RHC Regulations and Quality Programs

Alisa Crown, MSN-RN, CRHCP

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Conditions for RHC Certification

- The conditions for RHC Certfication are found in 42 CFR 491: 1-2

  - https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-491

- State Operations Manual Appendix G, Guidance for Surveyors: Rural Health Clinics (RHCs)

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

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Forms to Know:

855A

Medicare enrollment Form

- Make sure the name the clinic is using matches what is on this form!

- Can check that the name matches on QCOR

- https://qcor.cms.gov/main.jsp

CMS-29

- Verification form of Clinic Data
- Must be updated and sent in if there are any changes in Medical Director
- CMS-29

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RHC Conditions of Certification

- § 491.1 Purpose and scope.
- § 491.2 Definitions.
- § 491.3 Certification procedures.
- § 491.4 Compliance with Federal, State and local laws.
- § 491.5 Location of clinic.
- § 491.6 Physical plant and environment.
- § 491.7 Organizational structure.
- § 491.8 Staffing and staff responsibilities.
- § 491.9 Provision of services.
- § 491.10 Patient health records.
- § 491.11 Program evaluation.
- § 491.12 Emergency preparedness.

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42 CFR 491.1 to 491.3

- 491.1 Purpose and Scope

- 491.2 Definitions

- 491.3 Certification Process

Survey starts here:

The survey starts in the parking lot

- How accessible is the clinic?
- Does the name on the sign match the CMS 855A application?
- Are the clinic hours posted?

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Hours of Operation Posted

Modified CLINIC HOURS

2023

Clinic hours

- Monday - Thursday 8:30am- 6pm
- Friday 8:30am - 5pm
- Saturday 9am -1pm

Cranbourne North Dental

Thank you for your understanding.
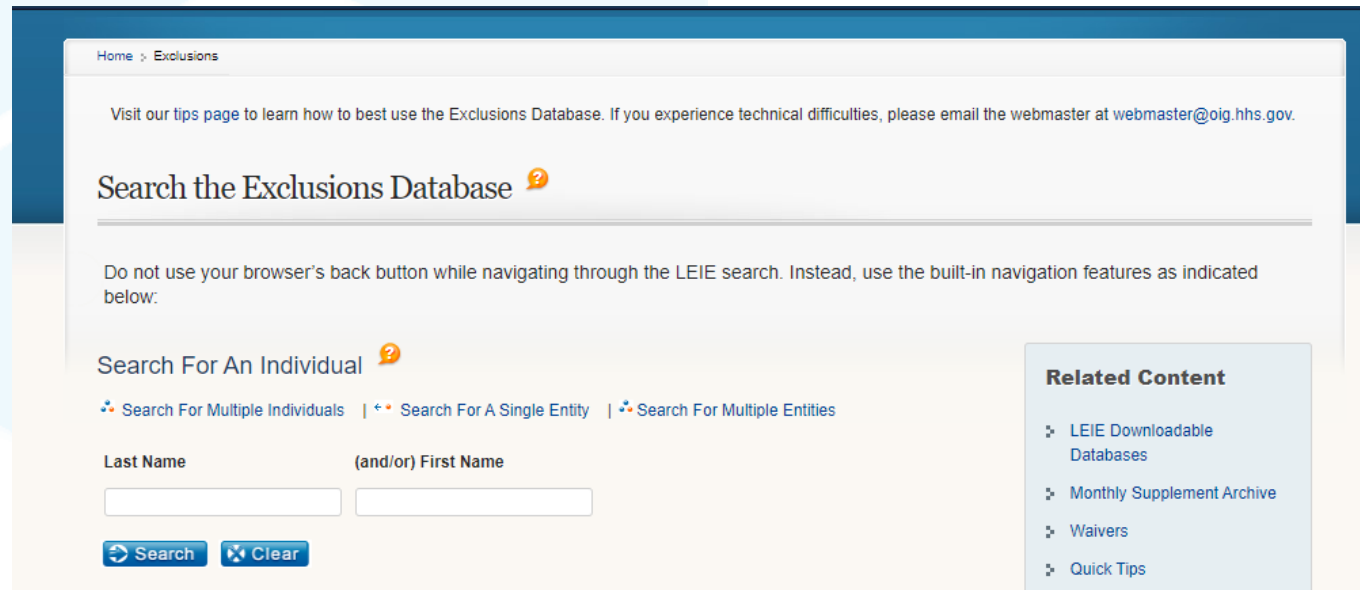

CLINIC HOURS

MON: 8:00-11:00; 1:00-6:00 PM

WED: 8:00-11:00; 1:00-6:00 PM

THURS: 8:00-11:00; 1:00-5:00 PM

*WEEKENDS ON AN EMERGENCY BASIS

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42 CFR §491.4–Compliance with Federal, State and local laws

- Staff is licensed, certified, or registered according to State laws.
- OIG exclusion list

42 CFR §491.4–Compliance with Federal, State and local laws

- Items to be able to find for a survey:
  - Application
  - I-9
  - W-4
  - OIG exclusion
  - Signed Job description
  - Standards of Conduct
  - Performance evaluations
  - Annual training
  - Competency
  - Background check

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42 CFR §491.5–Location of Clinic

- Located in a rural area that is designed as a shortage area
  - May be permanent or mobile
  - Shortage area or governor designated

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If you are considering moving your clinic:

- Check with your State Office of Rural Health to make sure you are still in a shortage area
  - This could change over time and the address you are at is grandfathered in if the shortage area has changed
- Report the name change to CMS
  - Update your 855a and CMS 29 forms as things change

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42 CFR § 491.6 – Physical Plant and Environment

- 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.

- Maintenance:
  - The clinic has a preventive maintenance program to ensure that:
    - All essential mechanical, electrical, and patient-care equipment is maintained in safe operating conditions
    - Drugs and biologicals are appropriately store
    - The premises are clean and orderly

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Construction

Maintenance of Clinic

- Nothing kept under the sink

- Sharps containers can't be easily accessible

- Sharps are bio-hazard labeled

- Oxygen is kept chained or in an approved cart, empty bottles are kept separate from full

- There are policies and workflows for transport and sterilizing of equipment

- Outlets are childproofed if at an accessible level for children

Maintenance of Clinic

- No hazardous materials kept in drawers of bed unless locked (pap supplies)

- Evaluate your supplies for safety features

- How are your tracking outdates on medications and supplies in the clinic

- What is your process for sample medication check-in/check-out

- How are you documenting Multi-dose vials

- Fire extinguishers and checked, exits are lighted and marked, evacuation maps are located for patients and staff to see

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42 CFR § 491.7 – Organizational Structure

- The clinic is under the medical direction of a physician that meets the requirements of 491.8

- The clinic discloses the names and address of:
  - Its owners, the person principally responsible for directing the operations of the clinic, and the person responsible for medical direction.

GOTHENBURG MEMORIAL HOSPITAL

910 20TH ST

GOTHENBURG, NE 69138

dba

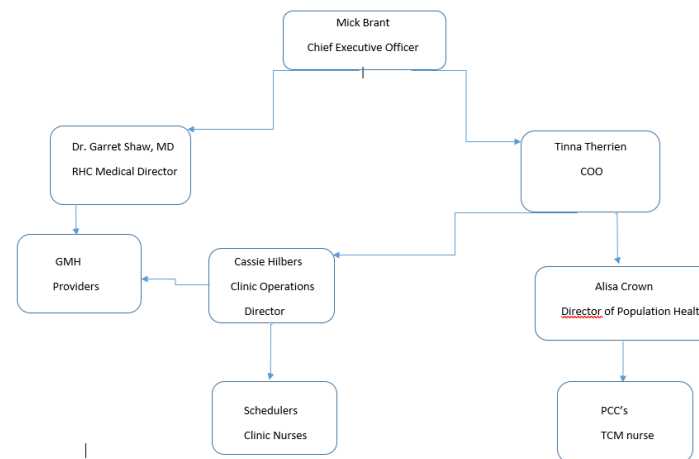**GOTHENBURG CLINIC**

918 20TH ST

GOTHENBURG, NE 69138

Cassie Hilbers, Clinic Operations Director

Garret Shaw MD, RHC Medical Director

Gothenburg Rural Health Clinic Org Chart   July 2022

42 CFR § 491.8 – Staffing and Staff Responsibilities

- A physician, nurse practitioner, physician assistant, certified nurse-midwife, clinical social worker, or clinical psychologist is available to furnish patient care services at all times the clinic or center operates.

- In addition, for RHCs, a nurse practitioner, physician assistant, or certified nurse-midwife is available to furnish patient care services at least 50 percent of the time the RHC operates.

- At least one NP or PA must be a W-2 employee of the legal entity that owns the RHC.

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42 CFR § 491.8 – Staffing and Staff Responsibilities

- Physician Responsibilities:
  - Provide medical direction for health care activities, consultation and medical supervision of the health care staff
  - Participates in the development and review of the policies and services of the clinic.
  - Periodically reviews the patient records, provides medical orders, and provides medical care services to patients of the clinic.
- Mid-level responsibilities:
  - Participate in the development and review of the policies of the clinic
  - Provides services in accordance to the written policies
  - Arranges and refers patients to services not provided in the clinic
  - Assures that adequate records are maintained and transferred as required when patients are referred.

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42 CFR § 491.9 – Provision of Services

1. All services offered by the clinic are furnished in accordance with Federal, State, and local laws

2. The clinic is primarily engaged in providing outpatient health services

3. The clinic has the ability to provide the following lab test:
   1. Chemical examination of urine by stick or tablet
   2. Hemoglobin or hematocrit
   3. Blood glucose
   4. Examination of stoll specimens for occult blood
   5. Pregnancy test
   6. Primary culturing for transmittal to a certified laboratory

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42 CFR § 491.9 – Provision of Services

Patient Care Policies

1. The clinic's health care services are furnished in accordance with appropriate written policies which are consistent with applicable State law.

2. The policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more PAs or NPs. At least one member is not a member of the clinic staff.

3. The policies include:
    1. A description of the services the clinic or center furnishes directly and those furnished through agreement or arrangement.
    2. Guidelines for the medical management of health problems which include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic or center.
    3. Rules for the storage, handling, and administration of drugs and biologicals.

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42 CFR § 491.9 – Provision of Services

Services

1. The clinic or center has agreements or arrangements with one or more providers or suppliers participating under Medicare or Medicaid to furnish other services to its patients, including:
   1. Inpatient Hospital care;
   2. Physician(s) services (whether furnished in the hospital , the office, the patient's home, a skilled nursing facility, or elsewhere); and
   3. Additional and specialized diagnostic and laboratory services that are not available at the clinic or center

2. If the agreements are not in writing, there is evidence that patients referred by the clinic or center are being accepted and treated.

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42 CFR § 491.9 – Provision of Services

- Emergency:

 The clinic or center provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has available the drugs and biologicals commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.
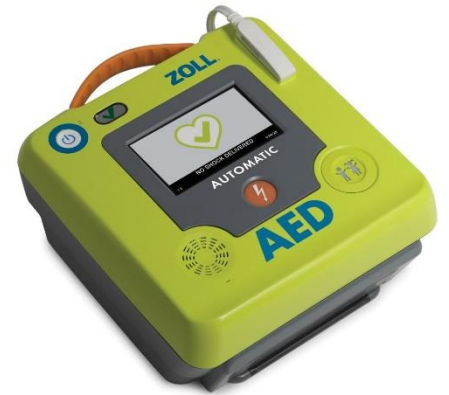
42 CFR § 491.10 – Patient Health Records

1. The clinic maintains a clinical record system in accordance with written policies and procedures.
2. A designated member of the professional staff is responsible for maintaining the records and for ensuring that they are completely and accurately documented, readily accessible, and systematically organized.
3. For each patient receiving health care services, the clinic or center maintains a record that includes, as applicable:
   1. 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;
   2. Reports of physical examinations, diagnostic and laboratory test results, and consultative findings;
   3. All physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the patient 's progress;
   4. Signatures of the physician or other health care professional.

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42 CFR § 491.10 – Patient Health Records

- The clinic or center maintains the confidentiality of record information and provides safeguards against loss, destruction or unauthorized use.

- Written policies and procedures govern the use and removal of records from the clinic or center and the conditions for release of information.

- The patient's written consent is required for release of information not authorized to be released without such consent.

- Records are retained for at least 6 years or longer if required by the State.

Request for Access to Protected Health Information

Please complete this entire form to request inspection or copies of your personal health information maintained by Gothenburg Health. We will notify you when your request has been processed and the records are ready for inspection or have been copied and are available. There are certain circumstances in which your request may be denied. If your request has been denied, you will be notified of the denial and the reasons why. Gothenburg Health cannot process your request if this form is not complete.

Patients Name: _____ DOB: _____/_____/_____
Current Address: _____City_____
State: _____ Zip: _____ Phone Number: _____
Date of Service or time period of records requested: _____ or specific ALL

Please check below the information which you would like to review (you may check more than one)

☐ Complete Medical Record	☐ History and Physical
☐ Office Notes	☐ Lab Reports
☐ X-ray Reports	☐ X-ray Images
☐ Consultation Reports	☐ Discharge Report
☐ Emergency Room Report	☐ Billing Record
☐ Other (be specific) _____	

Please designate the method of review:

<u>Mail</u>
☐ Receive a copy by certified mail at the address listed above
☐ I understand I may be billed for the postage and copying fee of 5 cents a page greater than 15 pages.

<u>Pick up</u>
☐ Receive a copy of requested records by picking up at Gothenburg Health when notified of availability.
☐ I understand I may be billed for the copying fee of 5 cents per page greater than 15 pages.

<u>Electronic</u>
☐ Receive PHI data via electronic version, which may include radiology images via CD disk. Any exceptions must be cleared by IT director for security reasons.
☐ Other (be specific) _____

Patient Signature _____ Date/Time _____

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42 CFR § 491.11 – Program Evaluation

- The clinic carries out, or arranges for, a biennial evaluation of its total program
- The evaluation includes:
  - The utilization of the clinic, including at least the number of patients served and the volume of services
  - A representative sample of both active and closed chart
  - The clinics health care policies
- The purpose of the evaluation is to determine:
  - The utilization of services was appropriate
  - The established policies were followed
  - Any changes needed
- The clinic takes the finding of the evaluation and determines if any corrective action is needed.

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42 CFR § 491.11 – Program Evaluation

Visit Type

■ Acute ■ Preventive ■ Chronic ■ Other

Payer Mix

Payer/Year	2019	%	2020	%
MEDICARE ADVANTAGE	484	24%	1518	24%
BCBS	435	21%	1405	22%
MEDICARE	399	20%	959	15%
Unclassified	218	11%	810	13%
MEDICAID CMO	177	9%	587	9%
MEDICAID	139	7%	457	7%
COMMERCIAL	74	4%	220	3%
UHC	34	2%	158	2%
OTHER GOVERNMENT	32	2%	92	1%
EXCHANGE	31	2%	129	2%
OTHER	2	0%	55	1%
WORKERS COMP		0%	5	0%
Grand Total	2025	100%	6395	100%

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

1. Overview of the RHC
2. Disclosure of Ownership
3. Listing of Physicians and Mid-levels
4. Review of Clinic Records
5. Utilization Review
6. Top 10 Diagnosis
7. Review of Policy and Procedures
8. Scope of Services
9. Emergency Medication Kit/Policy Review
10. Quality Review
11. Mock Inspection/Survey
12. Listing of Individuals on Annual Review Committee
13. Signatures of Annual Evaluation Committee accepting the Annual Report
14. Recommended Changes and Timeline for Improvements
15. Minutes from Annual Evaluation Meeting

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42 CFR § 491.12 – Emergency Preparedness

The RHC must comply with all applicable Federal, State, and local emergency preparedness requirements. The RHC/FQHC must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

Emergency plan:

The RHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years. The plan must do all of the following:

- Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
- Include strategies for addressing emergency events identified by the risk assessment.
- Address patient population, including, but not limited to, the type of services the RHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
- Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

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42 CFR § 491.12 – Emergency Preparedness

What are you most likely to be impacted by:

- Short-term weather events
- Power or water interruptions
- Provider/staff illness
- Technology failure
- Communication failure
- Fire/wildfires
- Floods

All Hazards Risk Assessment

Community-Based
Clinic-Based

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42 CFR § 491.12 – Emergency Preparedness

Policies and procedures:

The RHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1)of this section, and the communication plan at paragraph c of this section. The policies and procedures must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address the following:

1. Safe evacuation from the RHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.

2. A means to shelter in place for patients, staff, and volunteers who remain in the facility.

3. A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

4. The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

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42 CFR § 491.12 – Emergency Preparedness

Communication Plan:

- Name and contact information for:
  - Staff, providers, other RHC's, volunteers
  - Federal, state, tribal, regional, and local
- Other means of communication
  - Email or text platforms
- Provide information about patients
  - Patient tracking form or reunification form
- Ability to provide community assistance

PATIENT TRACKING FORM

1. INCIDENT NAME				2. DATE/TIME PREPARED	

4. TRIAGE AREAS (IMMEDIATE, DELAYED, EXPECTANT, MINOR, MORGUE)

MR #/ Triage #	Name	Sex	DOB/Age	Area Triaged To	Location/Time of Diagnostic Procedures (X-Ray, Angio, CT, etc)

5. SUBMITTED BY		6. AREA ASSIGNED TO

8. FACILITY NAME

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42 CFR § 491.12 – Emergency Preparedness

Training Program:

- Provide training on hire and every 2 years to staff

- Document trainings

- Demonstrate staff knowledge

- If policies are updated, conduct training on the updated polices

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42 CFR § 491.12 – Emergency Preparedness

Testing:

- Participate in a full-scale drill every 2 years

- Conduct an additional exercise every 2 years, opposite of the full-scale drill
  - Can be a community full-scale, facility-based, mock drill, or table-top

- Analyze the response and document the drill or exercise. Update the emergency plan as needed

- If you are doing with your hospital make sure as the RHC you demonstrate how you were actively involved and the specific take-aways for the clinic!

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Quality in the RHC

Care Management Services
- CCM/PCM/BHI
- TCM
- PIN
- CHI

Quality Programs
- PCMH
- Medicaid VBC
- Insurance VBC

Care Management Services

- General Care Management Services (G0511)
- $72.98- average of the price for services listed below
  - CCM
  - General BHI
  - PCM Services
  - CPM Services
  - RPM/RTM
  - CHI
  - PIN
- G0511 can be billed multiple times in the calendar month as long as the requirements for each services is completed the minutes don't overlap.

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Chronic Care Management

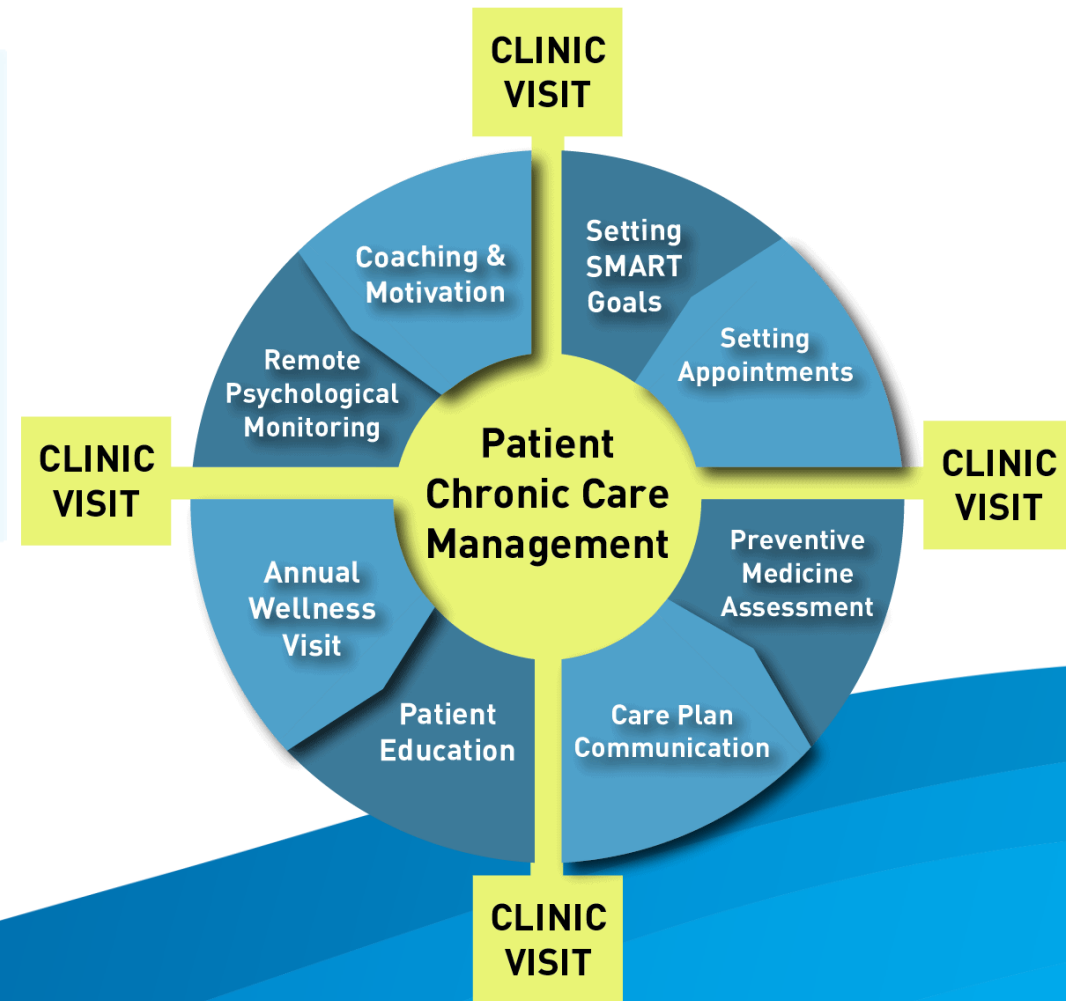2 or more chronic conditions lasting at least 12 months

Care goals that are patient specific

Non face-to-face visits

Manage care transitions

Referrals and resource help

Education

Chronic Pain Managment

- CPM services are for patients with multiple chronic conditions that involve chronic pain
    - Person centered plan of care
    - Care coordination services
    - Medication management
    - 30 minutes of time spent non-face-to-face
    - Holistic approach to pain management needs

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Principal Care Management

- Similar to CCM
  - Only one chronic condition needed to qualify
  - 30 minutes of qualifying time instead of 20 minutes for CCM

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General Behavioral Health Integration

- Collaborate with patients to address the crossing of behavioral health and medical conditions between visits.

- Team approach to managing behavioral health that includes:
  - Treating provider
  - Behavioral health care manager
  - Psychiatric Consult

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Principal Illness Navigation (PIN)

- New in 2024

- Help patients with serious, high risk conditions
  - Cancer
  - Mental health condition
  - Substance use disorder

- Empower patients by providing them with knowledge of their conditions and help them navigate the health care system

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Community Health Integration (CHI)

- New in 2024

- Services provided by a community health worker to assist in addressing SDOH needs of the patient
  - Obtaining food assistance
  - Housing voucher
  - Transportation needs

- 60 minutes per calendar month

Transitional Care Management (TCM)

- In place of the routine office visit code
- Requires post-discharge follow-up within 2 business days
  - Telephone
  - Direct contact
  - Electronic
- Face-to-face visit within 7 or 14 days post discharge
- Follow-up for the first 30 days
- Outside of the RHC AIR rate

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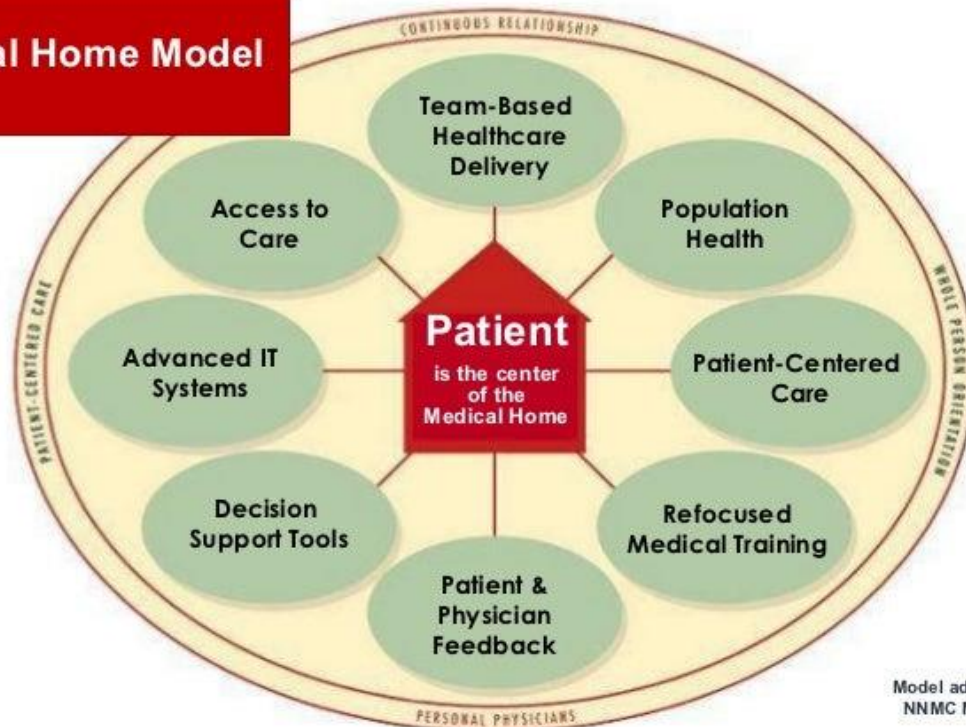HEALTH

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Programs
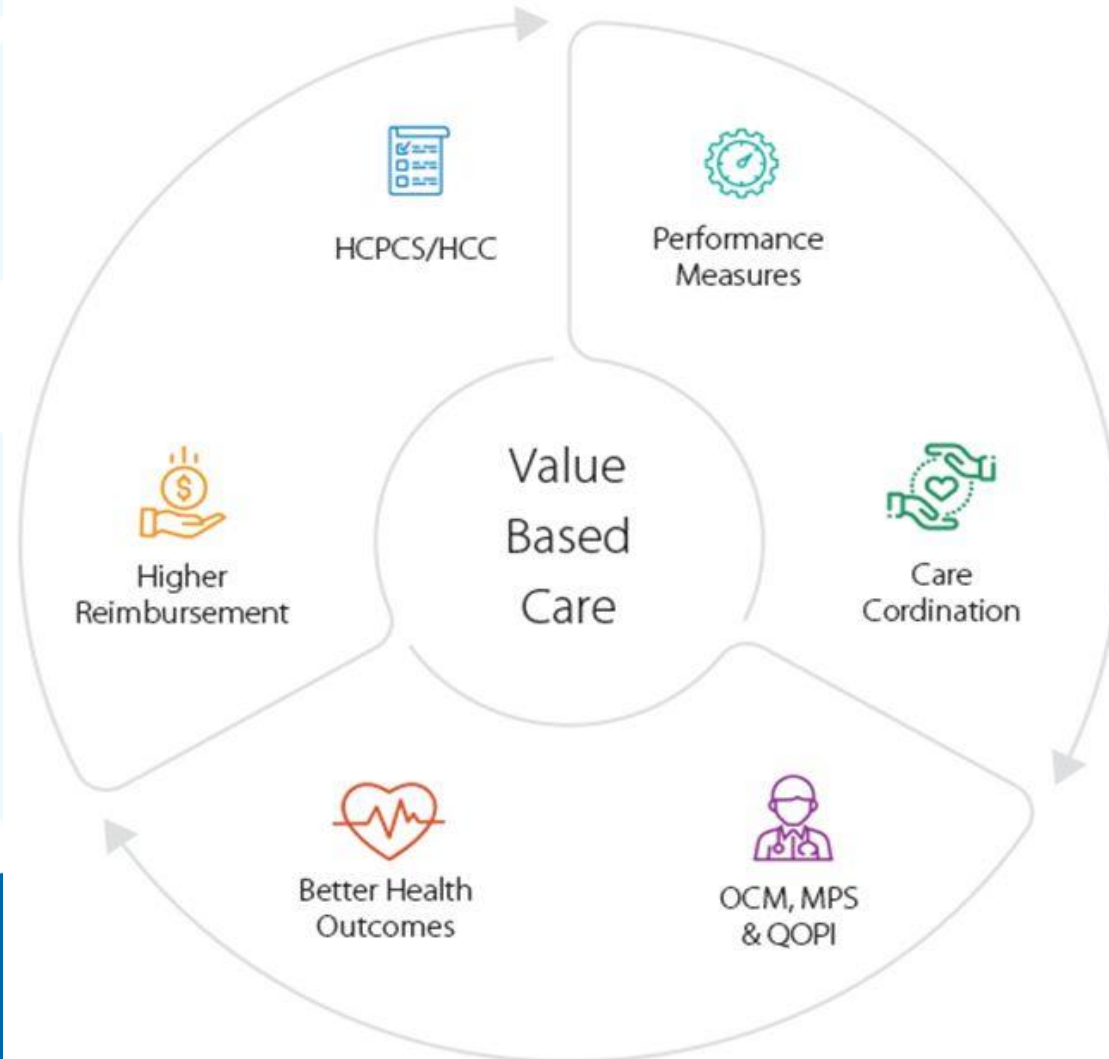
Quality Initiatives in the RHC

- PCMH
- Value-Based Care

Patient Centered Medical Home

- Accrediting Organizations for PCMH
  - The Compliance Team
  - NCQA
  - The Joint Commission
  - Accreditation Association for Ambulatory Health Care (AAAHC)
  - URAC
- A model for delivering high-quality, cost-effective primary care.
- Uses a patient-centered, culturally appropriate, and team-based approach to coordinate care across the health care system.

Benefits of being a PCMH

- Increased utilization of primary care

- Improved quality

- Improved care outcomes

- Increased revenue

- A great way to begin a quality program in the clinic setting

- Demonstrates a readiness for value-based contracts

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Value-based Care

- A focus on:
  - Quality care
  - Provider performance
  - Patient experience

$$VALUE = \frac{QUALITY}{COST} = \frac{OUTCOMES\ PATIENT + EXPERIENCE}{DIRECT\ COSTS + INDIRECT\ COSTS}$$

The New World

	Volume-Based	Value-Based
Payment	Fee-for-Service	Outcome Based
Incentives	Pass-A-Tube-Get-A-Payment	Keep-Em-Healthy-And-Make-A-Living
Focus	Episodes	Populations
Role of the Providers	Interaction on Individual Interactions	Team-Based Case Continuum
Information	Retrospective	Predictive

Value-Based Care

Value-Based Care

A focus on:

- Quality care
- Provider performance
- Patient experience

Reimbursement for Care:

- Per-member/per-month
- Set rate for each gap closed

$$VALUE = \frac{QUALITY}{COST} = \frac{OUTCOMES\ PATIENT + EXPERIENCE}{DIRECT\ COSTS + INDIRECT\ COSTS}$$

The New World

	Volume-Based	Value-Based
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Role of the Providers	Interaction on Individual Interactions	Team-Based Case Continuum
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Value-Based Care

BCBS Medicare Advantage

Clinic Name: GOTHENBURG MEMORIAL HOSPITAL   **Data Through:** 01/01/2022 - 12/31/2022   **Report Generated:** 4/13/2023

Measures Included in Quality Incentive (2022 Measure Year)				Prior Month Rate	Prior Year Rate (2021 Measure Year)		Incentive Details [1] (2022 Measure Year)		
Quality Measure	# of Compliant Members (numerator)	# Eligible for Measure (denominator)	Dec 2022 Compliance Rate	Nov 2022 Compliance Rate	Dec 2021 Compliance Rate	Year-End Compliance Rate	Incentive Per Compliant Member	YTD Earned (numerator)	Total Potential Incentive (denominator)
Annual Wellness Visit	3	6	50.0%	50.0%	57.1%	57.1%	$50	$150	$300
Breast Cancer Screening	-	-	-	-	-	-	$50	-	-
Colorectal Cancer Screening	4	4	100.0%	100.0%	-	-	$50	$200	$200
Controlling Blood Pressure	0	3	0.0%	0.0%	0.0%	0.0%	$50	$0	$150
Eye Exam for Patients with Diabetes	2	2	100.0%	100.0%	0.0%	0.0%	$50	$100	$100
Hemoglobin A1c Control for Patients with Diabetes	0	2	0.0%	0.0%	0.0%	0.0%	$50	$0	$100
Statin Therapy for Cardiovascular	1	1	100.0%	100.0%	-	-	$50	$50	$50
Statin Use in Persons with Diabetes	2	2	100.0%	100.0%	100.0%	100.0%	$50	$100	$100
Overall Gap Closure Rate:	12	20	60.0%				**Total:**	$600	$1,000

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BCBS PCMH Per-Member/Per-Month

Provider: ALL

Measure	Q3 2023		Q2 2023	Observed Count	Expected Count	1 Point Benchmark	2 Point Benchmark	Q3 Points Scored	Quality Requirement Met
Emergency Department Utilization	0.4758		0.3542	30	63.0582	0.8987	0.7861	2	
Plan All-Cause Readmissions	0.0000		0.0000	0	0.8018	0.6370	0.5809	2	
Utilization Measure Requirement (1 Point)	**Q3 2023**		**Q2 2023**	**Numerator**	**Denominator**	**Benchmark**	**Benchmark**	**Points**	**Yes**
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	35.71%		50.00%	9	14	36.49%	42.69%	0	
Cervical Cancer Screening	64.62%		62.31%	84	130	76.83%	80.68%	0	
Colorectal Cancer Screening	58.64%		58.03%	112	191	62.78%	66.08%	0	
Eye Exam for Patients With Diabetes	23.33%		25.00%	7	30	55.47%	61.56%	0	
Hemoglobin A1c Control for Patients With Diabetes: HbA1C Poor Control >9.0	63.33%		92.86%	19	30	27.98%	23.54%	0	
Immunizations for Adolescents: Combo 2	0.00%		0.00%	0	12	26.76%	30.69%	0	
Immunizations for Adolescents: HPV	0.00%		0.00%	0	12				
Immunizations for Adolescents: Meningococcal	75.00%		75.00%	9	12				
Immunizations for Adolescents: Tdap	75.00%		75.00%	9	12				
Kidney Health Evaluation for Patients With Diabetes	33.33%		25.00%	10	30	21.05%	42.86%	1	
Statin Therapy for Patients With Diabetes: Received	76.47%		76.47%	13	17	64.01%	66.67%	2	

Total Points to Date (out of 20)	7
<6 points	
6-9 points	Yes
10+ points	

Performance from last quarter has improved.

Performance from last quarter has stayed the same.

Performance from last quarter has decreased, regardless of how many points you are achieving.

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Questions??