| How exactly do you | ı conduct a program |
|--------------------|---------------------|
| evaluation? | |

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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



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The Federal Regulation 42 CFR 491.11

42 CFR §491.11 RHC CONDITIONS OF CERTIFICATION PROGRAM EVALUATION

§ 491.11 Program evaluation.

(a) The clinic or center <u>carries out or arranges</u> for a <u>biennial evaluation</u> 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.
- $[\underline{71\,\text{FR}\,55346}, \text{Sept.}\,\,22, 2006, \text{as amended at}\,\underline{84\,\text{FR}\,51832}, \underline{\text{Sept.}\,30, 2019}]$

 $\underline{\text{https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-}} \\ \underline{\text{491/subpart-A/section-491.11}}$

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What is the Purpose of the Evaluation?

- (c) The <u>purpose of the evaluation</u> 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 $not \ make \ it \ count for \ both \ compliance \ and \ for \ business \ strategy?$ $Make \ it \ meaningful!$

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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





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

<u>Utilization</u>: Health Care Utilization is <u>the quantification or description</u> 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.

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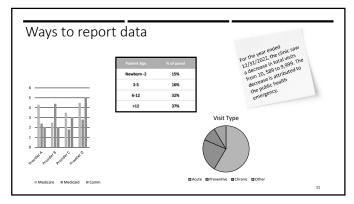
Was the utilization appropriate?

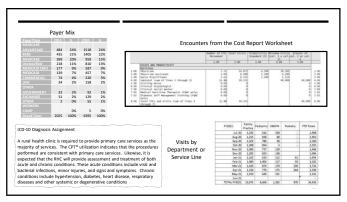
- Were we staffed correctly?
 - NP/PA staffed at least 50% of the patient care hours Productivity standard
- Were primary care services 51% of our encounters?
 - Based on CPT® codes
 - Based on ICD-10-CM codes
 - · Based on number of encounters by visit type/provider type
- Were the required RHC lab 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?

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What data can we look at and why? Practice Management/EHR reports Cost Report Worksheets Practice Management/EHR reports Practice Management/EHR reports Productivity by Provider; can drill down to type of appointment; are we overstaffed or understaffed? Total number of encounters Total number of visits per provider Total number of visits per provider Practice Management/EHR reports Cost Report Productivity Schedule Are our volumes too low/too high? Practice Management/EHR reports Were our services mainly primary care? Did we do preventive services? Are we doing something that is non-RHC? Top CPT® Code Utilization Practice Management/EHR reports Did we treat conditions and diseases common to primary care?

| 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? |





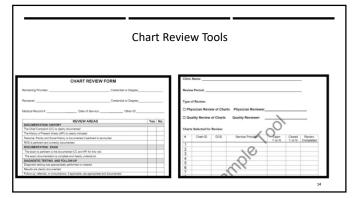
(2) A representative sample of both active and closed clinical records

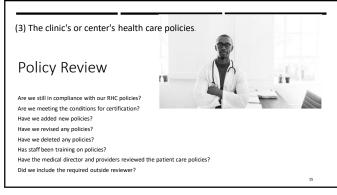
Record Review



- 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.
- $\bullet \;\;$ 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.

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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 <u>a group of professional personnel that</u> 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

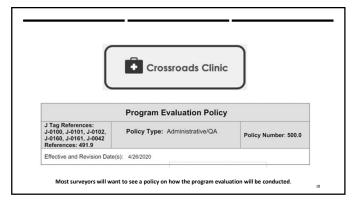
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POLICY REVIEW CONSIDERATIONS

- 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.



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| W | hat e | 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?

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| The Compliance Team Surv | /ey 100 | ı | | |
|--|---|-----|---------------|----------|
| | Surveyor Number(s): Survey Start Date: | 5 | Survey E | nd Date: |
| Total Number of Exam Rooms: Time In: Time Out: | | | Hours Onsite: | |
| CORPORATE COMPLIANCE | STANDARD | YES | NO | COMMENT |
| 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. (6491.4(b)) | COM 3.0 | | | |

| Facility Name/Clinic: | Surveyor Number(s): | | |
|--|-----------------------|------------------|--|
| | Survey Start Date: | Survey End Date: | |
| | Time In: Time Out: | Hours Onsite: | |
| Person principally responsible for directing the clinic's operation. (§491.7(b)(2)) | ADM 4.0.1(b) | | |
| 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 i the absence of key leadership. | n 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 | | |

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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)

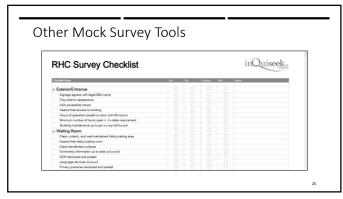
The RHC must ensure that the physical plant of its permanent and/or mobile unit is constructed, arranged in terms of its layout, and muntationed in a runnare to ensure patient access and safety of its patients and personnel. The clinic slayout and fixtures must not present bazards that increase risk of patient injury, such as slippery floors or non-captes at may present bigging of fall bazards, 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.

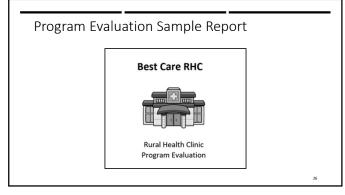
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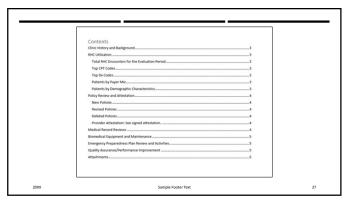
Further, the clinic must have enough space, for the fixtures, equipment and supplies required, in order for it to provide those RHC services which must be furnished directly, i.e., provided within the RHC rather than under arrangement. The clinic must also comply with applicable Federal, State and local 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.







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 of location.)

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

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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

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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 2s months) ending

New Policies

These reve policies were added. (List Policy Number and Name or NONS)

Revised Policies

These policies were revised. List Policy Number, Name and Date or NONS)

Deleted Policies

These policies

These policies were deleted or inactivated. (List Policy Number, Name and Date or NONS)

Provider Attestation: See signed attestation.

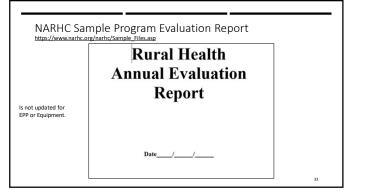
Medical Record Reviews This section of the report is used for report or recap on the medical records reviews which have been done during the evaluation period. This would include the physician reviews which have been done during the evaluation period. This would include the physician reviews done to ensure that the medical reacceptor and patient can policial very follower. To would also include the relievance or the crusts for the greeces a sample of the fool leads. Two should also include the greecings or a record of the charts patient who has lead in eith the practices. If not disead charts can be found, you should donounce that some 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.

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Biomedical Equipment and Maintenance
This sclore household include a statement or annatus which includes:

1. Were registered through the dark place of the control of the

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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

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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.

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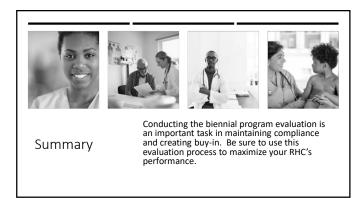
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Take Minutes and Get Sign In Sheet

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

| Sign In Sheet | Date: March 31, 2023 | Clinic Name Program Evaluation Findin Blennial Meeting | 95 | |
|---------------|----------------------|--|-----------|---|
| | Printed Name | Title/Role | Signature | |
| | | | | |
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