


How exactly do you conduct a program evaluation?


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1

Session Objectives

- Overview of the RHC Biennial Program Evaluation regulation
- Discussion about required components and documents for an RHC Biennial program evaluation
- Review examples of:
 - Program evaluation clinic meeting format example
 - Program evaluation sample policy
 - Biennial program evaluation checklist to maintain compliance



2

The Federal Regulation

42 CFR 491.11

3

42 CFR §491.11
RHC CONDITIONS OF CERTIFICATION
PROGRAM EVALUATION


§ 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.
(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.
(71 FR 55346, Sept. 22, 2006, as amended at 84 FR 51832, Sept. 30, 2019)
<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-491/subpart-A/section-491.11>

4

What is the Purpose of the Evaluation?

(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.


Self-Checkup!

 *If you are required to conduct this program evaluation, then why not make it count for both compliance and for business strategy? Make it meaningful!*

5

Appropriate Utilization

What did you do?
How much did you do?
Who provided the service?
Who were your patients?
Who could have been your patients?
Was the utilization appropriate?
Primary Care versus Specialty Services



6



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

Utilization. Health Care Utilization is the quantification or description of the types of services performed and the population for which they were performed. Utilization is often reported in these common ways: 1)The number of services used over a period of time or 2)The percentage of persons who use a certain service or the percentage of a population group that was served.

7

Was the utilization appropriate?

- Were we staffed correctly?
 - NP/PA staffed at least 50% of the patient care hours
 - Productivity standard
- Were primary care services 51% of our encounters?
 - Based on CPT® codes
 - Based on ICD-10-CM codes
 - Based on number of encounters by visit type/provider type
- Were the required RHC lab services performed on-site?
- Based on community and patient demographics, is there something we could have been doing or should do?
- What about non-RHC services and specialty services?

8

What data can we look at and why?

Data	Where Found	What Does it tell us?
Total number of encounters	Practice Management/EHR reports Cost Report Worksheets	Number of unique patient visits, patient volumes, number of patients served.
Total number of visits per provider	Practice Management/EHR reports	Productivity by Provider; can drill down to type of appointment; are we overstaffed or understaffed?
Total number of visits per provider type	Practice Management/EHR reports Cost Report Productivity Schedule	Is NP/PA staffing at least 50%? Are our volumes too low/too high?
Top CPT® Code Utilization	Practice Management/EHR reports	Were our services mainly primary care? Did we do preventive services? Are we doing something that is non-RHC?
Top Dx Codes	Practice Management/EHR reports	Did we treat conditions and diseases common to primary care?
Patients by Financial Class/Payer Mix	Practice Management/EHR reports	Have we had changes in payer mix that impact service lines or patient care?

9

Doing a Deeper Dive?

Data	Where Found	What Does it tell us?
Patients by age or sex	Practice Management/EHR reports	Are we serving patients of all stages of life? Is our panel aging out? Do we have opportunities to add new service lines?
Patients by zip code	Practice Management/EHR reports	Is our panel representative of our entire service area? What is our market?
County and city census data	US Census Bureau Office of Primary Care	Has something changed about our demographics which give us a new opportunity or community need?
Current HPSA Designation	HRSA Data Warehouse I Am Rural Tool Primary Care Office	Are we in a current HPSA or grandfathered? Is our HPSA geographic or demographic? Could we relocate if we needed to?

10

10

Ways to report data

Provider A, Provider B, Provider C, Provider D

■ Medicare ■ Medicaid ■ Comm

Patient Age	% of panel
Newborn-2	15%
3-5	16%
6-12	32%
>12	37%

Visit Type

■ Acute ■ Preventive ■ Chronic ■ Other

For the year ended 12/31/2022, the clinic saw a decrease in total visits from 10,589 to 9,999. The decrease is attributed to the public health emergency.

11

11

Payer Mix


Payer/Adv	2021	%	2020	%
MEDICARE	484	24%	1518	24%
ADVANTAGE	435	21%	1405	22%
BCBS	389	20%	959	15%
UNCLASSIFIED	218	11%	810	13%
MEDICARE ENVD	277	9%	587	9%
MEDICAID	139	7%	457	7%
COMMERCIAL	74	4%	220	3%
TRICARE	34	2%	158	2%
OTHER	32	2%	92	1%
GOVERNMENT	31	2%	129	2%
EXCHANGE	2	0%	55	1%
WORKERS COMP	0%	0%	5	0%
Grand Total	2021	100%	6395	100%

Encounters from the Cost Report Worksheet

ICD-10 Diagnosis Assignment	Number of Patients	Total Visits	Productivity (1 visit = 1 x visit, 2 or visit = 2)
2100 Rheumatoid arthritis	7,712	24,315	2,260
2109 Other arthropathies	2,148	4,396	1,248
4100 Isolated sinus of Trousseau II	52,348	26,174	2,295
5100 Essential hypertension	8,000	0	40,000
6100 Essential hyperlipidemia	8,000	0	40,000
7100 Essential hypercholesterolemia	8,000	0	40,000
7200 Essential mixed hyperlipidemia	8,000	0	40,000
7300 Diabetes mellitus	8,000	0	40,000
7400 Diabetes mellitus with complications	8,000	0	40,000
7500 Diabetes mellitus with complications	8,000	0	40,000
7600 Diabetes mellitus with complications	8,000	0	40,000
7700 Diabetes mellitus with complications	8,000	0	40,000
7800 Diabetes mellitus with complications	8,000	0	40,000
7900 Diabetes mellitus with complications	8,000	0	40,000
8000 Diabetes mellitus with complications	8,000	0	40,000
8100 Diabetes mellitus with complications	8,000	0	40,000
8200 Diabetes mellitus with complications	8,000	0	40,000
8300 Diabetes mellitus with complications	8,000	0	40,000
8400 Diabetes mellitus with complications	8,000	0	40,000
8500 Diabetes mellitus with complications	8,000	0	40,000
8600 Diabetes mellitus with complications	8,000	0	40,000
8700 Diabetes mellitus with complications	8,000	0	40,000
8800 Diabetes mellitus with complications	8,000	0	40,000
8900 Diabetes mellitus with complications	8,000	0	40,000
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9700 Diabetes mellitus with complications	8,000	0	40,000
9800 Diabetes mellitus with complications	8,000	0	40,000
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1700 Diabetes mellitus with complications	8,000	0	40,000
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1900 Diabetes mellitus with complications	8,000	0	40,000
2000 Diabetes mellitus with complications	8,000	0	40,000
2100 Diabetes mellitus with complications	8,000	0	40,000
2200 Diabetes mellitus with complications	8,000	0	40,000
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2500 Diabetes mellitus with complications	8,000	0	40,000
2600 Diabetes mellitus with complications	8,000	0	40,000
2700 Diabetes mellitus with complications	8,000	0	40,000
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2900 Diabetes mellitus with complications	8,000	0	40,000
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6300 Diabetes mellitus with complications	8,000	0	40,000
6400 Diabetes mellitus with complications	8,000	0	40,000
6500 Diabetes mellitus with complications	8,000	0	40,000
6600 Diabetes			

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

Record Review



- Include a representation of both open and closed charts
- Can include the charts already reviewed during the evaluation period.
- Identify or quantify the records. Reference where these can be found. Protect PHI.
- Can be a new sample reviewed just for the program evaluation.
- Identify the criteria used for physician chart review
- Can include a sample of the audit tool
- Make a statement as to whether the review of charts resulted in any change to medical management or patient care policies.

13

13

Chart Review Tools

CHART REVIEW FORM

Rendering Provider: _____ Credential or Degree: _____

Reviewer: _____ Credential or Degree: _____

Medical Record #: _____ Date of Service: _____ Other ID: _____

REVIEW AREAS		Yes	No
DOCUMENTATION HISTORY			
The Chief Complaint (CC) is clearly documented			
The History of Present Illness (HPI) is clearly indicated			
Past, Present, and Social History is documented if pertinent to encounter			
ROS is pertinent and correctly documented			
DOCUMENTATION ISSUES			
The exam is pertinent to the documented CC and HPI for this visit			
The exam documentation is complete and clearly understood			
DIAGNOSTIC TESTING AND FOLLOWUP			
Diagnostic testing was appropriately performed or ordered			
Results are clearly documented			
Follow-up, advice, or instructions, if applicable, are explained and documented			

Client Name: _____

Review Period: _____

Type of Review: _____

Physician Review of Charts Physician Reviewer: _____

Quality Review of Charts Quality Reviewer: _____

Charts Selected for Review:


#	Chart ID	DOS	Service Provided	Open Y or N	Closed Y or N	Review Completed
1						
2						
3						
4						
5						
6						
7						

14

14

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

Policy Review



Are we still in compliance with our RHC policies?

Are we meeting the conditions for certification?

Have we added new policies?

Have we revised any policies?

Have we deleted any policies?

Has staff been training on policies?

Have the medical director and providers reviewed the patient care policies?

Did we include the required outside reviewer?

15

15

Policy Development and Review
Two different requirements in two different places

- Provider review of policies under §491.9:
 (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.
 (4) These policies are reviewed at least biennially by the group of professional personnel required under paragraph (b)(2) of this section and reviewed as necessary by the RHC or FQHC.
- Policy review as part of the biennial program evaluation in §491.11

16

16

POLICY REVIEW CONSIDERATIONS

- Recap Policy Changes in Your Program Evaluation
- Have providers sign a Policy Review Attestation along with an outside reviewer.
- Have a policy on Program Evaluation and Policy Review.

Policies and Procedures Biennial Development and Review Statement

This Administrative Manual which includes all operational and clinical Policies and Procedures has been developed and reviewed through a collaborative effort of the medical director and other professional staff in accordance with 42 CFR §491.9 and §491.11 of the federal regulations governing Rural Health Clinics for the calendar year 2021. Any revisions, additions, or deletions shall be reviewed during the biennial program evaluation process and all staff have been or will be in serviced on any policy changes.

Attested this _____ day of _____, 2022


Name: _____
 Medical Director

Name: _____
 RHC/FQHC Provider

Name: _____
 Medical Reviewer

17

17



Program Evaluation Policy		
J Tag References: J-0100, J-0101, J-0102, J-0160, J-0161, J-0042 References: 491.9	Policy Type: Administrative/QA	Policy Number: 500.0
Effective and Revision Date(s): 4/26/2020		

Most surveyors will want to see a policy on how the program evaluation will be conducted.

18

18

What else?

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



- Recap of Equipment Maintenance (Appendix G)
- Recap of Quality Initiatives/Performance Improvement
- Emergency Preparedness
- Mock Survey-Optional But Helpful
- Meeting- Finding must be presented but it never says have a meeting, but how else would you do this?

19

19



Mock Survey

Sample Tools

20

20

The Compliance Team Survey Tool

Facility Name/Clinic:	Surveyor Number(s):	
Total Number of Exam Rooms:	Survey Start Date:	Survey End Date:
	Time In:	Hours Onsite:
	Time Out:	

CORPORATE COMPLIANCE	STANDARD	YES	NO	COMMENTS
The Clinic is in good standing with the Medicare/Medicaid Programs.	COM 2.0			
The clinic that participates in Medicare/Medicaid programs has been free of sanctions for a period of at least 2 years.	COM 2.0.1			
The clinic prohibits employment/contracting with individuals or companies, which have been convicted of a criminal felony offense related to healthcare.	COM 2.0.2			
Clinic can provide evidence of verification of individuals through OIG exclusion database.	COM 2.0.2(a)			
Evidence of the process and documentation upon hire and re-verification at a minimum annually.	COM 2.0.2(b)			
Staff of the clinic are licensed, certified, or registered in accordance with applicable State and local laws. (491.4(b))	COM 3.0			

21

Facility Name/Clinic:	Surveyor Number(s):	Survey Start Date:	Survey End Date:
Total Number of Exam Rooms:	Time In:	Time Out:	Hours Onsite:
<ul style="list-style-type: none"> Person principally responsible for directing the clinic's operation. (§491.7(b)(2)) 	ADM 4.0.1(b)		
<ul style="list-style-type: none"> Person responsible for medical direction. (§491.7(b)(3)) 	ADM 4.0.1(c)		
The clinic must report any change in the medical director to CMS and the Compliance Team.	ADM 4.0.2		
The clinic has an organizational chart.	ADM 4.0.3		
The clinic has a protocol for identifying who is in charge of day to day operations in the absence of key leadership.	ADM 4.0.5		
The Clinic is under the medical direction of a physician, and has a healthcare staff that meets the staff and staffing requirements at §491.8. (§491.7(a)(1))	ADM 5.0		
The Medical Director, who must be a physician, is accountable for the clinic's medical direction and quality of care. (§491.8(b))	ADM 5.0.1		
The clinic staff may also include ancillary personnel who are supervised by the professional staff. (§491.8(a)(4))	ADM 5.0.3		

22

22

SOM, Appendix G

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

J-0041
(Rev. 177, Issued: 01-26-18, Effective: 01-26-18, Implementation: 01-26-18)

§ 491.6(a) Construction:

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.

Interpretative Guidelines § 491.6(a)

The RHC must ensure that the physical plant of its permanent and/or mobile unit is constructed, arranged in terms of its layout, and maintained in a manner to ensure patient access and safety of its patients and personnel. The clinic's layout and fixtures must not present hazards that increase risk of patient injury, such as slippery floors or torn carpets that may present tripping or fall hazards, or ceilings panels that are in danger of falling, etc.. The physical plant also must be designed and constructed in accordance with applicable State and local building, fire, and safety codes, but surveyors conducting RHC surveys on behalf of CMS do not assess compliance with such State and local code requirements.

23

23

Further, the clinic must have enough space, for the fixtures, equipment and supplies required, in order for it to provide those RHC services which must be furnished directly, i.e., provided within the RHC rather than under arrangement. The clinic must also comply with applicable Federal, State and local laws and regulations and accepted standards of practice for primary care services when determining how much space it requires for its direct services.

Survey Procedures § 491.6(a)

- Observe whether the clinic's physical plant is well constructed and arranged, and does not present barriers to patient access or hazards to patient safety.
- Observe whether the clinic has sufficient space given for the type and scope of services provided and the number of patients served.

24

24

Other Mock Survey Tools

inQuiseek

RHC Survey Checklist


Checklist Item	Yes	No	Compliant	N/A	Notes
Exterior/Entrance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signage agrees with legal/OBA name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Top exterior appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADA accessible ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard free access to building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hours of operation posted on door (LA+30 Hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum number of hours open = 24 state requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building maintenance up to par, no trip/fall hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waiting Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean, orderly, and well-maintained lobby/waiting area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard free lobby/waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean/disinfected surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ownership information up to date and posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OCR disclosed and posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Language services disclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Privacy practices disclosed and posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

25

25

Program Evaluation Sample Report

Best Care RHC



**Rural Health Clinic
Program Evaluation**

26

26

Contents

- Clinic History and Background3
- RHC Utilization3
- Total RHC Encounters for the Evaluation Period3
- Top CPT Codes.....3
- Top DR Codes.....3
- Patients by Payer Mix.....3
- Patients by Demographic Characteristics.....3
- Policy Review and Attestation.....4
- New Policies4
- Revised Policies.....4
- Deleted Policies.....4
- Provider Attestation: See signed attestation.....4
- Medical Record Reviews.....4
- Biomedical Equipment and Maintenance.....5
- Emergency Preparedness Plan Review and Activities.....5
- Quality Assurance/Performance Improvement.....5
- Attachments.....5

27

27

Clinic History and Background

(Provide an optional narrative about the history and background of the Rural Health Clinic. Include information about the ownership, the organizational structure or location.)

Original RHC Certification Date:
 CMS CCN:
 Legal Name:
 dba Name:
 Medical Director:
 Clinic Administrator:
 Clinic Manager:

28

28

RHC Utilization

(Include data which shows a review of clinical utilization. This can include the total RHC encounters, encounters by provider or service line, visits by payer mix, or visits by some patient demographic factor. Common topics are below)

Total RHC Encounters for the Evaluation Period
 Top CPT Codes
 Top Dx Codes
 Patients by Payer Mix
 Patients by Demographic Characteristics

29

29

Policy Review and Attestation

The written policies and procedures were reviewed for the fiscal year or period noted below. Policies were reviewed for the (12 or 24 months) ending _____.

New Policies
 These new policies were added. (List Policy Number and Name or NONE)

Revised Policies
 These policies were revised. List Policy Number, Name and Date or NONE)

Deleted Policies
 These policies were deleted or inactivated. (List Policy Number, Name and Date or NONE)

Provider Attestation: See signed attestation.

20XX Sample Footer Text 30

30

Medical Record Reviews

Medical Record Reviews

This section of the report is used to report or recap on the medical records reviews which have been done during the evaluation period. This would include the physician reviews done to ensure that the medical management and patient care policies were followed. You should include the criteria for the review or a sample of the tool used. You should also include attachments or a recap of the charts reviewed. You should include closed charts in this review. A closed chart is a medical record for a patient who has died or left the practice. If not closed charts can be found, you should document that none were available.

Insert a table or attachments to support the medical record reviews as part of the program evaluation. Include the criteria for chart reviews and any helpful information about the process.

20XX Sample Footer Text 31

31

Biomedical Equipment and Maintenance
This section should include a statement or narrative which includes:

1. New equipment placed into service
2. Old equipment taken out of service
3. Equipment repairs that took place during the evaluation period
4. Dates of most recent inspections by the biomedical vendor
5. Any major building repairs or system repairs

Emergency Preparedness Plan Review and Activities

This section should include a narrative or other presentation of data which supports either the biennial review of the plan and risk assessments and/or reports on the EPP exercises that have been done. This could include a review of any After Action Reports, EPP Activities, Testing or Training Activities. Any revisions of the plan or changes to the risk assessments (RHA) should be discussed.

Quality Assurance/Performance Improvement

This section should include a narrative or other presentation of data to provide an overview of any quality initiatives or PI projects. At a minimum, this should include patient satisfaction survey results. The program evaluation should result in discussion or suggestions for future QAPI projects.

32

32

NARHC Sample Program Evaluation Report
https://www.narhc.org/narhc/Sample_Files.asp

**Rural Health
Annual Evaluation
Report**

Is not updated for
EPP or Equipment.


Date ____/____/____

33

33

The RHC regs do NOT require a meeting. They do require the program evaluation and that the findings be disseminated among the staff and providers.

A meeting continues to be the best way to do that and the best way to gain buy-in for continued compliance. Remember, we want the best bang for the buck here!



Most surveyors will expect documentation of a meeting.

- Copy of the report
- Sign In Sheet
- Meeting Minutes
- Can be done virtually

Program Evaluation Meeting

34

34

Program Evaluation Meeting Agenda

- I. Welcome
- II. Opening Comments and Introductions
- III. Purpose of the Program Evaluation
- IV. Presentation of the Report Findings (by one or more people)
- V. Discussion or Q/A about the Report Findings
- VI. Strategic Goals or Corrective Actions Presented/Discussed
- VII. Obtain sign-in sheet and policy review attestations
- VIII. Dismiss meeting
- IX. Document meeting and retain a copy of report, sign-in sheet and any discussion minutes as evidence.

35

35

Take Minutes and Get Sign In Sheet

- Date of Meeting
- Time of Meeting
- Who is present (in person or virually)?
- Agenda
- Discussion/Comments
- Strategic Plans or Changes as an outcome of program evaluation findings
- Time of Adjournment
- Attach copy of report

36

36

Sign In Sheet

Clinic Name
Program Evaluation Findings
Biennial Meeting

Date: March 31, 2023

Printed Name	Title/Role	Signature

37

37

Sample Minutes

RHC Name
Program Evaluation Meeting

Present: List of attendees. Attach sign in sheet.

1. **Welcome/Purpose of Meeting (Attach agenda and copy of program evaluation.)**
Present RHC program evaluation findings.


2. **Discussion**
Summarize discussion or main comments made during the presentation by topic.

3. **Strategic Plans or Changes in RHC Management Due to Program Evaluation Findings**
What will the RHC do differently?
Who will be responsible for implementing change?
What topics need further investigation?
What is great and how will we maintain it?

4. **Adjournment**
Time meeting was adjourned.

38


38



Summary

Conducting the biennial program evaluation is an important task in maintaining compliance and creating buy-in. Be sure to use this evaluation process to maximize your RHC's performance.

39



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