynn, CPA (Inactive)  
Healthcare Business Specialists, LLC  
502 Shadow Parkway  
Chattanooga, TN 37421  
Call: 423.243.6185  
Email: [marklynnrhc@gmail.com](mailto:marklynnrhc@gmail.com)

1. How to complete the Evidence Binder
2. CMS-29
3. Tax ID Letter – CP-575
4. Medicare Tie-In Letter -CCN Number
5. Health Shortage Area Documentation
6. List of Employees- Credentialing Info
7. Medical Licenses
8. DEA Licenses
9. CPR Certificates
10. Annual OIG Exclusion  
<https://exclusions.oig.hhs.gov/>
11. NP/PA Protocols
12. Collaborative Agreements
13. Inpatient Services Agreement/proof
14. Quarterly Chart Audits
15. Organization Chart
16. CLIA Certificate
17. Listing of Equipment & Preventive M.
18. Prev. Maintenance Agreement & Invoices
19. Fire, Evacuation, Tornado, etc. Drills
20. Annual HIPAA, OSHA, EP training
21. Floor Plan with Evacuation routes
22. Housekeeping logs
23. Preventive Maintenance logs
24. Monthly log for expiration dates
25. Annual Program Evaluation Report

<https://static1.squarespace.com/static/53c5f79de4b0f4932a3942a8/t/5dd043513f9513116962399f/1573929809795/2019+Evidence+Binder+25+Tab+Index.pdf>



Act as If you  
are an RHC

RHC





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# Assign Duties and Tasks



<https://static1.squarespace.com/static/53c5f79de4b0f4932a3942a8/t/5c4e05004fa51a7413b6a64e/1548616962995/2019+Certification+New+Startup+Summary+of+Todo+List+by+position.pdf>

# Assign Duties to RHC Employees

- [ToDo List by Position and Forms to document compliance](#)

About two months before the RHC state inspection, you should start acting like an RHC.

Many of the things that you already do while you provide excellent care to your patients will have to be documented. This step of the process is to identify who needs to do what and how it will be performed and documented. To help with this process we have prepared a document that lists what should be done by position and we have provided some sample forms to help document what is being done.

- [ToDo List by Position and Forms to document compliance](#)


Begin by assigning duties from this list to the positions listed and select forms to help document compliance.

Additionally, the RHC should post the hours of operation outside the clinic and in the lobby identify the ownership, medical direction, and principal direction of the clinic. Use the following link to prepare the document and display it in the lobby of the clinic:


## Documenting Compliance

### RHC CERTIFICATION TO DO LIST PLEASE INDICATE WHEN COMPLETED WITH A CHECKMARK


#### MEDICAL DIRECTOR DUTIES

	<input type="checkbox"/>	Review and sign and date the Policy and Procedure Manual and Annual Evaluation
	<input type="checkbox"/>	Review 15 NP/PA charts quarterly including at least 1 closed chart per quarter. Use the attached form or something similar to document and include the signature of both the medical director and the nurse practitioner.
	<input type="checkbox"/>	Sign and Review Collaborative agreement with NP/PA
	<input type="checkbox"/>	Review and sign the Emergency Preparedness Manual, participate in drills.
	<input type="checkbox"/>	Determine which Emergency drugs will be in the Emergency Kit.


#### NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

	<input type="checkbox"/>	Review and sign and date the Policy and Procedure Manual and Annual Evaluation
	<input type="checkbox"/>	Sign and Review Collaborative agreement with NP/PA
	<input type="checkbox"/>	Review and sign the Emergency Preparedness Manual, participate in drills.
	<input type="checkbox"/>	Keep a schedule of Nurse practitioners for review by the surveyors (50% rule)
	<input type="checkbox"/>	Determine which Emergency drugs will be in the Emergency Kit.


#### NURSING AND MEDICAL ASSISTANTS

	<input type="checkbox"/>	See Nursing Checklists for Monthly duties
	<input type="checkbox"/>	Clean up areas. Remove clutter. Remove anything with an expired expiration date.
	<input type="checkbox"/>	Undergo OSHA Training, Airborne pathogens, Emergency Preparedness.
	<input type="checkbox"/>	Perform six required lab tests and document controls.
	<input type="checkbox"/>	Remove any hazards from patient rooms. See walk through summary sheet.

#### OFFICE MANAGER AND ADMINISTRATION

	<input type="checkbox"/>	Prepare Evidence Binder for State Inspection
	<input type="checkbox"/>	Work with HBS to get RHC, OSHA, Lab, HIPAA, and EP P & P Manuals
	<input type="checkbox"/>	Arrange for Emergency Preparedness to be completed (work with HBS)
	<input type="checkbox"/>	Arrange for preventive maintenance of patient equipment
	<input type="checkbox"/>	Credential providers and all licensed personnel, update CPR, BLS, etc.

#### ANNUAL PROJECTS AND REQUIREMENTS

	<input type="checkbox"/>	Conduct the Program Evaluation Biennially
	<input type="checkbox"/>	Review, update and approve Emergency Preparedness (See One Page Checklist)
	<input type="checkbox"/>	Arrange for preparation of Medicare Cost Report (HBS)
	<input type="checkbox"/>	Biennially Review, Update, and Approve changes to the RHC P & P Manual.
	<input type="checkbox"/>	Conduct Preventive maintenance on all equipment.



## MEDICAL DIRECTOR DUTIES

<input type="checkbox"/>	Review and sign and date the Policy and Procedure Manual and Annual Evaluation
<input type="checkbox"/>	Review 15 NP/PA charts quarterly including at least 1 closed chart per quarter. Use the attached form or something similar to document and include the signature of both the medical director and the nurse practitioner.
<input type="checkbox"/>	Sign and Review Collaborative agreement with NP/PA
<input type="checkbox"/>	Review and sign the Emergency Preparedness Manual, participate in drills.
<input type="checkbox"/>	Determine which Emergency drugs will be in the Emergency Kit.

Medical Director Duties

# Chart Reviews



Some clinics use this form to document the quarterly Evaluation of medical records. Any form that is similar should be acceptable to the surveyor.

**PATIENT RECORD QUALITY MANAGEMENT CHECK LIST**

	DATE:		PROVIDER:										
	FACILITY:		OTHER:										
PATIENT NAME	DATE OF VISIT	SOCIAL INFO	CURRENT RX?	ALLERGIES NOTED?	IMMUNS REC?	P.E./OBJ FINDINGS	DX IMP	DX TESTS	RX	PT INST GIVEN	ED GIVEN	F/U VISIT	
TOTAL AVERAGE GRADE Check=standard met 0= standard not met N/A= not applicable	COMMENTS: (OVERALL GRADE       %)												
	Reviewer Sig _____	Reviewed by Provider _____											

\*After review, this form is to be forwarded to the clinic manager for review and retention  
29 | Page

## PHYSICIAN SUPERVISION LOG

#	CHART NUMBER	DATE OF SERVICE	TREATMENT ACCEPTABLE	RECOMMENDATION
1			Y N Y W/RECOM	
2			Y N Y W/RECOM	
3			Y N Y W/RECOM	
4			Y N Y W/RECOM	
5			Y N Y W/RECOM	
6			Y N Y W/RECOM	
7			Y N Y W/RECOM	
8			Y N Y W/RECOM	
9			Y N Y W/RECOM	
10			Y N Y W/RECOM	
11			Y N Y W/RECOM	
12			Y N Y W/RECOM	
13			Y N Y W/RECOM	
14			Y N Y W/RECOM	
15			Y N Y W/RECOM	

PHYSICIAN SIGNATURE \_\_\_\_\_  
 CRNP SIGNATURE \_\_\_\_\_  
 DATE OF REVIEW \_\_\_\_\_

## NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS



<input type="checkbox"/>	Review and sign and date the Policy and Procedure Manual and Annual Evaluation
<input type="checkbox"/>	Sign and Review Collaborative agreement with NP/PA
<input type="checkbox"/>	Review and sign the Emergency Preparedness Manual, participate in drills.
<input type="checkbox"/>	Keep a schedule of Nurse practitioners for review by the surveyors (50% rule)
<input type="checkbox"/>	Determine which Emergency drugs will be in the Emergency Kit.

# Nurse Practitioner & Physician Assistant Duties



## NURSING AND MEDICAL ASSISTANTS

<input type="checkbox"/>	See Nursing Checklists for Monthly duties
<input type="checkbox"/>	Clean up areas. Remove clutter. Remove anything with an expired expiration date.
<input type="checkbox"/>	Undergo OSHA Training, Airborne pathogens, Emergency Preparedness.
<input type="checkbox"/>	Perform six required lab tests and document controls.
<input type="checkbox"/>	Remove any hazards from patient rooms. See walk through summary sheet.

Nursing and Medical Assistants

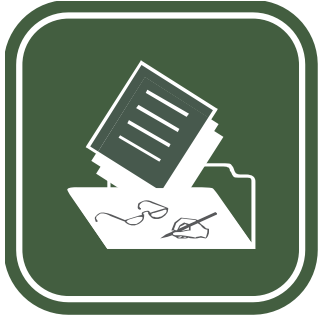


## OFFICE MANAGER AND ADMINISTRATION

<input type="checkbox"/>	Prepare Evidence Binder for State Inspection
<input type="checkbox"/>	Work with HBS to get RHC, OSHA, Lab, HIPAA, and EP Policy and Procedure Manuals
<input type="checkbox"/>	Arrange for Emergency Preparedness to be completed (work with HBS)
<input type="checkbox"/>	Arrange for preventive maintenance of patient equipment
<input type="checkbox"/>	Credential providers and all licensed personnel, update CPR, BLS, etc.

Office Manager & Administration





### ANNUAL PROJECTS AND REQUIREMENTS

<input type="checkbox"/>	Conduct the Annual Evaluation/Program Evaluation (HBS)
<input type="checkbox"/>	Review, update and approve Emergency Preparedness (See One Page Checklist)
<input type="checkbox"/>	Arrange for preparation of Medicare Cost Report (HBS)
<input type="checkbox"/>	Review, Update, and Approve changes to the RHC Policy and Procedure Manual.
<input type="checkbox"/>	Conduct Preventive maintenance on all equipment.

Annual Projects and Requirements

# RHCs are required to disclose ownership, medical direction & Principal Direction and Operation in the Lobby

---



<http://www.ruralhealthclinic.com/s/2019-Certification-Master-Signage-with-Ownership-Medical-Direction-and-management-to-be-placed-in-lo.docx>

# OIG Exclusions Database

<https://exclusions.oig.hhs.gov/>

**REPORT FRAUD** Home • FAQs • FOIA • Contact • HEAT • Download Reader

U.S. Department of Health & Human Services  
**Office of Inspector General**  
U.S. Department of Health & Human Services

Report #, Topic, Keyword... Search

Advanced

About OIG Reports & Publications Fraud Compliance Exclusions Newsroom Careers

Home > Exclusions

Visit our [tips page](#) to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at [webmaster@oig.hhs.gov](mailto:webmaster@oig.hhs.gov).

### Search the Exclusions Database

Do not use your browser's back button while navigating through the LEIE search. Instead, use the built-in navigation features as indicated below:

#### Search For An Individual

Search For Multiple Individuals | Search For A Single Entity | Search For Multiple Entities

Last Name (and/or) First Name

#### Related Content

- LEIE Downloadable Databases
- Monthly Supplement Archive
- Waivers
- Quick Tips
- Background Information
- Applying for Reinstatement
- Contact the Exclusions Program
- Frequently Asked Questions
- Special Advisory Bulletin and Other Guidance

The OIG states that the excluded party database must be checked prior to employing anyone and then again periodically.



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# The RHC Inspection

**INSPECTION**

**PASSED**

**FAIL**





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# What is your Mindset

**Think about child proofing your home when you have small children.**

**Think about the safety of patients and Employees.**

**Think about privacy and HIPAA.**






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# Who Conducts RHC Certification Inspections

1. The State
2. AAAASF
3. The Compliance Team (See Presentation)

[https://www.healthy.arkansas.gov/images/uploads/pdf/AR\\_RHC\\_Survey\\_4.13.2018\\_.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/AR_RHC_Survey_4.13.2018_.pdf)



4. When the RHC Inspector arrives you should?

---

- A. Send them away if you are not entirely ready.**
- B. Try to keep them in the waiting room as long as possible.**
- C. Find them a private place to work as soon as possible.**





**The Surveyor is the key to the inspection.**



**The Receptionist will often determine  
Which Surveyor you get. Train Them!**





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## Have a plan for when the Inspector comes to your clinic

1. Provide the receptionist with instructions
2. Do not keep them waiting in the lobby
3. Give them a desk to work at that is quiet and away from activity.
4. Give them the P and P manual and RHC Evidence Binder.
5. Inform the staff that the inspection is underway.
6. Call your Consultant.

**EMERGENCY CONTACT NUMBERS**

911 IN CASE OF AN EMERGENCY CALL 911

★ POLICE DEPARTMENT \_\_\_\_\_

P POISON CONTROL \_\_\_\_\_

H PHARMACY \_\_\_\_\_

1 CUSTOM CONTACT \_\_\_\_\_

2 CUSTOM CONTACT \_\_\_\_\_

**Call Your Consultant**



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**The Surveyor  
will give you a  
document  
something like  
this.**

#### AAAASF/RHC Medicare Inspection Checklist

1. Organization Tour with Supporting Policies:
  - a. Safety of General Environment: There will be familiarization walkthrough tour of the organization
  - b. Document Review: Personnel records and Qualifications
  - c. Document Review and Postings : Compliance with Federal, State, and Local laws and Administrative Management
  - d. Plan of Care and Physician Involvement
  - e. Provision of Services
  - f. Document Review: Contracted Services
  - g. Document Review: Patient Health Records
  - h. Physical Environment
  - i. Staffing and Staff Responsibilities
  - j. Disaster Preparedness
  - k. Program Evaluation
  - l. Survey Findings: The surveyor will document the survey findings and complete the survey forms.
  - m. Exit Interview: The surveyor will review the survey process in an exit interview with the organization administrator and key staff with discussion of areas of deficiency and suggestions for improvement.
2. Patient Care Policy and Procedures
  - a. Governing Authority/Ownership
  - b. Advisory Committee Minutes
    - i. Annual review of all policies and procedures (updated as necessary)

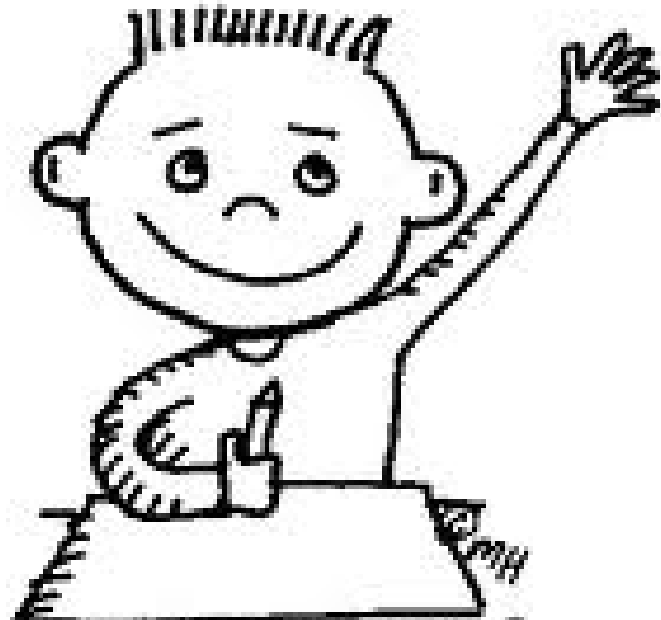


5. Will the RHC inspector observe a patient visit?

---

**A. Yes, under recent Interpretative Guidelines the inspector should do this.**

**B. No, HIPAA Privacy Regulations will not allow this.**



**QUESTIONS**

The background features a blurred image of a calendar with a red cover and a white page showing dates. A solid blue vertical bar is positioned on the left side of the image. The text is overlaid on a white rectangular area.

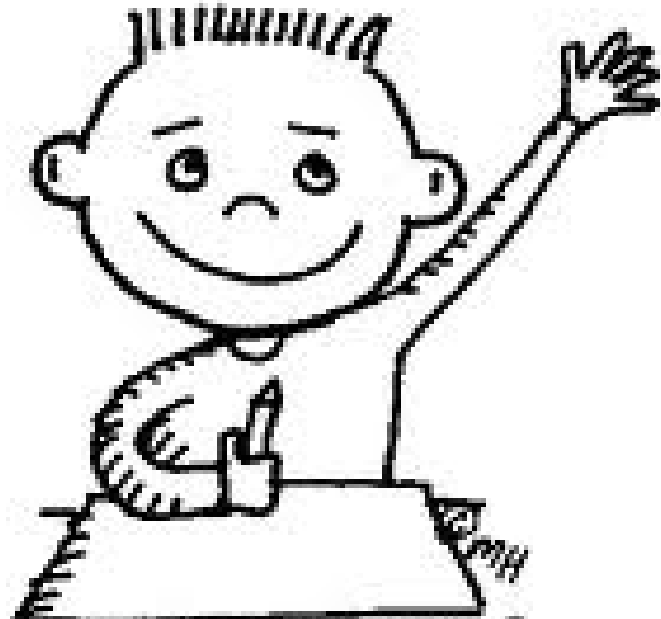
## Day of Survey Agenda

- On-site Meeting with Key Leadership
- Review of RHC policies
- Tour the entire Facility
- Observe Medication Storage
- Observe Infection Prevention Practices
- Interview Staff and Providers
- Patient Health Record review
- Personnel Files
- Exit interview

6. When the surveyor asks a question you do not know the answer to?

---

- A. Pretend you don't hear them
- B. Make something up
- C. Say "Let me refer to the Policy and Procedure manual and get right back with you"
- D. Say "I don't know and I don't care"



QUESTIONS



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## Surveyor's Approach

- Expect Surveyor to...
  - Review Documents and Records
  - Observe Processes
  - Interview Staff w/ Open-ended Questions to Reveal Underlying Issues
  - Discuss/Teach Best Practices when Non-Compliance is Discovered



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## Surveyor/Staff Interaction Tips

- Staff should be familiar with routine policies/procedures and be able to describe the “how” and “why” of a process
- If unable to answer completely, it is acceptable to say “I would consult policy”
- When a surveyor is observing, staff should just do what they normally do

# Surveyor/Staff Interaction Tips

- Understanding the rationale for why they do what they do helps staff anchor information in their memory
- Placing written/visual reminders in the environment will help staff during day to day operations and when they interact with a surveyor





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# Place Hints Throughout The Clinic

**\*\*LIDOCAINE AND XYLOCAINE are single use vials and should be discarded after each use.\*\***



**\*\*\*REMEMBER\*\*\***  
***Multidose Vials***  
**MUST BE LABELED WITH A 28 DAY EXPIRATION DATE ONCE PUNCTURED.**  
***NOT* the initial date vial is punctured.**  
Vials should be discarded after the beyond use date of 28 days.  
*Thank you!*  
-JCMH Pharmacy

### STANDARD PRECAUTIONS

**ATTENTION!**

**Hand Hygiene**  
Wash your hands frequently and thoroughly with soap and water for at least 20 seconds. Use hand sanitizer if soap and water are not available. Use gloves when touching blood, body fluids, secretions, excretions, mucous membranes, intact skin, non-intact skin, and surfaces that may be contaminated. Remove gloves after each patient contact. Perform hand hygiene after glove use.

**Respiratory Hygiene/Cough Etiquette**  
Advise patients with cough, cold, flu, or respiratory illness to wear a mask. Encourage patients to cover their mouth and nose with a tissue or their elbow when coughing or sneezing. Advise patients to avoid touching their face. Advise patients to use a separate tissue for each person. Discard used tissues immediately. Advise patients to avoid close contact with others who are ill.

**Personal Protective Equipment (PPE)**  
Wear PPE based on the nature of the anticipated patient interaction. Remove PPE after each patient contact. Perform hand hygiene after PPE use.

**Gloves**  
Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or surfaces is anticipated. Change gloves after each patient contact. Perform hand hygiene after glove use. Do not touch your face, mouth, or nose while wearing gloves. Change gloves during patient care. Do not reuse gloves for a subsequent patient. Do not use gloves to clean up spills or clean up the patient's body.

**Gowns**  
Wear a gown to protect skin and prevent clothing or undergarments from becoming contaminated with blood or other potentially infectious materials. Change gowns after each patient contact. Perform hand hygiene after gown use. Do not touch your face, mouth, or nose while wearing a gown. Do not use gowns to clean up spills or clean up the patient's body.

**Mask, Eye Protection, and Goggles**  
Wear a mask to protect the mucous membranes of the face. Wear eye protection and a face shield or goggles when there is a risk of splashes or sprays of blood, body fluids, secretions, or excretions. During aerosol-generating procedures, wear eye protection. After each use, the mask, eye shield, or goggles should be discarded. Clean, disinfect, or store in a clean, dry container.

# Mock Inspection

Date of review:

Reviewed by:

## Exam Rooms and Procedure Rooms

1. room logs being utilized?
2. expired meds/supplies?
3. plug protectors?
4. closed trash containers?
5. holes or spots in walls that need repair?
6. locks on cabinets as necessary?
7. anything under sinks?
8. vials ointments and solutions dated appropriately?
9. any single use items opened and not discarded?
10. cleaning products secured?
11. drawers and cabinets neatly organized?
12. sharps containers mounted and dated appropriately?
13. splash guards present?

## Patient Bathrooms

14. emergency notice in bathroom? System tested?
16. any chemicals or air freshener cans in bathrooms?
17. restroom labeled correctly?
18. holes or spots in walls that need repair?
19. plug protectors?

## lab area

20. controls being done and logged as appropriate?
21. Is equipment clean?
22. splash guards present?
23. clean and dirty clearly defined?
24. nothing dirty in the clean area
25. holes or spots in walls that need repair?
26. UA testing capability?
27. Pregnancy testing capability?
28. Hemocult testing capability?
29. Hemoglobin OR hematocrit capability?
30. Primary culturing capability? (flu swab, strep screen)

## Medication/nurse area

31. signage on fridge - do not unplug, meds only..etc.
32. power outage procedure on door of inms
33. anything stored in doors of fridges?
34. schedule II drugs are double locked and logged separately?
35. allergy meds monitored separately for expiration?
36. oxygen tanks secured
37. oxygen tanks labeled in use and empty? Cannula ready?
38. emergency drug box easily accessible?
39. sample meds logged?
40. eye wash station checked and logged?
41. spill kit?
42. any safety concerns?
43. any auto clave process concerns?

## waiting room and hallways

44. holes or spots in walls that need repair?
45. plug protectors?
46. clean?
47. Any safety concerns?
48. lock on cleaning supply closet
49. exit signs can be clearly seen and lights functioning?
50. Secondary doors are locked?
51. fire extinguishers are being checked monthly?
52. hallways are clean and unobstructed?

## Check in area

53. HIPAA review/PHI
54. area neat and organized?

## Signage and parking lot

55. hours of operation posted are correct?
- signage review  
any safety concerns?

## Miscellaneous

- APP hours meeting the 50% rule



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# Facility Tour



**Clean and Maintained**

# Mock Inspection

---

## Facility Tour



**Fire Safety Process per State Regulations  
(note accreditation standards that may exceed CFR)**



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# Facility Tour



Local Licenses or Certificates

State Postings

Federal Postings

Dangerous Drug Certificates

Provider Licenses

**State and Federal Posters are required to be in Visible Places**



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## Facility Tour

### Equipment Maintenance Best Practices

- All equipment resides on an Inventory List
- Policy determines need for Inspection vs Preventive Maintenance
- PM based on Manufacturer's IFUs
- Process in place for tracking due dates for PM
- Evidence of initial inspection BEFORE use in patient care
- Annual Bio-Med inspection is evident with stickers or report
- Equipment not in use is labeled as such and stored away



# Medication Storage

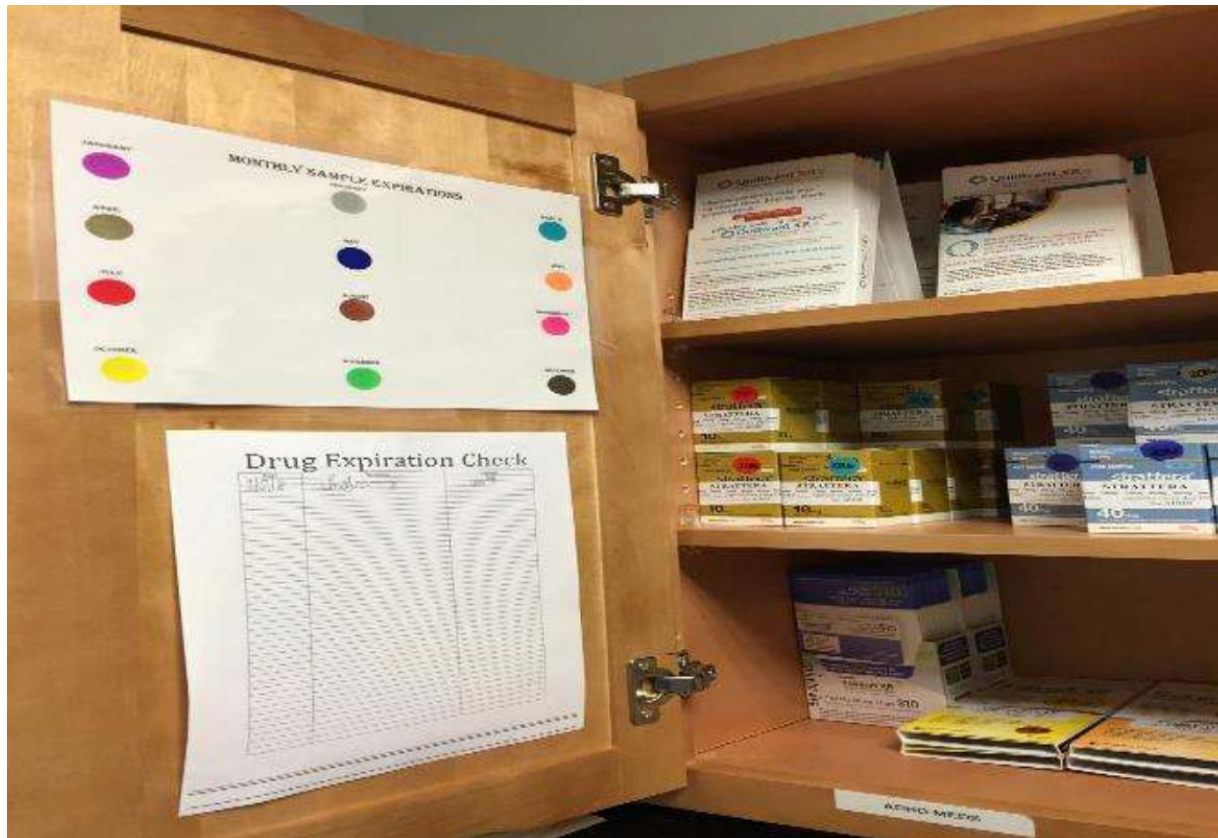
---

## Medication Storage



**ER Med Box/Cart is stocked according to a list and ready to meet the needs of the population.**

# Check for Expired Medications





# Six Required Lab Services

## Review of Laboratory Services

### Laboratory Compliance

- 6 Required tests must be able to be performed in the Clinic
  - Urine Analysis
  - Hemoglobin/Hematocrit
  - Blood Glucose Testing
  - Urine Pregnancy Test
  - Occult Fecal Blood Test
  - Primary Culturing
- Clinic follows all Manufacturer's IFU for equipment and supplies
- Staff should have training/verification of competency (BEST PRACTICE)

PATIENT NAME	DATE	TEST NAME	RESULT	UNIT
1501722	07/17	Hemoglobin	12.0	g/dL
1501722	07/17	Hematocrit	36.0	%
1501722	07/17	Hemoglobin	12.0	g/dL
1501722	07/17	Hematocrit	36.0	%
1501722	07/17	Hemoglobin	12.0	g/dL
1501722	07/17	Hematocrit	36.0	%

7/15/17 Hemoglobin out of range - Pt. Hemoglobin not tested. 7/15/17





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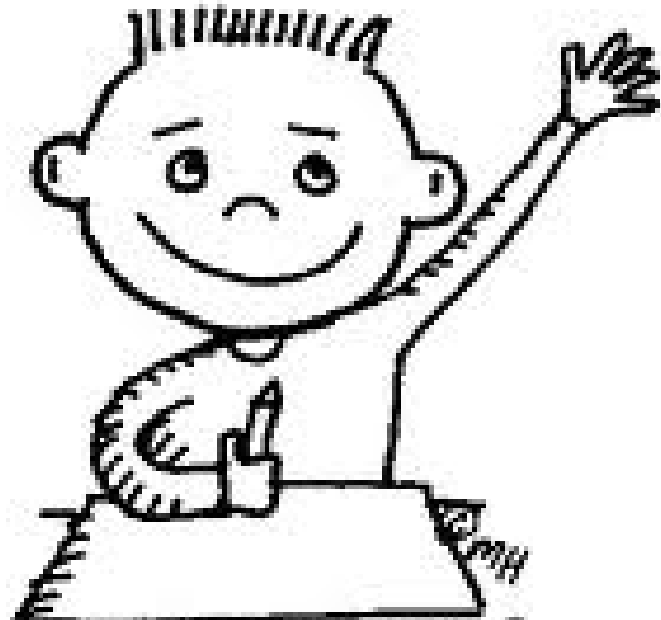


7. RHCs are required to maintain snake antidote?

---

A. Yes

B. No



QUESTIONS



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## **INTERPRETATIVE GUIDELINES RELEASED**

**CMS released a long update to SOM Appendix G Interpretative Guidelines for RHCs (Appendix G was updated in January, 2018) Here is the link to this 93 page PDF.**

**<https://www.cms.gov/Medicare/Provider-Enrollment-andCertification/SurveyCertificationGenInfo/Downloads/Survey-and-CertLetter-18-09.pdf>**

**While not legally binding, it can be used by surveyors to justify non-compliance**



## NEW INTERPRETATIVE GUIDELINES **NOT LEGALLY BINDING**

**GAO**  
**Guidance Documents from Federal Agencies**  
*How agencies clarify legal information, respond to questions, and inform the public*

**Where Does Guidance Fit In?**

**Why Do Agencies Use Guidance Documents?**

**Types of Guidance Documents**

**How Did Selected Agencies Disseminate their Guidance?**

**How Can Internal Controls be Applied to Guidance Processes?**

GAO examined guidance processes at the departments of Agriculture, Education, Health and Human Services, Labor, and selected subagencies within these departments.

25 States, 22 Federal, 19 State, 17 Federal, 13 State, 11 Federal, 1 State

GAO examined 23 selected subagencies and dissemination methods.

LOOKING FOR MORE INFORMATION? Visit [GAO.GOV/GAO-15-368](http://GAO.GOV/GAO-15-368)





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## **CHANGES TO SURVEY DUE TO THE INTERPRETATIVE GUIDELINES**

The NARHC met with CMS to get certain things changed and succeeded on these

**1-Physician responsibility to review all records**

**2-Clinical policies must be developed by one physician, NP, or PA outside the RHC**

**3-Rural Health Clinics must stock costly drugs and biologicals such as snake antidote that are typically thrown out**

**CMS would not agree to change the following**

**4-Survey team must include a registered nurse**

**5-Surveyors must witness a visit**

**6-Medical Director must practice in the RHC (1 visit per year minimum)**

# Appendix G – Revision Dated September 3, 2019

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



## Center for Clinical Standards and Quality /Quality, Safety & Oversight Group

Ref: QSO-19-18- RHC

**DATE:** September 3, 2019  
**TO:** State Survey Agency Directors  
**FROM:** Director  
Survey and Certification Group  
**SUBJECT:** Revised Rural Health Clinic (RHC) Guidance Updating Emergency Medicine Availability—State Operations Manual (SOM) Appendix G- Advanced Copy

### Memorandum Summary

- **RHC Appendix G Revision:** The Centers for Medicare & Medicaid Services (CMS) is updating the medical emergency guidance as it pertains to the availability of drugs and biologicals commonly used in life saving procedures.

### Background

On December 22, 2017, CMS issued a comprehensive revision to the SOM, Appendix G for RHCs. As part of the revision, we provided additional guidance pertaining to the medical emergency requirements which are codified at 42 CFR 491.9(c)(3). The regulation requires RHCs to provide medical emergency procedures as a first response to common life-threatening injuries and acute illness. In addition, it requires RHCs to have available the drugs and biologicals commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids. Since the regulation utilizes the term “such as” when identifying the types of drugs/biologicals the RHC must have available, there have been questions as to whether the RHC must maintain items from *each category type* listed or if the categories were provided as examples. Additionally, it has been brought to our attention that the example provided in the current guidance implies all RHCs are required to store snake bite anti-venom, regardless of whether or not there was a specific risk in the RHC’s geographic area.

### Discussion

The current guidance clarifies that an RHC must maintain a supply of drugs and biologicals adequate to handle the volume and type of emergencies it typically encounters for *each of the listed categories*. It further states, if an RHC generally handles only a small volume/type of a specific emergency, it is appropriate for the RHC to store a small volume of a particular drug/biological. As an example, we used snake bites as a medical emergency to which storing a small volume of an antidote would be acceptable.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-19-18-RHC.pdf>

# CMS Relaxes Policy on Emergency Drugs and Biologicals for RHCs


NARHC is happy to report that CMS is significantly altering their guidance policy regarding emergency drugs and biologicals required in Rural Health Clinics. This change is effective immediately.

Previously, RHCs were required to stock drugs and biologicals from each of the following categories: 1-Analgesics; 2-Local Anesthetics; 3-Antibiotics; 4-Anticonvulsants; and 5-Antidotes, emetics, serums & toxoids. **However, as of September 3rd, 2019, RHCs will only be required to consider each category when they craft their written policies.** This means that RHCs will not be required to stock snake antidote, emetics, or anticonvulsants!



<https://www.web.narhc.org/News/28058/CMS-Relaxes-Policy-on-Emergency-Drugs-and-Biologicals-for-RHCs>





8. RHCs should consider which of the following when stocking the Emergency kit?

---

- A. The community history**
- B. The medical history of its patients**
- C. Accepted Standards of Practice**
- D. All of the above**



# Appendix G - Emergency Drugs and Biologicals for RHCs

- *“While each category of drugs and biologicals must be considered, all are not required to be stored...”*
- We will still be required to store drugs and biologicals for emergencies, but now, CMS is allowing us to determine which drugs and biologicals are most appropriate for our communities:
- *...when determining which drugs and biologicals it has available for purposes of addressing common life-threatening injuries and acute illnesses, **the RHC should consider, among other things, the community history, the medical history of its patients and accepted standards of practice. The clinic should have written policies and procedures for determining what drug/biologicals are stored and that address the process for determining which drugs/biologicals to store, including identifying who is responsible for making this determination.**”*

# Appendix Z Revised on 2/1/2019

- Appendix Z updated as of 2/1/2019. The red italics show the changes made with this revision (see downloads section). For the full Appendix Z, please see
- [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf)

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-06-ALL.pdf>

# Revisions and Updates to Appendix Z

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO19-06-ALL

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-06-ALL.pdf>

**DATE:** February 1, 2019

**TO:** State Survey Agency Directors

**FROM:** Director  
Quality, Safety & Oversight Group

**SUBJECT:** Emergency Preparedness- Updates to Appendix Z of the State Operations Manual (SOM)

## Memorandum Summary

- **Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers:** On September 16, 2016, the *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers* (Emergency Preparedness Rule) final rule was published in the Federal Register.
- Health care providers and suppliers affected by the rule were required comply and implement all regulations by November 15, 2017.
- We are updating Appendix Z of the SOM to reflect changes to add emerging infectious diseases to the definition of all-hazards approach, new Home Health Agency (HHA) citations and clarifications under alternate source power and emergency standby systems.

## Background

The Emergency Preparedness Final Rule (81 Fed. Reg. 63860, September 16, 2016) sets out requirements for all providers and suppliers in regards to planning, preparing and training for emergency situations. The rule includes requirements for emergency plans, policies and procedures, communications and staff training. While there are minor variations based on the specific provider type, the rule is applicable to all providers and suppliers. The emergency preparedness requirement is a Condition of Participation/Condition for Coverage which covers the requirement for facilities to have an emergency preparedness program.

## Discussion

CMS is adding “emerging infectious diseases” to the current definition of all-hazards approach. After review, CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program. In light of events such as the Ebola Virus and Zika, we believe that facilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters.



EBOLA

SARS

HBV

MALARIA

## Include Infectious Diseases in All Hazards Risk Assessment & Develop a Policy

---

- CMS is adding “emerging infectious diseases” to the current definition of all-hazards approach. After review, CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program. In light of events such as the Ebola Virus and Zika, we believe that facilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters.

- <http://www.ruralhealthclinic.com/s/2019-Master-Infectious-Disease-Policy-E50-to-add-to-the-Emergency-Preparedness-Policy-and-Procedure.docx>

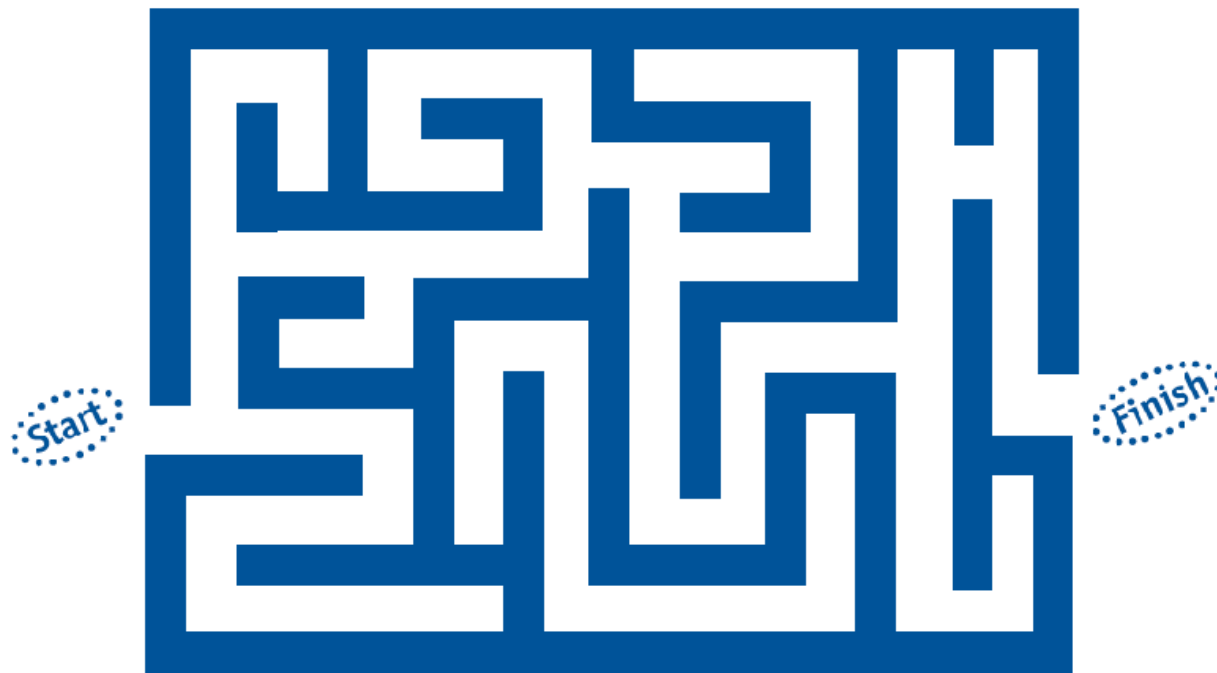
- <http://www.ruralhealthclinic.com/s/2019-Emergency-Preparedness-Forms-Infectious-Disease-Forms.pdf>



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# Resources for RHCs





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Description

Web Address

RHC Regulations from the CFR

<http://narhc.org/resources/rhc-rules-and-guidelines/>

**Appendix G  
Guidance to Surveyors:  
Rural Health Clinics**

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_g\\_rhc.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_g_rhc.pdf)

**CMS-30 Survey For  
Rural Health Clinics  
(This is a modified  
version that is useful)**

<http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/survey-report-tool.pdf>



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## **CMS 30 Survey Form – Last updated March 1, 1978**

### **Changes over the last 40 years**

NP/PA is now 50% not 60% - OBRA 89

Lab tests are now 6 instead of 9 – mid-90s

Medical Director not on site every two weeks – 7/1/2014

Guidance from the deeming organizations on emergency meds.

RHCs can now pay using 1099 for some NPs/Pas – 7/11/2014

Updated Version. Not official:

<http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/survey-report-tool.pdf>

**Problem: Surveyors still cite this report.**





**RuralHealthClinic.com**

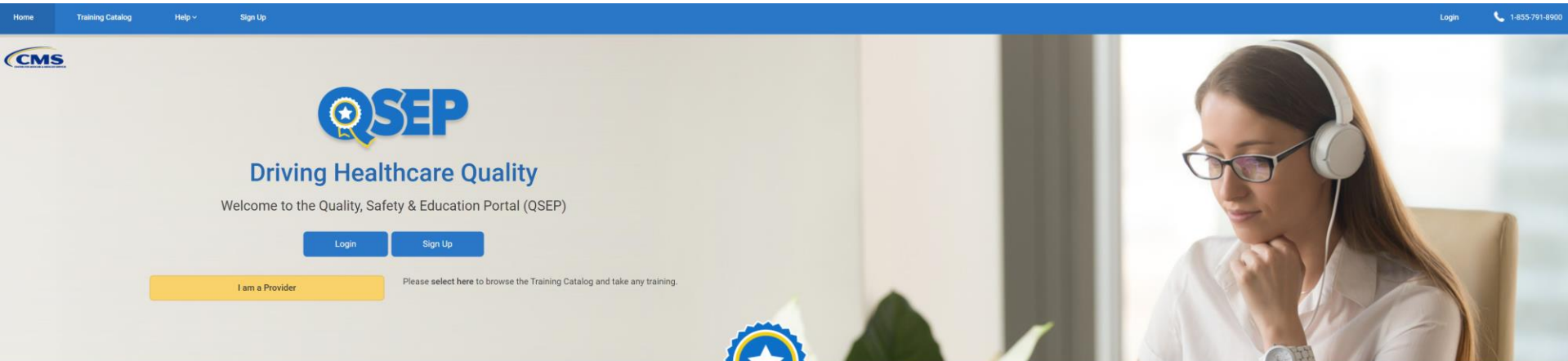
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# Survey Resources for New RHCs

<u>Type</u>	<u>Cap</u>
State Surveyors	<a href="#"><u>CMS State Survey Agency Directory</u></a>
Quad A RHC Accreditation	<a href="https://www.aaaasf.org/programs/medicare-programs/medicare-rural-health-clinics-program"><u>https://www.aaaasf.org/programs/medicare-programs/medicare-rural-health-clinics-program</u></a>
The Compliance Team RHC Accreditation	<a href="http://www.thecomplianceteam.org/rural_health_clinic.aspx"><u>http://www.thecomplianceteam.org/rural_health_clinic.aspx</u></a>

# The Quality, Safety & Education Portal (QSEP)

<https://qsep.cms.gov/welcome.aspx>



The screenshot shows the top navigation bar with links for Home, Training Catalog, Help, and Sign Up. On the right, there are links for Login and a phone number: 1-855-791-8900. The CMS logo is in the top left. The main content area features the QSEP logo, the tagline "Driving Healthcare Quality", and a welcome message: "Welcome to the Quality, Safety & Education Portal (QSEP)". Below this are "Login" and "Sign Up" buttons. A yellow button labeled "I am a Provider" is also present, with a note: "Please select here to browse the Training Catalog and take any training." The background of the main content area is a photograph of a woman wearing a headset and glasses, looking thoughtful.



The Quality, Safety & Education Portal (QSEP) provides the full curriculum of surveyor training and guidance on health care facility regulations.

QSEP is an online platform that empowers learners to lead and manage their own learning in order to master the content. All training is available on-demand on a top-notch self-service portal. 24/7 access means you have the freedom to learn what you want, where you want, when you want.



**Introducing Training Plans for surveyors: a new way to visualize and approach training.**

Training Plans in QSEP empower surveyors to take charge of their learning by providing clear, specific pathways to access, navigate and complete training that is provided in an organized, structured format.

[User Training Video](#)



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## **RHC TRAINING MODULES**

On August 22, 2017 CMS published RHC and FQHC Basic Training Online Course (RFBTOC) which is a series of training modules for RHC inspectors or new RHCs. The course will take approximately 25 hours to complete. Rural Health Clinics (RHC) are required to comply with the Federal requirements set forth in the Medicare Conditions for Certification/Conditions for Coverage in order to receive Medicare and/or Medicaid payment. The goal of an RHC survey complaint survey is to determine whether the RHC complies with its applicable Conditions of Participation at 42 CFR 491, Subpart A. The link to find the RHC survey training course is as follows:

- [https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=OCMSRHCFQHC\\_ONL](https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=OCMSRHCFQHC_ONL)



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## EMERGENCY PREPAREDNESS TRAINING MODULES

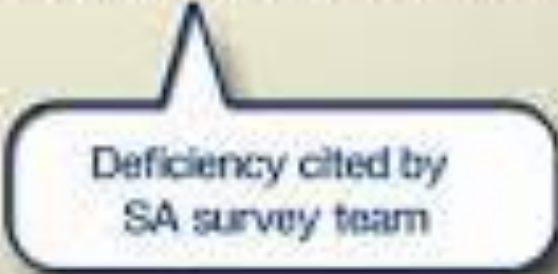
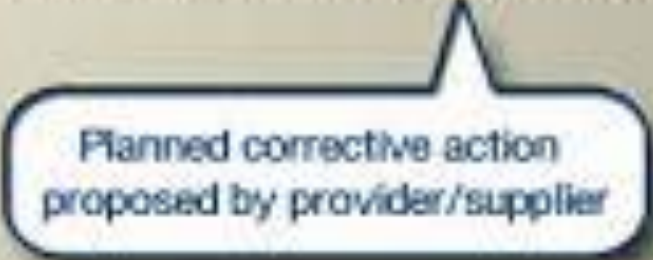
- Emergency Preparedness Basic Surveyor Training Course - Course Menu
- The Centers for Medicare & Medicaid Services (CMS) Survey & Certification Group (SCG) developed the Emergency Preparedness Basic Surveyor Training Course to help health and safety and Life Safety Code (LSC) surveyors and reviewers gain proficiency in surveying all affected participating providers and certified suppliers for compliance with their individual emergency preparedness requirements.
- Because the individual regulations for each provider and supplier type share a majority of standard provisions, this training provides consistent guidance and survey procedures for all provider and supplier types in a single course.
- The estimated course completion time for this training is 16 hours.
- [https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=OCMSEmPrep\\_ONL](https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=OCMSEmPrep_ONL)



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# RHC Forms to use from Idaho

Description	Link
Bureau of Rural Health & Primary Care (See 2012 Presentations)	<a href="http://www.healthandwelfare.idaho.gov/Health/RuralHealthandPrimaryCare/RuralHealthClinic(RHC)Certification/tabid/408/Default.aspx">http://www.healthandwelfare.idaho.gov/Health/RuralHealthandPrimaryCare/RuralHealthClinic(RHC)Certification/tabid/408/Default.aspx</a>
Medical Record Review Form	<a href="http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/PatientRecordQualityCklist.pdf">http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/PatientRecordQualityCklist.pdf</a>
CDC Temperature Logs	<a href="http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/CDCTempLog.pdf">http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/CDCTempLog.pdf</a>
Equipment Maintenance Logs	<a href="http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/Equipment%20Name.pdf">http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/Equipment%20Name.pdf</a>
Sample Medication Log	<a href="http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/SampleMedicationLog.pdf">http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/SampleMedicationLog.pdf</a>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: _____	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEYED: _____
NAME OF FACILITY:		STREET ADDRESS, CITY, STATE, ZIP CODE:		
NO.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID NUMBER TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERRED TO THE APPROPRIATE DEFICIENCY)	
				

# Deficiencies



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# Qcor is Available from CMS



Go To: [Report Select Page](#)

## Active Provider and Supplier Counts Report

### Selection Criteria

Provider and Supplier Type(s): Rural Health Clinics

Year Type:  Year:  Quarter:  [View All States](#)

Region	Active Providers and Suppliers	% of Active Providers
<a href="#">(I) Boston</a>	66	100.0 %
<a href="#">(II) New York</a>	9	100.0 %
<a href="#">(III) Philadelphia</a>	158	100.0 %
<a href="#">(IV) Atlanta</a>	1,081	100.0 %
<a href="#">Alabama</a>	112	100.0%
<a href="#">Florida</a>	155	100.0%
<a href="#">Georgia</a>	91	100.0%
<a href="#">Kentucky</a>	240	100.0%
<a href="#">Mississippi</a>	186	100.0%
<a href="#">North Carolina</a>	76	100.0%
<a href="#">South Carolina</a>	88	100.0%
<a href="#">Tennessee</a>	133	100.0%
<a href="#">(V) Chicago</a>	737	100.0 %
<a href="#">(VI) Dallas</a>	657	100.0 %
<a href="#">(VII) Kansas City</a>	890	100.0 %
<a href="#">(VIII) Denver</a>	270	100.0 %
<a href="#">(IX) San Francisco</a>	330	100.0 %
<a href="#">(X) Seattle</a>	255	100.0 %
<b>National Total</b>	<b>4,453</b>	<b>100.0%</b>

[Save as PDF...](#) [Save as Excel...](#)

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers

Source: CASPER (10/22/2018)

Please submit comments, questions, or suggestions by email to [qcorhelp@aplusgov.com](mailto:qcorhelp@aplusgov.com) or by phone to 1-888-673-7328.

[Accessibility Information, Privacy & Security](#)

[Download Adobe Reader](#)

### Medicare Diabetes Prevention Program

- [RHC Fact Sheet](#)
- Effective April 1, 2016, RHCs are required to report a HCPCS code for each service furnished along with an appropriate revenue code. For claims with dates of service on or after April 1, 2016, RHCs should follow the reporting requirements for modifier CG found in MLN Matters Article [SE1611 \[PDF, 59KB\]](#). For additional information, see [RHC Reporting Requirements FAQs](#).
- [RHC Preventive Services Chart \[PDF, 364KB\]](#) - (Updated on 08/10/2016)
- [Rural Health Open Door Forum](#) – For information on current rural health issues and an opportunity to ask and get your questions answered, join the Rural Health Open Door Forum calls sponsored by CMS. [Sign up](#) for call notifications.

### MLN Connects Newsletter

- [Subscribe now](#) to receive the weekly [MLN Connects®](#) newsletter for the latest Medicare Fee-For-Service program information, event announcements, claims and pricer information, and MLN educational product updates.

## Important Links

### Billing / Payment

- CY 2018 Payment Rate Increase for RHCs. See [MM10333](#).
- Medicare Benefit Policy Internet Only Manual: [Chapter 13 - Rural Health Clinic \(RHC\) and Federally Qualified Health Center \(FQHC\) Services](#) (PDF, 614KB)

### Contacts

- [CMS Regional Office Rural Health Coordinators - Updated July 2018 \[PDF, 17KB\]](#)
- [Medicare Certified Rural Health Clinics](#)
- [CMS Regional Survey and Certification Contacts \[PDF, 37KB\]](#)



<https://qcor.cms.gov/main.jsp>



**Qcor has a listing of most common deficiencies and has reports by provider.**

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
<b>Totals represent the # of providers and surveys that meet the selection criteria specified above.</b>			Active Providers = 4453	Total Number of Surveys = 797
J0043	PHYSICAL PLANT AND ENVIRONMENT	162	3.6%	20.3%
J0042	PHYSICAL PLANT AND ENVIRONMENT	102	2.3%	12.8%
J0123	STAFFING AND STAFF RESPONSIBILITIES	95	2.1%	11.9%
J0161	PROGRAM EVALUATION	80	1.8%	10.0%
J0152	PATIENT HEALTH RECORDS	68	1.5%	8.5%
J0135	PROVISION OF SERVICES	65	1.5%	8.2%
J0044	PHYSICAL PLANT AND ENVIRONMENT	60	1.3%	7.5%
J0124	PROVISION OF SERVICES	59	1.3%	7.4%
E0004	Develop EP Plan, review & update annually.	55	1.2%	6.9%
E0037	Emergency Prep Training Program	55	1.2%	6.9%
J0136	PROVISION OF SERVICES	50	1.1%	6.3%
E0036	Emergency Prep Training and Testing	47	1.1%	5.9%
J0101	STAFFING AND STAFF RESPONSIBILITIES	47	1.1%	5.9%
E0039	Emergency Prep Testing Requirements	43	1.0%	5.4%
E0001	Establishment of the Emergency Program (EP)	43	1.0%	5.4%
J0041	PHYSICAL PLANT AND ENVIRONMENT	41	0.9%	5.1%
E0006	Plan based on all hazards risk assessment	39	0.9%	4.9%
J0160	PROGRAM EVALUATION	38	0.9%	4.8%
E0032	Primary/Alternate Means for Communication	38	0.9%	4.8%
E0009	Local, State, Tribal Collaboration Process	37	0.8%	4.6%
E0013	Development of EP Policies and Procedures	32	0.7%	4.0%
E0029	Development of Communication Plan	31	0.7%	3.9%
J0102	STAFFING AND STAFF RESPONSIBILITIES	31	0.7%	3.9%





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# Three Clinics RHC Recent Deficiencies

Deficiency	J-Tag	1	2	3
EP – Risk Assessment & Update EP P & P Manual	E 004	X	X	X
Maintenance – Failure to maintain Automated External Defibrillator (AED) Inspection log	J 042	X	X	X
Provision of Services – Charting of Injection Sites in Medical Records	J 125		X	X
Provision of Services – Patient Health Records Consent to Treat	J 151		X	X
Staffing and Staff Responsivities – Hand Washing	J 023			X
Provision of services – Expired Drugs	J 0125			X



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## **Handwashing Video**



<https://www.youtube.com/watch?v=SyRtMI4a1FE>



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## Most Commonly Cited Deficiencies

Citations	Standard	CMS CFR	Standard Text	Common Findings
63	1000.010.020	491.10(a)(3)(i)	The clinic maintains a record for each patient receiving health care services, identification and social data, evidence of consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient.	Lack of: <ul style="list-style-type: none"> <li>• Consent</li> <li>• Advance Directives</li> <li>• Response to Allergies</li> <li>• Bleeding Tendency</li> <li>• Medical History</li> </ul>
55	600.010.020	491.6(b)(2)	The clinic keeps the drugs and biologicals appropriately stored.	<ul style="list-style-type: none"> <li>• No date or initials when opened</li> <li>• Unlocked (w/Keys)</li> <li>• Expired</li> <li>• Refrigerator unchecked</li> </ul>
50	900.010.115	491.9(c)(3)	The clinic provides medical emergency procedures as a first response to common life threatening injuries and acute illness and has available the drugs and biological commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.	<ul style="list-style-type: none"> <li>• EMS Agreement</li> <li>• Office Next Door</li> <li>• Recent Clarification</li> <li>• Not an exhaustive list</li> </ul>



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## Most Commonly Cited Deficiencies cont.

Citations	Standard	CMS CFR	Standard Text	Common Findings
42	600.010.015	491.6(b)(1)	The clinic has a preventive maintenance program to ensure that all essential mechanical, electric and patient-care equipment is maintained in safe operating condition.	<ul style="list-style-type: none"> <li>• May prioritize but the Schedule Must be Clear</li> <li>• Equipment from Storage must be checked</li> <li>• General Approvals (ie. "Room 1 OK")</li> </ul>
31	600.010.005	491.6(a)	The clinic is constructed, arranged, and maintained to insure access to and safety of patients, and provides adequate space for the provision of direct services.	<ul style="list-style-type: none"> <li>• Open/unlocked storage of cleaning and other hazardous agents</li> <li>• Trip Hazards</li> <li>• Sharps</li> <li>• Electrical outlet/plug covers</li> </ul>
28	900.010.060	491.9(b)(3)(iii)	The clinic's policies include rules for the storage, handling, and administration of drugs and biologicals.	<ul style="list-style-type: none"> <li>• Using Hospital Policy</li> <li>• Improper Disposal</li> <li>• Improper Labeling</li> <li>• Expired</li> </ul>



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## Most Commonly Cited Deficiencies cont.

Citations	Standard	CMS CFR	Standard Text	Common Findings
26	900.010.090	491.9(c)(2)(ii)	The clinic provides basic laboratory services which implements the provision of section 353 of the Public Health Service Act wherein the RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including Hemoglobin or hematocrit.	<ul style="list-style-type: none"> <li>Lack of Quality Control Logs</li> </ul>
21	900.010.035	491.9(b)(2)	The clinic's policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician assistants or nurse practitioners, and at least one member that is not a member of the clinic staff.	<ul style="list-style-type: none"> <li>Non-clinic member</li> <li>NP/PA Involvement</li> <li>Timely Review (documented)</li> <li>Policy setting after accreditation</li> </ul>
19	1100.010.040	491.11(c)(2)	The clinic conducts an evaluation to determine whether the established policies were followed.	<ul style="list-style-type: none"> <li>OK for new clinics not to have a program evaluation; but must have a plan</li> </ul>
19	1100.010.020	491.11(b)(2)	The clinic conducts an evaluation, including a representative sample of both active and closed clinical records.	<ul style="list-style-type: none"> <li>Minutes do not Reflect Evaluation</li> <li>No Specification or Open/Closed</li> </ul>

**H B S**

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Questions/Comments/Thank you

