



## Program Evaluation

**Program evaluation** is a systematic method for collecting, analyzing, and using information to answer questions about projects, policies and [programs](#),<sup>[1]</sup> particularly about their effectiveness and efficiency. In both the public and private sectors, [stakeholders](#) often want to know whether the programs they are funding, implementing, voting for, receiving or objecting to are producing the intended effect.



# Program Evaluation - Why is this important?

The Program Evaluation process is a Condition Level Deficiency and if not corrected could lead to the RHC being terminated from the RHC program.

If you are behind or not aware of the requirements – **Start now.**

It is easy to forget since now we only do it every other year and we are in the middle of a pandemic.

Also, Emergency Preparedness goes hand-in-hand with the Program Evaluation and is a Condition Level Deficiencies as well. We have seen both of these be major issues for RHCs.

# Why Conduct a Program Evaluation

We are finding that as the states are beginning to ramp back up their onsite resurveys, many RHCs are receiving condition level deficiencies which could lead to termination of the clinics from the RHC program.

Program Evaluation along with Emergency Preparedness makes up nine (9) of the twenty (20) most cited deficiencies in RHCs for 2021 with 6.6% of RHCs being cited for not completing the program evaluation.

These are serious deficiencies and take time to correct. The short time frames for developing an acceptable plan of correction (10 days) and implementing the plan of correction (either 30 or 45 days) can create significant stress on an RHC especially as we are still in the midst of a pandemic.

# The Omnibus Burden Reduction Act

**(removes Medicare regulations identified as unnecessary, obsolete, or excessively burdensome on hospitals and other healthcare providers)**

## **RURAL HEALTH CLINIC (RHC) AND FEDERALLY QUALIFIED HEALTH CENTER (FQHC) REVIEW OF PATIENT CARE POLICIES**

We are revising the requirement at § 491.9(b)(4) that RHC and FQHC patient care policies be reviewed at least annually by a group of professional personnel, to review every other year in order to reduce the frequency of policy reviews.

## **E. RHC AND FQHC PROGRAM EVALUATION**

We are revising the requirement at § 491.11(a) by changing the frequency of the required RHC or FQHC evaluation from annually to every other year.

<https://www.federalregister.gov/documents/2019/09/30/2019-20736/medicare-and-medicaid-programs-regulatory-provisions-to-promote-program-efficiency-transparency-and>



Why is there so much confusion regarding Program Evaluations?

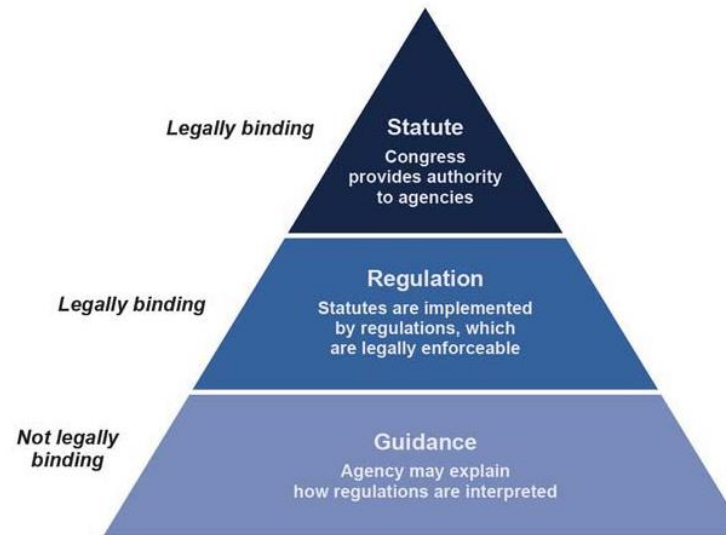
**Where can you find guidance specific to RHCs?  
NARHC has the answers at the click of a button!**

## RHC Federal Statute, Regulation, and Guidance

[Review RHC Statute](#)

[Review RHC Regulation](#)

[Review RHC Guidance](#)



Source: GAO analysis of agency authority. | GAO-15-368

**(Hierarchy of Statutory and Regulatory Authority)**

[https://www.narhc.org/narhc/RHC Statute Regulation and Guidance.asp](https://www.narhc.org/narhc/RHC_Statute_Regulation_and_Guidance.asp)

## Statue

l) has a quality assessment and performance improvement program, and appropriate procedures for review of utilization of clinic services, as the Secretary may specify;

## Regulation

### **§491.11 Program evaluation.**

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

**(b)** The evaluation includes review of:.....

## Guidance

State Operations Manual

Appendix G – Guidance for Surveyors: Rural Health Clinics:

<https://www.cms.gov/files/document/appendix-g-state-operations-manual>

#	Regulation	Description	Status
1.	42 CFR 491.4	Compliance with Federal, State and Local Laws	√
2	42 CFR 491.5	Location of Clinic	√
3	42 CFR 491.6	Physical Plant and Environment	√
4	42 CFR 491.7	Organizational Structure	√
5	42 CFR 491.8	Staffing and Staff Responsibilities	√
6	42 CFR 491.9	Provision of Services	√
7	42 CFR 491.10	Patient Health Records	√
8	42 CFR 491.11	Program Evaluation	√
9	42 CFR 491.12	Emergency Preparedness	√

## Nine Conditions of Participation

RHCs must meet nine (9) conditions of participation to be eligible for the RHC program. As an integral part of the program evaluation we evaluated whether the clinic was in substantial compliance or not with the conditions required to be eligible for the RHC program. We have provided a summary of the regulations and the clinic's status on each.



# Program Evaluation Regulations

When

§491.11 Program evaluation.

(a) The clinic or center carries out, or arranges for, a biennial 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.

What

(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.

Why

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

[71 FR 55346, Sept. 22, 2006, as amended at 84 FR 51832, Sept. 30, 2019]



Is there evidence that the evaluation is completed at least biennially and includes review of the number of patients served and the volume of services provided?



Is there evidence of a review of a representative sample of RHC records?



Does the sample include the required minimum number of records?



Who conducts which portions of the review? Are they qualified to do so?



Is there evidence of findings and recommendations from the review, and do the findings address each required component?

# Program Evaluation Survey Procedures §491.11 (a) - (c)

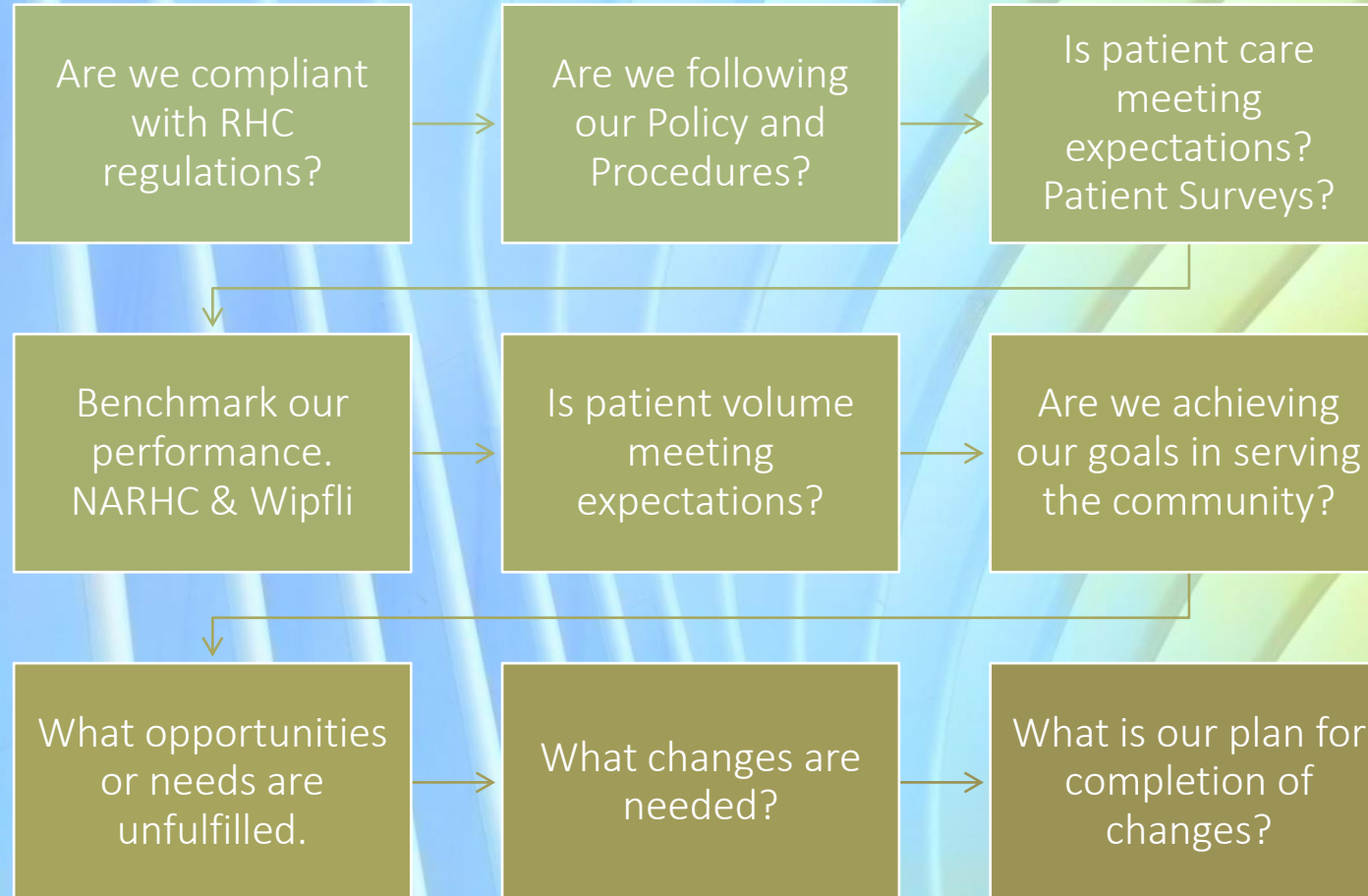


## What is the Deliverable?

The Program Evaluation Report is a Report prepared by the clinic personnel or outside sources. The Professional Advisory Group should review and sign the report.

There does not have to be a meeting, or you may do a virtual meeting. The report should be filed in the Evidence Binder and be ready for the RHC surveyor.

# What do you want to accomplish in the Program Evaluation



# What Happens in a Program Evaluation?

Review and update policies and procedures. Implement and explain new policies.

Review active and closed medical charts.

Walkthrough (Inspection) of the facility.

Review any regulatory, compliance, billing, cost reporting changes.

Update the Evidence Binder, so everything is current. Archive old information.

Determine if HIPAA, OSHA, CLIA regulations are being addressed.

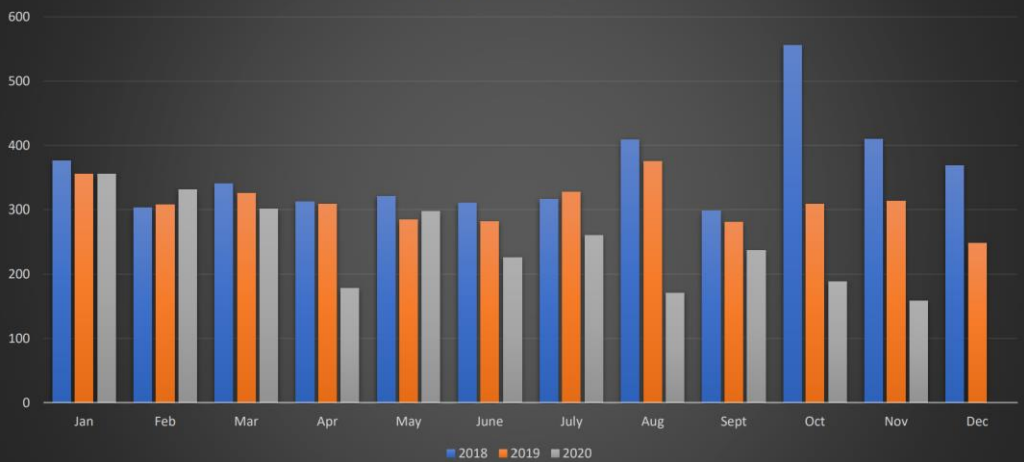
Present the utilization of the clinic. Number of Patients and Visits. (Benchmarking)

Review Emergency Preparedness, Drills, and After-Action Reports.

Cite any deficiencies and determine an action plan for correction.

# Visits and Utilization Statistics

Clinic Encounters



Description	2016	2017	2018	2019
<b>Visits</b>				
Physician Visits	16,266	13,456	10,803	7,298
PA Visits	-	-	-	-
NP Visits	<u>6,951</u>	<u>6,823</u>	<u>7,987</u>	<u>7,969</u>
Total Visits	<u>23,217</u>	<u>20,279</u>	<u>18,790</u>	<u>15,267</u>
<b>Provider FTEs</b>				
Physician	3.90	2.74	1.82	1.65
PA	-	-	-	-
NP	<u>1.92</u>	<u>1.85</u>	<u>2.56</u>	<u>2.27</u>
Total FTEs	<u>5.82</u>	<u>4.59</u>	<u>4.38</u>	<u>3.92</u>
<b>Visit Per FTE</b>				
Physician	4,171	4,911	5,936	4,423
PA	-	-	-	-
NP	3,620	3,688	3,120	3,511

## Utilization of Services Cont.

Age and/or gender (who is your clientele?)

# Patients by age range (who are you treating)

# Visits by age range (how often are you treating)

Payer mix: Commercial, Medicare/Medicaid, Self-Pay, Other

Diagnosis – what are your top 10?

Diagnosis	Number of Patients
Hypertension	260
Therapeutic Drug Level Monitoring	204
Immunizations	156
Pharyngitis Unspecified	152
Hypothyroidism	147

Lab services

If available: radiology or other services

Consider referral patterns...who are your patients going to?

	Immunizations	Children
2015	205	92
2016	230	78
2017	302	97
2018	159	49

### Outreach/Referral Services

Ortho	Surgeon
Podiatry	Urology
Mental Health	Oncology

Description	2016	2017	2018	2019
<b>Medicare Charges</b>				
Medicare Charges	1,151,276	1,045,356	861,420	683,024
Preventative Charges	105,699	204,966	294,948	49,982
Sick Charges	1,045,577	840,390	566,472	633,042
<b>Medicare Visits</b>	6,736	5,734	4,085	3,519
<b>Medicare Charges per visit</b>	\$ 171	\$ 182	\$ 211	\$ 194
<b>Collections</b>				
Deductibles	92,124	102,362	69,827	74,272
Co-Pays	190,691	147,605	102,457	62,333
Net Payments	<u>353,204</u>	<u>288,174</u>	<u>220,904</u>	<u>203,578</u>
Total	<u>636,019</u>	<u>538,141</u>	<u>393,188</u>	<u>340,183</u>
<b>Collections Per Visit</b>	<u>94.42</u>	<u>93.85</u>	<u>96.25</u>	<u>96.67</u>
<b>% Medicare</b>	29%	28%	22%	23%
<b>Cost Per Visit</b>	<u>167.02</u>	<u>184.99</u>	<u>141.40</u>	<u>128.81</u>

# Financial: Charges and Cost Data



Any process/procedure changes?

Added services?

Deleted services? Did you remove these policies?

How are you determining policies are followed?

Have staff created any workarounds that affect policy/procedures currently in place?

Signed approval of P&P review?

# Policy and Procedures

PROTOCOL LOCATION	STATUS	#	TITLE	CREATED	LAST REVISION	SCHED. REV. DATE
Memorial Clinic (RHC) \ Clinic Protoco	Locked	BMC-108	Triage of Emergent Clinic Patients	12/19/2016	10/4/2018	10/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Retired	BMC-111	Suture Removal	9/27/2017	RETIRED	RETIRED
Memorial Clinic (RHC) \ Clinic Protoco	Locked	PP-101	ToxCup Urine Drug Testing	5/15/2017	10/9/2018	11/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Due Soon	PP-102	Clinic Nursing Guidelines & Standard	12/4/2017	6/14/2018	6/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Locked	PP-103	Fire Plan	12/20/2016	10/9/2018	11/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Locked	PP-104	Liquid Nitrogen	12/20/2016	10/9/2018	11/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Revision	PP-105	Blood Glucose Monitor	11/14/2017	10/9/2018	11/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Locked	PP-106	Oxygen Maintenance	11/14/2017	10/9/2018	11/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Revision	PP-108	Spirometry	4/17/2018	4/17/2018	3/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Revision	PP-109	VFC Vaccine Clinic	12/28/2016	5/8/2018	4/8/2019
Memorial Clinic (RHC) \ Clinic Protoco	Revision	PP-110	High Risk Medication	3/13/2018	10/4/2018	2/1/2019



# What are Protocols?

Written authorization to provide medical aspects of patient care which are agreed upon and signed by the advanced practice nurse and the physician, reviewed and signed at least annually, and maintained in the practice setting of the advanced practice nurse.

# Protocols – UpToDate is the Gold Standard

The screenshot shows the UpToDate website homepage. At the top, the Wolters Kluwer logo is on the left, and 'Log in', 'English', and a search bar are on the right. A navigation bar below contains 'Why UpToDate?', 'Product', 'Editorial', 'Subscription Options', 'Subscribe', and 'UpToDate®'. The main banner features a woman's face and the text: 'Access the latest evidence-based information on COVID-19 now!' and 'UpToDate is the only clinical decision support resource associated with improved outcomes. More than 80 research studies demonstrate its impact on improved patient care and hospital performance.' Below the banner are four service icons: 'Medical Professionals', 'Hospitals & Institutions', 'UpToDate Mobile', and 'Chat with our Virtual Assistant'. At the bottom, there are four promotional boxes: 'Start my risk-free subscription!', 'UpToDate® awarded KLAS Category Leader', 'What's NEW COVID-19 Topics', and 'UpToDate® for Businesses'.

<https://www.uptodate.com/home>

Ask your Drug Rep – they may be able to get you a free subscription

Review of all services

Any significant findings to be addressed? Year-over-year trends?

Changes made in past year or two years?

Think about how COVID has impacted your clinic...testing, immunizations, etc.

Any patient satisfaction results?

Acute vs chronic visits?

Timeliness of services...wait times?

Change in visit type such as virtual/telehealth? Drive-up car visits?  
Change in hours of operation?

## Quick Review

Understanding the Purpose of your Program Evaluation

491.11(d) Clinic or centers staff consider the findings of the evaluation and takes corrective action, if necessary

Patient Chart Audit	Collaborative Medical Record Audit
Patient ID/Provider Patient Social Data Allergies Consent to treat Reason for visit Medical History Med Rec updated Visit note(s) Labs/Testing ordered Other orders Provider Signature Patient Education/Visit Summary	Physician and NP/PA Patient ID/Date of Service Patient history/reason for visit Review of Systems Medications (review and ordered/changed) Plan/Treatment Patient Education Tests ordered Notes/Feedback

Record  
Review

Open

and

Closed

**Closed Records:** The completed medical chart of a patient, either after discharge from care or after the patient's death. A best practice is to review the medical charts of all deceased patients as a learning tool. Additionally, review any chart were a patient transfers to another provider.

# §491.10 Patient health records

## What is required in a Medical Chart

**(3)** For each patient receiving health care services, the clinic or center maintains a record that includes, as applicable:

**(i)** 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;

**(ii)** Reports of physical examinations, diagnostic and laboratory test results, and consultative findings;

**(iii)** All physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the patient's progress;

**(iv)** Signatures of the physician or other health care professional.

# Sample Clinic Record Review

## Clinic Records Review

Number of Clinical Records Reviewed: \_\_\_\_\_

Active Patients: \_\_\_\_\_

Closed Patients: \_\_\_\_\_

Noted Problems: \_\_\_\_\_

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The medical record review must include the following components:

- 1) Patient Name appears on every page of the chart.
- 2) Current insurance information is included in the chart (i.e. copy of insurance card)
- 3) Vitals are included with notes from each visit.
- 4) Dictation is signed by the provider
- 5) Documentation is complete (i.e. use of SOAP notes)
- 6) Patient information is updated in both the chart and the computer
- 7) A consent to treat form is signed and located in the chart
- 8) Release of information forms are filed in the chart
- 9) HIPAA Notice is signed and filed in the chart
- 10) Medicare Lifetime Signature Form is signed and filed in the chart
- 11) Medicare Secondary Payer Form is completed and filed in the chart
- 12) Rx logs and Problem Lists are updated and filed in the chart
- 13) History form is current
- 14) Allergy information is in a prominent location on the chart
- 15) No shows are documented
- 16) ETC.

<https://ruralhealthinfocenter.health.mo.gov/wp-content/uploads/health/2012/04/RuralHealthEvaluationReport.pdf>



# RHC Program Evaluation Chart Audits

“The evaluation must also include a review of a representative sample of both **active and closed** clinical records of RHC patients. The sample must also include at **least 5 percent of the RHC’s current patients or 50 records, whichever is less**. The purpose of the review is to determine whether utilization of the RHC’s services was appropriate, i.e., whether practitioners adhere to accepted standards of practice and adhere to the RHC’s guidelines for medical management when diagnosing or treating patients. The review also must evaluate whether all personnel providing direct patient care adhere to the RHC’s patient care policies. The evaluation of practitioners must be conducted by an MD or DO; if there is only one MD or DO practicing in the RHC...

Source: <https://www.cms.gov/files/document/appendix-g-state-operations-manual> Page 88.



# There are two separate chart audit requirements in RHCs

1. State – The RHC must comply with the state scope of practice rules oversight of the Nurse Practitioner/ Physician Assistant. (ie. Sign off on 20% of all charts monthly). These reviews must typically be performed by a physician.
2. Federal RHC Program Evaluation Regulations – An Administrative review of the lessor of 5% or 50 charts annually. **These reviews do not have to completely done by a physician;** but must be signed off by the Medical Director and the NP/PA.
  1. We recommend reviewing 15 charts (you decide on how many in your policy) in total each quarter (not per NP/PA) so at a minimum you have 60 charts reviewed per year.
  2. Keep these chart reviews and include them in the Program Evaluation report every 2 years (watch for HIPAA issues)
  3. You must review closed charts which is typically defined as charts of patients that have expired, transferred to other providers, or are inactive for three years or more.

## Emergency Preparedness 491.12

On 07/25/2018 the clinic participated in the community wide disaster drill

- Active participants were ABC Memorial Healthcare, XYZ Memorial Clinic, Local County Sherriff, EMS, fire, and road departments

*Response from Bureau and Valley counties as well*

- The clinic learned how they would operate during a time of a community wide mass casualty

*Closed clinic operations to assist in hospital setting*

## Emergency Plan

What events took place this past year/two years?

What findings/recommendations were made?

Are policies required to change?

Staff education?

Summary of Emergency plan

Find a template!

Review the 9 Conditions of Participation

Complete some chart audits

Complete some staff/HR files

Review patient satisfaction

Any performance improvement projects?

Expired items....this is a biggie!

## MOCK SURVEY

A great way to evaluate you are doing what you say you do!

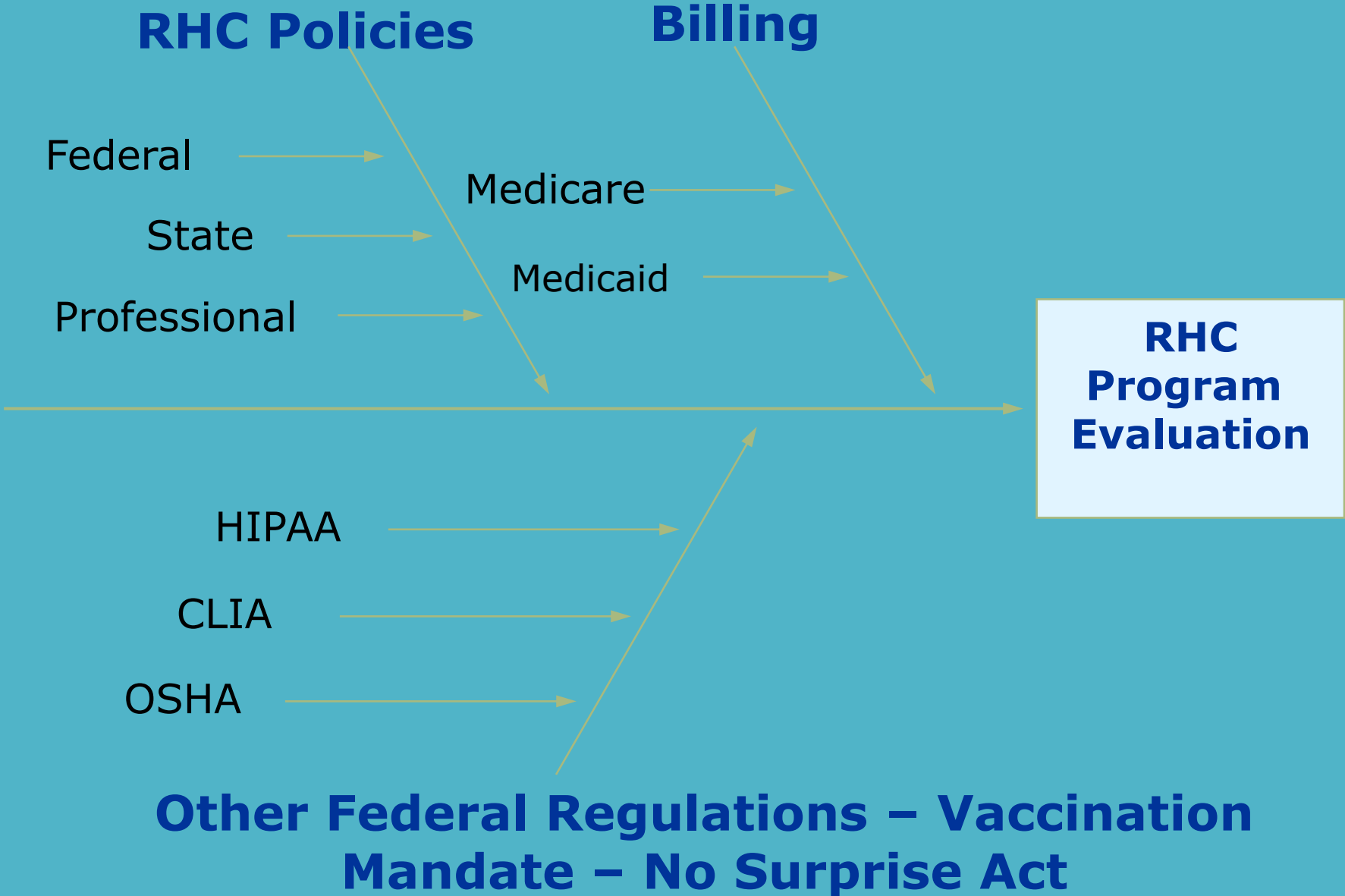
Engage all staff if doing internally

Fresh eyes are always good

Did you start outside the clinic?

See resource section at end for TCT recorded session on completing your mock survey

# RHC Policies Reviewed in a Program Evaluation



Goals and Objectives

What was reviewed

Who participated in review, at minimum:

Medical Director

PA/NP

Office Manager/Director

Community Member

Utilization and Services

Active and Closed Medical Charts

Policy Review

Demographics (not required but nice to have)

Conclusion

Think about the review as “Telling Your Story”

Should paint a picture of what your clinic provides and how well it provides it and to who it provides for

Identifies problem areas/opportunities for improvement and goals to fix

Did you have any lessons learned and achievements!

# FORMAL REPORT

# Professional Advisory Group Signs the Report.

The Program Evaluation should be reviewed and signed by (at minimum):

Medical Director,

Nurse Practitioner and/or Physician Assistant,

and

Non-member/Community Representative.

# Conclusion

The Program evaluation committee evaluated the services of Family Practice Associates of Sullivan County in Sullivan, Indiana conducted the annual evaluation with the following goals:

1. To determine if the utilization of services was appropriate;
2. If the established policies were followed; and
3. Any changes are needed.

The following procedures were completed to assist the evaluation committee in determining if the goals had been achieved:

Information on utilization of services was gathered

A sample of 15 charts were reviewed

A review of the policies and procedures

A walk through of the clinic to determine any compliance issues

# RESOURCES

Healthcare Business Specialists Program Evaluation Resource Page

<http://www.ruralhealthclinic.com/annual-evaluations-1>

Please find an excellent presentation on Program Evaluation by Shannon Chambers

<https://ruralhealth.med.uky.edu/sites/default/files/Webinar-Slides-Understanding-the-RHC-Biennial-Evaluation.pdf>

NARHC link to RHC Regulations

[https://www.narhc.org/narhc/RHC\\_Regulations.asp](https://www.narhc.org/narhc/RHC_Regulations.asp)



# Webinar to help you conduct the Mock Inspection

Kate Hill, RN of The Compliance Team presented a webinar on “How to Conduct a RHC Mock Inspection” and a recording of the session, the presentation, and some additional information is provided below. It will be very helpful to review this information as it will help the clinic stay in compliance with RHC rules and regulations.

- [Recording of session](#)
- [Presentation Slides by Kate Hill from The Compliance Team](#)
- [TCT Certification Checklist from Kate Hill on 12/10/2021](#)
- [Administrative Slide Presentation \(PDF\)](#)

## VACCINE MANDATE GUIDANCE ISSUED BY CMS

January 6, 2022: On December 28, 2021 CMS released a QSO-22-07-All which is a memorandum to State Survey Agencies outlining the process for surveying RHC/FQHCs on compliance with the Vaccine Mandate. Additionally, Attachment M was provided which is a 14-page document outlining the vaccine mandate in more detail. These resources are provided below:

- [Recording of the Webinar](#)
- [TCT \(Kate Hill\) Slide Presentation](#)
- [InQuiseek Consulting \(Patty and Jeff Harper\) InQdocs Presentation](#)
- [QSO-22-07-All CMS Memo to State Agencies on 12 28 2021](#)
- [Attachment M - Vaccine Mandate Surveyor Guidance](#)
- [TCT Summary of CMS Memo \(PDF\)](#)
- [CFR Vaccine Mandate Citation \(Word\)](#)
- [Florida Vaccine Mandate Website with sample exemption forms](#)
- [CMS Webinar of the Vaccine Mandate Stakeholder Call on November 5, 2021 \(Video\)](#)
- [HSA Newsletter on January 6, 2021](#)

We edited the Vaccine Mandate policies and forms and have included them as follows:

- [Vaccine Mandate Policies and Procedures for an RHC updated 2 5 2022](#)
- [Vaccine Mandate Medical Exemption Form updated 2 5 2022](#)
- [Vaccine Mandate Religious Exemption Form updated 2 5 2022](#)

Here are the OSHA Emergency Temporary Standards templates we edited as follows:

- [OSHA ETS Policies and Procedure Template](#)
- [OSHA ETS Risk Assessment Template](#)

# No Surprises Act Resources

- **How Does the No Surprises Act Impact RHCs?** - Details on the Good Faith Estimate  
Tuesday, December 14, 2021
- [Webinar Recording](#)
- [Q&A Follow-Up](#)
- [Webinar Transcript \(PDF\)](#)
- [Slide Presentation \(PDF\)](#)
- [CMS Regulations](#)
- [Good Faith Estimate Disclaimer and Template](#)



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