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Program (Annual Evaluation)

RHC Update Seminar

Fall, 2017

HBS

Healthcare Business Specialists

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Contact Information

Mark Lynn, CPA (Inactive)
RHC Consultant
Healthcare Business Specialists
Suite 214, 502 Shadow Parkway
Chattanooga, Tennessee 37421
Phone: (423) 243-6185
marklynnrhc@gmail.com
www.ruralhealthclinic.com

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Goals of this Session

1. **Why perform an annual evaluation?**
2. **How to prepare and annual evaluation?**
3. **Who prepares the annual evaluation?**
4. **Resources to help you conduct your annual evaluation.**

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Lots of Gray Area in this material. Please fill free to comment or question.

gray a·re·a

noun

1.an ill-defined situation or field not readily conforming to a category or to an existing set of rules. "gray areas in the legislation have still to be clarified"

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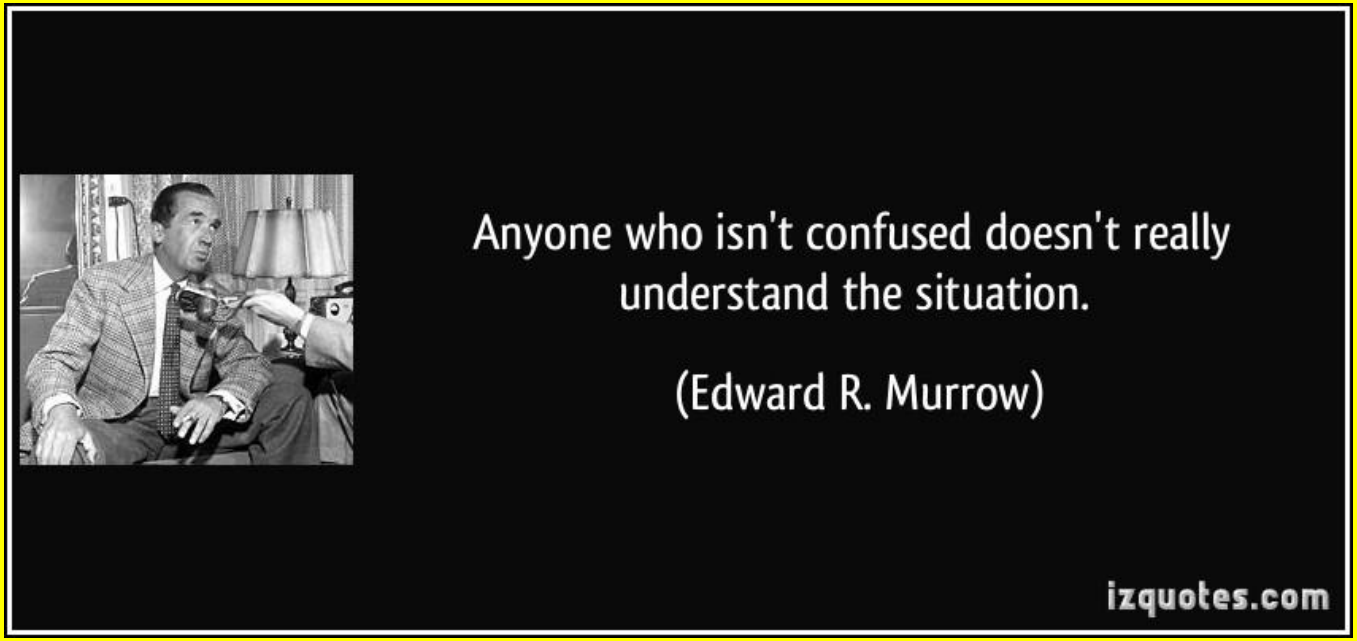
Program Evaluation, QAPI, Compliance Plans??? It is all so confusing.



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Define Program Evaluation

Program evaluation is a systematic method for collecting, analyzing, and using information to answer questions about projects, policies and **programs**, particularly about their effectiveness and efficiency.

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Why conduct a Program evaluation?

It is the most common deficiency in RHCs that can result in termination from the program.

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Why conduct a Program evaluation?

It is one of the eight (8) conditions of participation to remain in the RHC Program.

The state inspectors only inspect once every 3 to 6 years on average.

In some states the inspectors have not been to the RHCs in 15 years or more.

Your Policy Manual

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What happens if you do not perform The annual evaluation?

This is considered a Condition Level Deficiency and The RHC will be terminated from the program if the Deficiency is not corrected.

Clinics that are over one year old must conduct an Annual evaluation before they become a RHC.

Clinics that are less than one year old, must have Procedures to conduct the annual evaluation, but do Not have to perform one.

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Quality Assessment and Performance Improvement (QAPI)

QAPI is a detailed, and overarching organizational work plan for a health care organization's clinical and service quality improvement activities. It includes essential information on how your organization will manage, deploy, and review quality throughout the organization. QAPI is data driven. Performance measures are determined, measured, and evaluated for expected outcomes. That information is used to implement change and the changes are measured for outcomes. The process is continuous.

http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/research/programs/psi/Evaluation/Pages/ProgramEval.aspx

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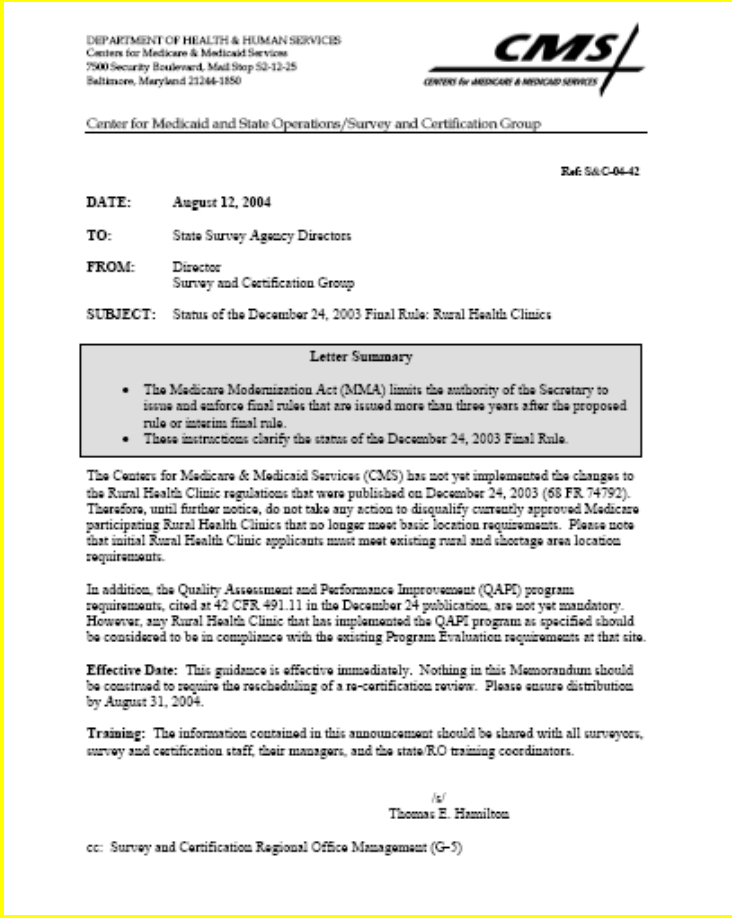
What about QAPI in RHCs?

QAPI was first mandated in the BBA of 1997 for RHCs. Due to some legal issues those regulations are not enforceable at this time. On August 12, 2004, CMS issued a letter to State Survey Agency Directors indicating that the 12 24 2003 QAPI rules can not be enforced. The rules were never finalized after that. There is not a current QAPI requirement for RHCs.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-12-25
Baltimore, Maryland 21244-1850

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-04-42

DATE: August 12, 2004

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Status of the December 24, 2003 Final Rule: Rural Health Clinics

Letter Summary

- The Medicare Modernization Act (MMA) limits the authority of the Secretary to issue and enforce final rules that are issued more than three years after the proposed rule or interim final rule.
- These instructions clarify the status of the December 24, 2003 Final Rule.

The Centers for Medicare & Medicaid Services (CMS) has not yet implemented the changes to the Rural Health Clinic regulations that were published on December 24, 2003 (68 FR 74792). Therefore, until further notice, do not take any action to disqualify currently approved Medicare participating Rural Health Clinics that no longer meet basic location requirements. Please note that initial Rural Health Clinic applicants must meet existing rural and shortage area location requirements.

In addition, the Quality Assessment and Performance Improvement (QAPI) program requirements, cited at 42 CFR 491.11 in the December 24 publication, are not yet mandatory. However, any Rural Health Clinic that has implemented the QAPI program as specified should be considered to be in compliance with the existing Program Evaluation requirements at that site.

Effective Date: This guidance is effective immediately. Nothing in this Memorandum should be construed to require the rescheduling of a re-certification review. Please ensure distribution by August 31, 2004.

Training: The information contained in this announcement should be shared with all surveyors, survey and certification staff, their managers, and the state/RO training coordinators.

/s/
Thomas E. Hamilton

cc: Survey and Certification Regional Office Management (G-5)

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RHCs are required to conduct some Quality Improvement
Typically this is the responsibility of the Medical Director

1. **Review at a minimum 10 charts per quarter and record in a notebook called QAPI (not in the EHR) and have both the Medical director and NP/PA sign the chart review.**
2. Review and update the protocols annually with the NP/PA. (both should sign)
3. Review and update the scope of practice agreement annually. (both should sign)
4. Abide by the State scope of practice regulations for review.
5. Review and sign off on the RHC Policies and procedures.
6. Review and sign off on the annual evaluation.

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Are RHCs required to have Compliance Plans?

The Affordable Care Act required the Department of Health and Human Services to promulgate regulations implementing the compliance program mandate by March 23, 2012. CMS has not yet issued these regulations–but could do so any day. Some people have heard CMS verbally advise that it will not enforce the mandate until the regulations are issued and no enforcement activity is yet to take place.

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What are Compliance Plans?

A compliance program is a systemic, multi-disciplinary methodology to assure that an organization is fulfilling its responsibilities to abide by the laws and regulations promulgated by government and other third-party payers. Compliance is a performance improvement effort designed to eliminate fraud & abuse, improve organizational efficiency and effectiveness, and foster an ethical culture.

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Why have a Compliance Plan?

If a healthcare provider faces criminal sanctions, the sanctions can be reduced—but only if the provider has an effective compliance program. A written compliance program document in the filing cabinet won't cut it. The next step, the day-to-day implementation and the periodic check-ups, are what make it effective—and yet most people skip this step! (thus no one has ever had their sanctions reduced by having a compliance plan)

The Affordable Care Act also requires all providers to have compliance programs as a condition of enrollment in Medicare or Medicaid. The Act does not say when this requirement will become effective.

Some deeming authorities require them.

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HRSA and NARHC Technical Assistance

http://www.hrsa.gov/RuralHealth/Policy/confcall/INDEX.html

- **Establishing a Compliance Program for your RHC**
  September 25, 2012
- Audio (MP3 - 7 MB)
- Transcript (PDF - 96 KB)
- Slides (PDF - 1MB)

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Annual Evaluation

"Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted."

~Albert Einstein

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Annual Evaluation Description per Interpretative Guidelines

An evaluation of a clinic's total operation including the overall organization, administration, policies and procedures covering personnel, fiscal and patient care areas must be done at least annually.

This evaluation may be done by the clinic, the group of professional personnel required under 42 CFR 491.9(b)(2), or through arrangement with other appropriate professionals.

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Who conducts the Annual/Program evaluation?

42 CFR 491.9(b)(2), The 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. At least one member is not a member of the clinic or center staff.

The Professional Advisory Group:

1. Medical Director/Physician
2. Nurse Practitioner/Physician Assistant
3. Community Member (not paid by the clinic)

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Are you required to have an outside consultant to conduct the annual evaluation?

No, you can do this yourself. You need an community representative, not an outside consultant to conduct the annual evaluation.

Should you always use the same consultant to prepare the annual evaluation?

No. Consultants know what they know. Get different ones in for different opinions.

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What do you want to accomplish in the Evaluation

1. Are we compliant with RHC regulations?
2. Are we following our Policy and Procedures?
3. Is patient care meeting expectations?
4. Benchmark our performance.
5. Is patient volume meeting expectations?
6. Are we achieving our goals in serving the community?
7. What opportunities or needs are unfulfilled.
8. What changes are needed?
9. What is our plan for completion of changes?

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What happens in an annual evaluation?

1. Review and update policies and procedures
2. Review active and closed medical charts.
3. Walkthrough (Inspection) of the facility.
4. Educate the staff on any regulatory, compliance, billing, cost reporting changes.
5. Review EOBS, Charges, Cost Reports for Compliance.
6. Determine if HIPAA, OSHA, CLIA regulations are being addressed.
7. Evaluate utilization of the clinic. (Benchmarking)
8. Determine if the clinic is effectively serving the community or if RHC status is still beneficial for the clinic.
9. Cite any deficiencies and determine an action plan for correction.

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What are some of the typical changes for RHCs?

1. How to provide the 23 preventive services Medicare pays for. (now paid as an RHC visit)
2. Update the policy and procedure manual for new threats or weaknesses, ie. Active Shooter, Ebola, Consent to treat, incident to change.
3. Evaluate compliance with pain management patients if high number of deaths. Patient care
4. Increase charges. Decrease charges.
5. Correct deficiencies noted in evaluation.
6. Improve preventative maintenance documentation.
7. Not meeting productivity standards for providers. (4,200 for Physicians, 2,100 for NP/PA)

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What if you do not perform an annual evaluation for several years?

First it is a condition level deficiency and you will be terminated from the RHC program if you do not get in compliance.

If you have not done one for several years, do not go back and try to recreate one, just get one done currently and keep them up going forward.

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Legal Citations § 491.11 Program evaluation.

(a) The clinic or center carries out, or arranges for, an annual evaluation of its total program.

(b) The evaluation includes review of:

(1) The utilization of clinic or center services, including at least the number of patients served and the volume of services;

(2) A representative sample of both active and closed clinical records; and

(3) The clinic's or center's health care policies.

(c) The purpose of the evaluation is to determine whether:

(1) The utilization of services was appropriate;

(2) The established policies were followed; and

(3) Any changes are needed.

(d) The clinic or center staff considers the findings of the evaluation and takes corrective action if necessary.

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There are Eight Conditions of Participation

1.491.4 Comply with Fed, State, & Loc Laws
2.491.5 Must meet location requirements
3.491.6 Physical Plant and Environment
4.491.7 Organizational Structure
5.491.8 Staffing and Staff Responsibilities
6.491.9 Provision of Services
7.491.10 Patient Health Records
8.491.11 Program Evaluation

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Requirements for certification as an RHC per Chapter 13 of the Medicare Benefits Policy Manual

In addition to the location requirements, a RHC must:

- Employ an NP or PA;
- Have an NP, PA, or CNM working at the clinic at least 50% of the time the clinic is operating as a RHC;
- Directly furnish routine diagnostic and laboratory services;
- Have arrangements with one or more hospitals to furnish medically necessary services that are not available at the RHC;
- Have available drugs and biologicals necessary for the treatment of emergencies;
- Meet all health and safety requirements;
- Meet other applicable State and Federal requirements.

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Requirements for certification as an RHC per Chapter 13 of the Medicare Benefits Policy Manual

- Furnish onsite all of the following six laboratory tests:
  - Chemical examination of urine by stick or tablet method or both;
  - Hemoglobin or hematocrit;
  - Blood sugar;
  - Examination of stool specimens for occult blood;
  - Pregnancy tests; and
  - primary culturing for transmittal to a certified laboratory.

Must not be a FQHC or Rehab Agency or a primarily for mental health treatment

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When you evaluate utilization what are you looking at?

1.Most people simply take the cost report visit totals and enter them into the report. That is compared with productivity screens and benchmarks for providers. (16.8 per day for Phy. And 8.4 per day for NP/PA)
2.Review CPT Frequency reports for trends.
3. Medicare Preventive or new services that Medicare/Caid pay for.
4. Providers or services that have left the community.

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Why do we look at closed charts and what do you look for?

I have asked that question for 20 years and no one has ever been able to answer it. I look at the deaths in the last year and look for unusual deaths or deaths of younger people. We are especially concerned with pain management and the potential adverse effects of not properly managing those patients. Same for diabetic patients.

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What other things would you look at during the annual evaluation?

1. Cost report issues.
2. Compliance.
3. Commingling.
4. Corporate compliance plan.
5. HIPAA rules and security and risk assessment up to date.
6. Billing – review of UB-04s and 1500s for compliance.
7. Are Medicare and Medicaid paying the clinic correctly?
8. Consent to treat!!!

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Common Findings

1. Consent to treat!!!
2. No Preventive maintenance program.
3. Samples not checked monthly.
4. Drills not conducted or documented.
5. NP/PA not onsite at least 50% of time.
6. NP/PA protocols not reviewed annually.
7. Provider not on site during RHC hours.
8. Medical Director not reviewing charts.
9. Not able to perform all 6 lab tests on site. (Hemoglobin)
10. No OSHA spill kit.
11. No Emergency call button in Bathroom.

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Why is your advise to perform the six required tests onsite different than most?

Most consultants indicate you do not have to conduct the six required lab tests on site if you have the ability to do them, it is OK to send them out.

However, Aaron Fishbach of CMS always disagreed with that interpretation at the NARHC meetings and the Parwan Medical Clinic case which a Utah RHC is stripped of it's RHC status for not being able to conduct the six tests is another reason.

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Parowan Medical Clinic v. HCFA

The Health Care Financing Administration was authorized to terminate the Medicare provider agreement for a Utah rural health clinic because the clinic was unable to directly provide clinical lab services, a Department of Health and Human Services administrative law judge held Sept. 14 (Parowan Medical Clinic v. HCFA, HHS Departmental Appeals Bd., Dec. No. CR547, 9/14/98). As explained in the decision, the Medicare statute requires that a rural health clinic "directly" provide routine diagnostic services, including clinical lab services. HCFA has further published an explanation of "directly provides" with regard to lab services as requiring that they are "furnished at the RHC by RHC personnel."

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Look External for Information

1. Google yourself. External Ratings. Physician Compare from Medicare.
2. Benchmarking – NARHC
3. Wall Street Journal – Part B Payments
4. Community Health Needs Assessment
5. OIG Exclusion List – Credential providers.
6. Changes in laws, reimbursement, ACA, National Health Service Corp…
7. Patient Surveys – Not required

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Description	Web Address
Physician Compare	https://www.medicare.gov/physicianncompare/search.html
NARHC Benchmarking	http://narhc.org/member-portal/benchmarking/
Wall Street Journal Medicare Part B Payments	http://graphics.wsj.com/medicare-billing/

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Benchmarks	Mean South	Mean National	Clinic Value	Variance From National	Percentage Variance
Productivity - Visits					
Physicians	4,725	4,546	4,086	-460	**-10%**
Nurse Practitioners	3,381	3,298	3,193	-105	**-3%**
Physician Assistants	3,496	3,513	NA	NA	**NA**
Cost per encounter					
Physician	51.40	51.40	53.05	1.65	**3%**
Nurse Practitioner	33.45	30.69	21.95	(8.74)	**(26%)**
Physician Assistant	29.82	30.60	0	NA	**NA**
Nursing	11.64	13.10	11.75	(1.35)	**-12%**
Cost Per FTE					
Physician	242,846	247,784	216,809	-30,975	**-13%**
Nurse Practitioner	106,969	113,836	70,110	-43,726	**-41%**
Physician Assistant	103,769	105,436	0	NA	**NA**
Clinic Costs per Encounter					
Direct Costs of Medical Services	63.56	68.03	47.87	-20.16	**-32%**
Clinic Overhead	45.01	49.99	46.96	-3.03	**-7%**
Total allowable cost per Encounter	105.11	112.55	87.14	-25.41	**-24%**
Total allowable cost adjust/Product.	**102.72**	**110.09**	**87.14**	**-22.95**	**-22%**

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Benchmark Certified Consultants

Health Services Assoc.	Chris Christoffersen	christoffersen@hsagroup.net
Health Services Assoc.	Julie Quinn	jquinn@hsagroup.net
Healthcare Business Specialists	Mark Lynn	la_vita_nouva@hotmail.com
Healthcare Horizons	Jim Estes	hlthcarehorizons@mindspring.com
Midwest Health Care, Inc.	Glenn Beussink	gbeussink@mwhc.net
N. American Healthcare Mgm Serv.	Charles James	cjamesjr@northamericanhms.com
N. American Healthcare Mgm Serv.	David James	djames@northamericanhms.com
Rural Health Development	Janet Lytton	janet.lytton@rhdconsult.com
The PM Group SC	Steve Wall	stevewall@thepmgroupsc.com
Wipfli	Jeff Bramschreiber	jbramschreiber@wipfli.com
Wipfli	Jeff Johnson	jjohnson@wipfli.com

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Why is the Community Health Needs Assessment prepared?

The CHNA is prepared in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment takes into account input from representatives of the community, community members, and various community organizations.

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Community Health Needs Assessments

Community Health Needs Assessments (CHNA) allow Saint Alphonsus to be responsible stewards of our resources, and target our efforts and financial investments to where there is the greatest need and increased potential for effectiveness. We focus on prevention and education and helping poor and vulnerable populations break cycles that are painful, debilitating, life threatening and costly.

A Community Health Needs Assessment provides the opportunity to:

» Gain insights into the needs and assets of the communities served
» Identify and address the needs of vulnerable populations within the community
» Enhance relationships and opportunities for collaborative community action
» Provide information for community outreach planning, evaluation and assessment

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Community Needs Assessments required by ACA

Health Care Access, Including Mental Health	• Lack of Health Insurance Coverage • Lack of Medical Home • Prevalence of Hypertension & High Cholesterol • Prevalence of Diabetes • Suicides • "Poor" Mental Health Days • Lack of Healthy, Safe, Nurturing Relationships • High Cost of Oral Health
Nutrition, Physical Activity & Weight Status	• Prevalence of Obesity • Diet – Low Fruit & Vegetable Consumption • Lack of access to Healthy Food • Exercise - Lack of Physical Activity
Harmful Substance Use	• Tobacco Usage
Prenatal Care	• Lack of Prenatal Care in First Trimester

https://www.saintalphonsus.org/documents/boise/community_needs_assessment_2014.pdf.pdf

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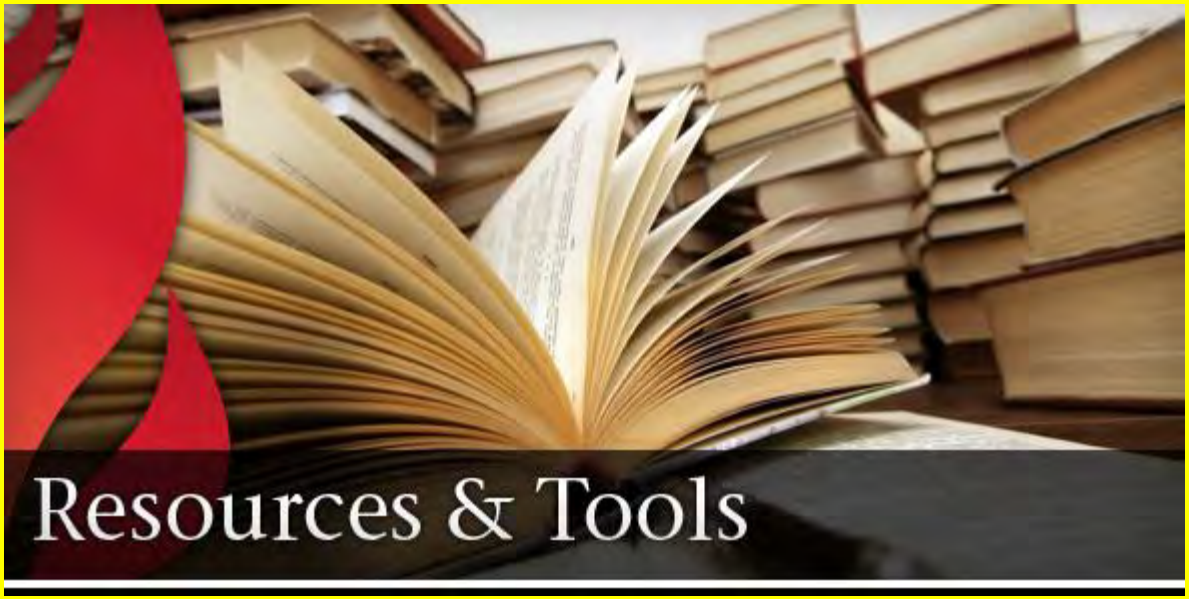
Resources and Tools



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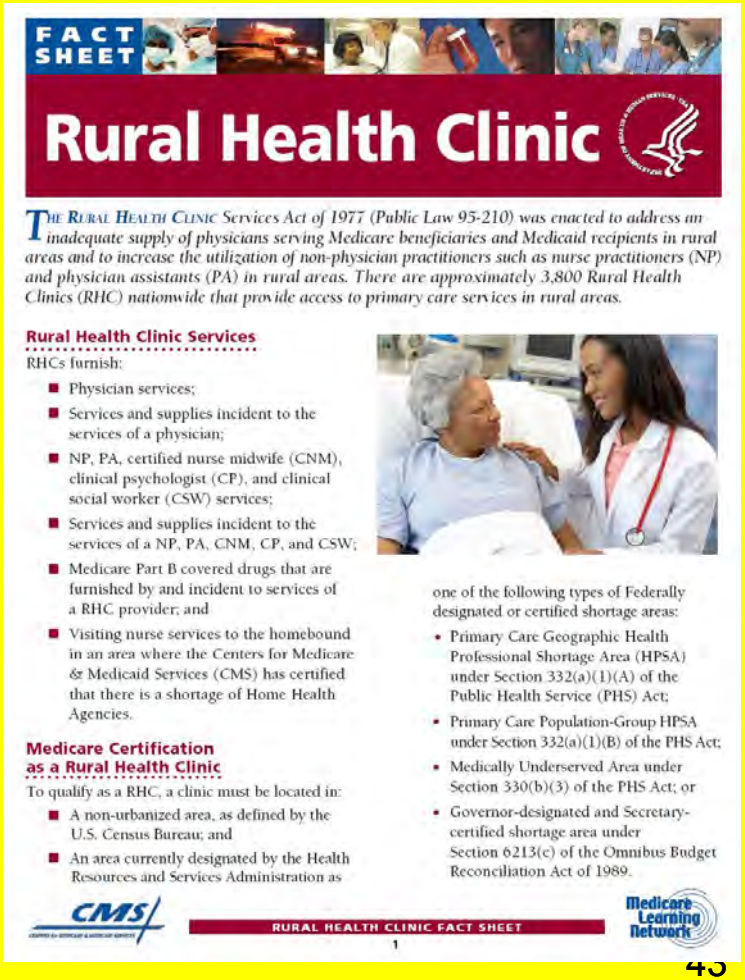
What is a rural health clinic?

https://www.cms.gov/MLNProducts/downloads/RuralHlthClinfctsht.pdf



FACT SHEET

Rural Health Clinic

The Rural Health Clinic Services Act of 1977 (Public Law 95-210) was enacted to address an inadequate supply of physicians serving Medicare beneficiaries and Medicaid recipients in rural areas and to increase the utilization of non-physician practitioners such as nurse practitioners (NP) and physician assistants (PA) in rural areas. There are approximately 3,800 Rural Health Clinics (RHC) nationwide that provide access to primary care services in rural areas.

Rural Health Clinic Services

RHCs furnish:

- Physician services;
- Services and supplies incident to the services of a physician;
- NP, PA, certified nurse midwife (CNM), clinical psychologist (CP), and clinical social worker (CSW) services;
- Services and supplies incident to the services of a NP, PA, CNM, CP, and CSW;
- Medicare Part B covered drugs that are furnished by and incident to services of a RHC provider; and
- Visiting nurse services to the homebound in an area where the Centers for Medicare & Medicaid Services (CMS) has certified that there is a shortage of Home Health Agencies.

Medicare Certification as a Rural Health Clinic

To qualify as a RHC, a clinic must be located in:

- A non-urbanized area, as defined by the U.S. Census Bureau; and
- An area currently designated by the Health Resources and Services Administration as one of the following types of Federally designated or certified shortage areas:
  - Primary Care Geographic Health Professional Shortage Area (HPSA) under Section 332(a)(1)(A) of the Public Health Service (PHS) Act;
  - Primary Care Population-Group HPSA under Section 332(a)(1)(B) of the PHS Act;
  - Medically Underserved Area under Section 330(b)(3) of the PHS Act; or
  - Governor-designated and Secretary-certified shortage area under Section 6213(c) of the Omnibus Budget Reconciliation Act of 1989.

CMS

RURAL HEALTH CLINIC FACT SHEET

1

Medicare Learning Network

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Description	Web Address
Legal Citations	42 CFR, Part 491 Subpart A, Sections 491.1-.11
State Operations Manual (Pages 230-236 for RHCs)	CMS State Operations Manual
Appendix G Guidance for Surveyors	Guidance to Surveyors - Appendix G

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Resources for RHCs

Type	Cap
Rural Assistance Center	http://www.raconline.org/topics/rural-health-clinics/
National Association of Rural Health Clinics	http://www.narhc.org/index.php
CMS Rural Health Clinics Center	http://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html?redirect=/center/rural.asp

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Resources for RHCs

Type	Cap
State Surveyors	CMS State Survey Agency Directory
CMS 30 Survey Form	http://healthandwelfare.idaho.gov/Portals/0/Medical/LicensingCertification/CMS-30.pdf

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RHC Accreditation

A Rural Health Clinic Accreditation Program Developed By AAAASF

American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)

AAAASF/RHC Division

5101 Washington Street

Suite 2F

Gurnee, IL 60031

Phone: Toll Free 888-545-5222

Fax: 847-775-1985

NEW APPLICATION MATERIALS

SELF SURVEY MATERIALS

RESURVEY MATERIALS

Medicare RHC Standards and Checklist Manual

CLICK HERE TO ACCESS

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Annual Evaluation Tools from Idaho

2012 Presentations

Compliance - Top 10 deficiencies

Survey Report Tool

Advisory Council sample agenda

CDC Temperature log (template)

Equipment name log (template)

Patient record of quality management checklist

Sample medication log (template)

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Is your area STILL eligible for RHCs? Can you MOVE?

First: Go to Am I Rural Website

http://ims2.missouri.edu/rac/amirural/

Second: Enter your address

Third: Go to HRSA Website:

http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx

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Questions, Comments, Thank You

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