



RHC PROGRAM EVALUATION CFR 42 491.11

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CONDITION VS STANDARD

- ▶ Subpart A of 42 CFR 491 sets forth the conditions that RHCs must meet in order to qualify for certification under Medicare and Medicaid.
- ▶ Standards are the clinic operating processes. You may receive deficiencies in Standards such as expired medications, etc.
- ▶ Conditions are severe deficiencies. You may receive deficiencies in Conditions if you don't have a midlevel 50%, policies are not current. No current annual meeting.

J TAG REGULATIONS

- ▶ CMS Form 30 (select the most current)
- ▶ Federal Regulations
- ▶ Surveyors utilize as tool of measurement
- ▶ Office must remain compliant to J tags as daily operation compliance.

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491.11 Program evaluation. (J76)

(a) The clinic or center carries out, or arranges for, an annual evaluation of its total program. (J77)

(b) The evaluation includes review of: (J78)

(1) The utilization of clinic or center services, including at least the number of patients served and the volume of services; (J79)

(2) A representative sample of both active and closed clinical records; and (J80)

(3) The clinic's or center's health care policies. (J81)

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(c) The purpose of the evaluation is to determine whether: **(J82)**

(1) The utilization of services was appropriate; **(J83)**

(2) The established policies were followed; and **(J84)**

(3) Any changes are needed. **(J85)**

(d) The clinic or center staff considers the findings of the evaluation and takes corrective action if necessary. **(J86)**

[71 FR 55346, Sept. 22, 2006]

COMPLIANCE

- ▶ The clinic must have a written “Program Evaluation Plan” that identifies who is responsible for ensuring that the plan is completed, what is to be reviewed, and what is to be done with the findings.
- ▶ The full evaluation must be completed every 12 months and must include:
 - Review of the processes, functions, services and utilization of clinic services, including at least the number of patients served and the volume of services
 - Total Medicare encounters
 - Total Medicaid encounters
 - Total third party encounters
 - Total self-pay encounters

COMPLIANCE

- ▶ The policy and procedure review must also be conducted annually, as well as a chart review of a representative sample of both active and closed clinic records.
 - ▶ The clinic's professional advisory group must be involved in the annual evaluation process.
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COMPLIANCE

- ▶ If the clinic has implemented a QAPI program, the project measures that the clinic has developed and monitoring of those measures should be available.
 - ▶ QAPI projects should be based on clinic-specific data related to high-volume, high-risk services, patient safety, coordination of care, convenience and timeliness of available services, care of acute and chronic conditions, or grievances and complaints.
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COMPLIANCE

- ▶ If the clinic uses the implementation of an information technology system as a QAPI project, the decision, implementation, and evaluation steps must be documented.
 - ▶ The clinic's professional advisory group should also provide oversight to the QAPI projects.
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ANNUAL AGENDA

- ▶ Review the Mission and Purpose of the Advisory Council
- ▶ Conduct ongoing QA and PI program targeting
- ▶ Review organizational process, functions and services
 - ▶ Volume
 - ▶ High Risk Services
 - ▶ Care of acute and chronic conditions
 - ▶ Patient Safety
 - ▶ Coordination of Care
 - ▶ Convenience and timeliness of available services
- Grievances and complaints
 - ▶ Review Performance Improvement projects

ANNUAL AGENDA

- ▶ Review utilization of clinic services
- ▶ Number of patients seen in each clinic by Insurance (MC, MD, MD HMO, SP, and Commercial)
- ▶ Number of patients seen by age (0–5, 5–13, 13–18, 18–34, 35–50, 50–65, Over 65)
- ▶ Number of patient seen by gender
- ▶ Number of in house lab services performed
- ▶ Number of in house x-ray performed
- ▶ Number of diagnostic referrals
- ▶ Number of consultation referrals
- ▶ **If numbers are not available, the committee needs to create a system for reporting

ANNUAL AGENDA

- ▶ Based on the above information:
 - ▶ Would the clinic need to change or add any services?
 - ▶ Review clinic hours of operations?
 - ▶ Review staffing?
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ANNUAL AGENDA

- ▶ Review of Medical Records
- ▶ Review audit analysis. If this has not been developed, then a system needs to be developed by the committee and implemented.
- ▶

ANNUAL AGENDA

- ▶ Review of Policies and Procedures
 - ▶ Review the relevance and change recommendations.
 - ▶ Give final approval for policies and procedures
 - ▶ Create timeline for implementation of changes, etc
- ▶

ANNUAL AGENDA

- ▶ Set future clinic goals
- ▶ Next meeting

▶ QUESTIONS AND ANSWERS





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