



INTRODUCTION TO RHC

OHIO RURAL HEALTH CLINIC
PRACTICE MANAGEMENT TRAINING
MARCH 5, 2014

OBJECTIVES

- ▶ Participants will gain an understanding of RHC compliance.
 - ▶ Participants will be able to understand the RHC Federal requirements for RHC.
 - ▶ Participants will be able to prepare for compliance and/or correct deficiencies.
 - ▶ Participants will be able to review the RHC for safety issues/concerns.
 - ▶ Participants will have a hands-on experience in creating an RHC operational workbook that will contain the required documents typically asked to be seen during site survey.
 - ▶ Participants will gain an understanding of the Civil Rights requirements for the State of Ohio.
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COMPLIANCE

- ▶ 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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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.
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CERTIFICATION/RECERTIFICATION

- ▶ Certification is the initial application process to become a RHC.
 - ▶ Recertification is the continual review of compliance that the clinic is functioning under federal regulations as a RHC.
 - ▶ Both visits are unannounced.
 - ▶ Operations are to be a standard of practice for every day, not just to become certified.
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UNDERSTANDING THE POC

- ▶ POC=Plan of Correction
 - ▶ This is issued at the time of recertification, if there are any conditions or standards that are found deficient.
 - ▶ The RHC will have 10 days from the date of the letter (not the date of receiving the letter) to show correction. There is the possibility of another site visit to review corrections and compliance.
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OPERATING MANUAL

- ▶ You may create an RHC operating manual which will contain key documentation to evidence clinic compliance.
- ▶ **throughout the presentation

42 CFR 491.5

▶ **LOCATION OF
THE CLINIC**



RHC REGULATIONS

- ▶ **§ 491.5 Location of Clinic**
- ▶ **§ 491.5(d) The facility meets the shortage area requirements under one of the following criteria.**
 - ▶ ****Copy of current HPSA**
 - ▶ ****Copy of CMS initial/final tie-in notice**

42 CFR 491.6

PHYSICAL PLANT AND ENVIRONMENT



RHC REGULATIONS

§ 491.6 Physical plant and environment. (J20)

(a) *Construction.* The clinic or center is constructed, arranged, and maintained to insure access to and safety of patients, and provides adequate space for the provision of direct services.

(b) *Maintenance.* The clinic or center has a preventive maintenance program to ensure that: (J20–J21)

RHC REGULATIONS

- ▶ (1) All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition; (J22)
 - ▶ (2) Drugs and biologicals are appropriately stored; (J23) and
 - ▶ (3) The premises are clean and orderly. (J24)
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RHC REGULATIONS

(c) *Emergency procedures.* The clinic or center assures the safety of patients in case of non-medical emergencies by: **(J25)**

(1) Training staff in handling emergencies; **(J26)**

(2) Placing exit signs in appropriate locations; and **(J27)**

(3) Taking other appropriate measures that are consistent with the particular conditions of the area in which the clinic or center is located. **(J28)**

WHAT SURVEYORS ARE LOOKING FOR:

- ▶ Parking lot/sidewalk are safe.
 - ▶ Exit doors are appropriately identified.
 - ▶ Clinic does not have any exposed building materials.
 - ▶ Fire extinguishers are checked on a monthly basis.
 - ▶ Exit signs are appropriately placed.

 - ▶ **Completed fire drill reports/tornado drill reports or additional emergency training reports
- 

WHAT SURVEYORS ARE LOOKING FOR

- Emergency exits routes are free of barriers.
 - Exit door(s) prevent unauthorized access from the outside but allows emergency exit from within.
 - Secondary doors are locked at all times.
 - Shatter proof light bulbs are used for all exposed lights.
 - Plug protectors were present in all outlets.
- 

WHAT SURVEYORS ARE LOOKING FOR

- ▶ Overhead ceiling lights are free of bugs and debris.
- ▶ List of Hazardous Chemicals was available.
- ▶ Sharps were secured throughout clinic.
- ▶ The clinic has an OSHA approved eye wash station.
- ▶ Clean and dirty work surfaces are clearly defined.

- ▶ **Separate manual of MSDS sheets IN PRINT

WHAT SURVEYORS ARE LOOKING FOR

- Floor plans were posted throughout the clinic.
 - All treatment trays are free of dust and debris.
 - There is nothing under the exam room sinks.
 - Closed trash containers are utilized in patient care areas.
 - Patient bathroom has an emergency notification system.

 - **Copy of current floor plan
- 

WHAT SURVEYORS ARE LOOKING FOR

- Patient safety rails in the restroom.
- No items of hazard in the restroom.
- All equipment has been inspected. YEARLY
- Adult and pediatric scales are balanced/calibrated.
- Digital Thermometers/ BP equipment is calibrated.
- Patient care equipment is appropriately calibrated.

- **Copy of current (within one year) inspection of equipment and proof of calibration of weight scales and check on BP equipment/digital thermometers

WHAT SURVEYORS ARE LOOKING FOR

- Exit sign are appropriately placed.
 - Emergency exits routes are free of barriers.
 - Exit door(s) prevent unauthorized access from the outside but allows emergency exit from within.
 - Secondary doors are locked at all times.
 - Shatter proof light bulbs are used for all exposed lights.
- 

WHAT SURVEYORS ARE LOOKING FOR

- If you have an AED, it is maintained tested in accordance with manufacturer recommendations.
- Equipment log is current and AVAILABLE to the surveyor.
- Trainings are documented with participation for biohazard trainings.
- Sanitation plan for toys in place if needed.

- **Copy of AED log with evidence of current monthly battery check, annual maintenance
- **Copies of all trainings showing evidence of staff participation

ADDITIONAL HELPS

ADDITIONAL HELPS

Refrigerators labeled.

Food Only

Meds Only

Labs Only

DO NOT UNPLUG signs for refrigerators.

Notice on how to handle medications during power outage.

**Copy of policy available regarding handling medications during power outage. Also recommend to place copy of policy of front of medication refrigerator

ADDITIONAL HELPS

Provider based typically utilize their maintenance or biomed department.

Sticker system or log is utilized for EACH item.

If you have policies of various levels of responsibilities, have the policy in your manual.

Ex: 2 prong inspection by office staff, etc.

Independent RHC's need to either work with the local hospital or obtain an inspection log from a licensed electrician.

WHAT SURVEYORS ARE LOOKING FOR

- All medications are stored in locked cabinets, cupboards, and/or drawers. This includes samples.
 - Medications are locked up at the end of each day.
 - Medications, biological, and sterile supplies are inventoried monthly for expiration dates.
 - Multi-injectable vials, ointments, and solutions are dated when opened and discarded in accordance with hospital or clinic policy.
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WHAT SURVEYORS ARE LOOKING FOR

- Expired medications, biologicals, and supplies are discarded in accordance with hospital or clinic policy.
 - Refrigerator and freezer temperatures are recorded daily; and twice daily if storing vaccines.
 - The clinic does not store medications in the door of the refrigerator or freezer.
- 

WHAT SURVEYORS ARE LOOKING FOR

- Sample medications are logged out when dispensed to include: Date, Patient Name, Medication, Lot #, Expiration Date, Amt. Dispensed, and NDC #.
 - **Copy of template of Frig/Freezer temp log
 - **Copy of template for sample medication distribution
- 

WHAT SURVEYORS ARE LOOKING FOR

- Controlled substances are inventoried on a weekly basis and stored and dispensed in accordance with State Pharmacy regulations.
 - Have a disposal plan for expired medications/samples.
 - Store medications in the body of the refrigerator for proper viability of the medication.
- 

WHAT SURVEYORS OR LOOKING FOR

- PT ALLERGY MEDICATIONS need to be monitored for expiration.
 - **IF clinic has Schedule II medications, copy of document used to monitor and maintain.
 - **Copies of specific policies relating to medication storage, disposal, etc
- 

WHAT SURVEYORS ARE LOOKING FOR

- The clinic has a Housekeeping policy and the clinic is maintained in accordance to that policy.
 - Recommend that outside janitorial services have contract and that they sign a confidentiality agreement.
 - The clinic has closed trash receptacles.
 - Flooring is free from hazards.
 - Patient restrooms are free of staffs' personal hygiene products.
- 

WHAT SURVEYORS ARE LOOKING FOR

- The clinic is free from clutter.
 - Commercial grade rugs are in place.
 - Hallways and exits are free of obstructions.
 - Clean and dirty work surfaces are clearly defined.
 - All treatment trays are free of dust and debris .
 - There is nothing under the exam room sinks.
 - Cleaning products are secured.
- 

WHAT SURVEYORS ARE LOOKING FOR

- All staff have participated in emergency training, i.e. fire, evacuation, tornado, acts of terrorism.
- Training is documented.
- Staff clearly understands their role in the event of an emergency.
- AED training
 - If you have one on site, you must have documented training and inspection of the battery.
- **Copy of recent AED training, CPR/BLS trainings, etc

WHAT SURVEYORS ARE LOOKING FOR

- Exit signs are clearly identified.
 - Floor plans are posted throughout the clinic.
 - Clinic has a emergency evacuation plan
 - Fire
 - Severe Weather
 - Tornado
- 

▶ **QUESTIONS**

▶ **&**

▶ **ANSWERS**

42 CFR 491.7 & 491.8

**ORGANIZATIONAL
STRUCTURE AND
STAFFING
RESPONSIBILITIES**



RHC REGULATIONS

§ 491.7 Organizational structure. (J29)

(a) *Basic requirements.* (J30)

(1) The clinic or center is under the medical direction of a physician, and has a health care staff that meets the requirements of §491.8. (J31)

(2) The organization's policies and its lines of authority and responsibilities are clearly set forth in writing. (J32)

RHC REGULATIONS

(b) Disclosure. (J33)

The clinic or center discloses the names and addresses of:

- (1) Its owners, in accordance with section 1124 of the Social Security Act (42 U.S.C. 132 A-3); **(J34)**
- (2) The person principally responsible for directing the operation of the clinic or center; and **(J35)**
- (3) The person responsible for medical direction. **(J36)**

[57 FR 24983, June 12, 1992]



WHAT SURVEYORS ARE LOOKING FOR

- ▶ The medical director must be identified on the organizational chart and must have a job description and/or employment contract that details their responsibilities.
 - ▶ The medical director must have a current license to practice in the State.
 - ▶ **Copy of current organizational chart—include Medical Director
 - ▶ **Copy of various license/certificates for each staff member, including providers
- 

WHAT SURVEYORS ARE LOOKING FOR

- ▶ Staff must be aware of the person responsible for providing medical direction.
- ▶ CMS must have the name of the current medical director.

WHAT SURVEYORS ARE LOOKING FOR

- ▶ If there is a lapse in the physician schedule, the reason must be documented (illness, weather, travel conditions, delivery, etc.)
 - ▶ If there is a recurring lapse in the physician schedule, the reason must be documented (detriment to physician's own practice, excessive distance, closed roads/pass, bridge repair, etc.). The situation must be reported to the CMS RO and an approval granted.
 - ▶ If the physician is unavailable, there should be a written plan for remote consultation and transfer of patients who require further evaluation and treatment.
- 

RHC REGULATIONS

§ 491.8 Staffing and staff responsibilities. (J37)

(a) *Staffing.* (J38)

(1) The clinic or center has a health care staff that includes one or more physicians. Rural health clinic staffs must also include one or more physician's assistants or nurse practitioners. (J39)

(2) The physician member of the staff may be the owner of the rural health clinic, an employee of the clinic or center, or under agreement with the clinic or center to carry out the responsibilities required under this section. (J40)

(3) The physician assistant, nurse practitioner, nurse-midwife, clinical social worker, or clinical psychologist member of the staff may be the owner or an employee of the clinic or center, or may furnish services under contract to the center. (J40)

RHC REGULATIONS

(4) The staff may also include ancillary personnel who are supervised by the professional staff.

(5) The staff is sufficient to provide the services essential to the operation of the clinic or center. (J42)

(6) A physician, nurse practitioner, physician assistant, 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 rural health clinics, a nurse practitioner or a physician assistant is available to furnish patient care services at least 60 percent of the time the clinic operates. (has been changed to 50%) (J41)

RHC REGULATIONS

(b) *Physician responsibilities.* (J45)

(1) The physician:

(i) Except for services furnished by a clinical psychologist in an FQHC, which State law permits to be provided without physician supervision, provides medical direction for the clinic's or center's health care activities and consultation for, and medical supervision of, the health care staff. (J46)

RHC REGULATIONS

(ii) In conjunction with the physician's assistant and/or nurse practitioner member(s), participates in developing, executing, and periodically reviewing the clinic's or center's written policies and the services provided to Federal program patients; and **(J47)**

(iii) Periodically reviews the clinic's or center's patient records, provides medical orders, and provides medical care services to the patients of the clinic or center. **(J48)**

****Documentation to show evidence of provider participation**



RHC REGULATIONS

(2) A physician is present for sufficient periods of time, at least once in every 2 week period (except in extraordinary circumstances), to provide the medical direction, medical care services, consultation and supervision described in paragraph (b)(1) of this section and is available through direct telecommunication for consultation, assistance with medical emergencies, or patient referral. The extraordinary circumstances are documented in the records of the clinic or center. (J49)

**Copies of posted office hours

**Copy of provider scheduled hours

RHC REGULATIONS

(c) Physician assistant and nurse practitioner responsibilities. (J50)

(1) The physician assistant and the nurse practitioner members of the clinic's or center's staff:

(i) Participate in the development, execution and periodic review of the written policies governing the services the clinic or center furnishes;

(ii) Participate with a physician in a periodic review of the patients' health records.

****Documentation to show evidence of provider participation**



RHC REGULATIONS

(2) The physician assistant or nurse practitioner performs the following functions, to the extent they are not being performed by a physician:

(i) Provides services in accordance with the clinic's or center's policies;

(ii) Arranges for, or refers patients to, needed services that cannot be provided at the clinic or center; and

(iii) Assures that adequate patient health records are maintained and transferred as required when patients are referred. **(J51)**

[57 FR 24983, June 12, 1992, as amended at 61 FR 14658, Apr. 3, 1996; 68 FR 74817, Dec. 24, 2003; 71 FR 55346, Sept. 22, 2006]

**Copies of completed/signed collaboration agreements, waivers, contracts, guidelines of practice limitations.

**Copy of referral policy/log

WHAT SURVEYORS ARE LOOKING FOR

- ▶ The clinic must have a health care staff that includes one or more physicians and one or more physician's assistants, nurse practitioners, or certified nurse midwives.
 - ▶ There must be sufficient staff to provide the services essential to the operation of the clinic (greeting the patients as they present to the clinic, assisting the provider, monitoring patients in the clinical area and answering incoming calls).
- 

WHAT SURVEYORS ARE LOOKING FOR

- ▶ There must be a provider of core services available to furnish patient care services at all times the clinic operates. The definition of primary care providers are those who are practicing in general medicine, family medicine, internal medicine, pediatrics, and OB/GYN.
 - ▶ The clinic must post its hours of operation where they are visible to the public when the clinic is closed.
 - ▶ **Copy of posted clinic hours
- 

WHAT SURVEYORS ARE LOOKING FOR

- ▶ The physician's assistant/nurse practitioner/certified nurse midwife must be available to furnish patient care services at least 50% of the time the clinic operates.
 - ▶ If the physician assistant/nurse practitioner/certified nurse-midwife is not available to see patients at least 50% of the clinic's patient appointment time, there must be documentation that the clinic has notified the State and has filed for a waiver if it has been more than 90 days since they no longer met the minimum requirement.
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WHAT SURVEYORS ARE LOOKING FOR

- ▶ The clinic must have written policies covering human resources, operations, clinical, HIPAA, and medical guidelines.
- ▶ The clinic must have a written organizational structure that includes ownership/control.
- ▶ **Printed Policy & Procedure manual separate from RHC Operating manual
- ▶ **Evidence of “owner” documentation. NOTE: Some surveyors are asking for mailing address of owner. (independents)

WHAT SURVEYORS ARE LOOKING FOR

- ▶ The clinic must also have a current org chart. For large organizations, the org chart must identify the clinic within the main entity. In addition, there must also be a clinic org chart that identifies positions and staff at the clinic level.
- ▶ There must be a job description for every position including providers.
- ▶ **Current organizational chart
- ▶ **Copies of job descriptions for ALL positions. Also include providers and Medical Director

WHAT SURVEYORS ARE LOOKING FOR

- ▶ The clinic has human resource policies that include at a minimum:
 - Job descriptions
 - Credentialing of providers
 - Confidentiality
 - TB Testing
 - Licenses

WHAT SURVEYORS ARE LOOKING FOR

- ▶ The clinic must have administrative policies that include:
 - Life safety (fire and evacuation, tornado, acts of terrorism, etc.)
 - Preventative maintenance
 - Physical plant maintenance
 - Health services
 - Medical records
 - Patient registration
 - Patient payments
 - Up Front Collections

WHAT SURVEYORS ARE LOOKING FOR

- ▶ If the clinic is provider-based (owned by a hospital) this relationship must be clearly evident to the public, through signage, letterhead, etc.

WHAT SURVEYORS ARE LOOKING FOR

- ▶ The provider staff must participate in the development or review of the clinic's written policies.
 - ▶ There must be a process in place for the provider staff to provide input regarding clinic policies.
 - ▶ The clinic must also have a written policy for the review of clinic policies by new provider staff.
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WHAT SURVEYORS ARE LOOKING FOR

- ▶ The clinic must have a written policy for the periodic review of medical records.
 - ▶ There must be a physician present during some clinic hours of operation, providing medical orders and medical care services to the patients.
 - ▶ **Evidence of record review and communication between provider/supervisor/medical director and non physician providers
- 

WHAT SURVEYORS ARE LOOKING FOR

- ▶ The medical director must perform the medical record review in accordance with written policy. If the clinic's written policy does not state a specific frequency, then there must be evidence of a quarterly review.
 - ▶ The review process must be initiated by the medical director through a random selection of medical records.
 - ▶ The review process must provide for written communication between the medical director and the physician assistant/nurse practitioner/certified nurse midwife.
- 

WHAT SURVEYORS ARE LOOKING FOR

- ▶ The PA/NP/CNM must participate in the development, execution, and periodic review of the written policies governing the services the clinic furnishes.
 - ▶ The PA/NP/CNM must provide service in accordance with those policies.
 - ▶ **Evidence (log, etc) to show provider involvement in the policy process
- 

WHAT SURVEYORS ARE LOOKING FOR

- ▶ The PA/NP/CNM must be able to arrange for or refer patients to needed services that cannot be provided at the clinic.
- ▶ The PA/NP/CNM must maintain adequate health records and relevant health information is shared when patients are referred.
- ▶ **Policy and/or form completed for patient referrals for both diagnostic and consultative services

WHAT SURVEYORS ARE LOOKING FOR

- ▶ The PA/NP/CNM is practicing in accordance with State Scope of Practice as defined in the State's Nurse Practice Act/Public Health Code/Administrative Code and Pharmacy Act.
 - ▶ All providers must be in possession of a current and unlimited State license to practice in their discipline, pharmacy license and DEA license.
 - ▶ **Copies of all current licensures for providers and licensed staff
- 

▶ **QUESTIONS**

▶ **&**

▶ **ANSWERS**

42 CFR 491.9

PROVISION OF SERVICES



RHC REGULATIONS

§ 491.9 Provision of services. (J52)

(a) *Basic requirements.* (1) All services offered by the clinic or center are furnished in accordance with applicable Federal, State, and local laws; and (J53)

(2) The clinic or center is primarily engaged in providing outpatient health services and meets all other conditions of this subpart.

(3) The laboratory requirements in paragraph (c)(2) of this section apply to RHCs, but do not apply to FQHCs.

RHC REGULATIONS

- (b) *Patient care policies.* (1) The clinic's or center's health care services are furnished in accordance with appropriate written policies which are consistent with applicable State law. (J54–J55)
- (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. (J56)
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RHC REGULATIONS

(c) *Direct services* —(1) *General*. The clinic or center staff furnishes those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care delivery system. These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions.
(J60)

RHC REGULATIONS

(2) *Laboratory.* These requirements apply to RHCs but not to FQHCs. The RHC provides laboratory services in accordance with part 493 of this chapter, which implements the provisions of section 353 of the Public Health Service Act. The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including: **(J61)**

- (i) Chemical examinations of urine by stick or tablet method or both (including urine ketones);
- (ii) Hemoglobin or hematocrit;
- (iii) Blood glucose;
- (iv) Examination of stool specimens for occult blood;
- (v) Pregnancy tests; and
- (vi) Primary culturing for transmittal to a certified laboratory.

RHC REGULATIONS

(3) *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. (J62)

RHC REGULATIONS

(d) *Services provided through agreements or arrangements.*

(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:

(i) Inpatient hospital care; **(J63–J65)**

(ii) Physician(s) services (whether furnished in the hospital, the office, the patient's home, a skilled nursing facility, or elsewhere); and

(iii) 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.

WHAT SURVEYORS ARE LOOKING FOR

- External controls are performed on ALL CLIA waived tests, if applicable.
 - Controls are logged and documented
- Lab supplies and reagents are inventoried monthly and stored appropriately.

- ** Templates of logs and/or completed current logs (reference)
- ** Copy of CLIA certificate
- ** Copy of Waste Management Certificate/invoice

WHAT SURVEYORS ARE LOOKING FOR

- The clinic is able to perform IMMEDIATE DIAGNOSIS and TREATMENT for the following:
 - Urinalysis
 - Blood Glucose
 - Hemoglobin or Hematocrit
 - Occult Blood
 - Pregnancy
 - Primary Culturing
- ▶ **Evidence that required tests are performed and logged, etc

WHAT SURVEYORS ARE LOOKING FOR

- The lab is clearly labeled/marked with DIRTY/CLEAN areas.
- The clinic has a process for tracking labs that are referred out.

**Evidence to show lab contracts or tracking processes for labs sent outside of the clinic setting. (either outside lab or hospital, etc)

WHAT SURVEYORS ARE LOOKING FOR

- The clinic has drugs for each of the following drug classifications:
 - Analgesics
 - Anesthetics (local)
 - Antibiotics
 - Anticonvulsants
 - Antidotes
 - Emetic
 - Serums
 - Toxoids
- ▶ ****Emergency First Aid Kit**

WHAT SURVEYORS ARE LOOKING FOR

- All clinical staff have current BLS certifications on file.
 - No labs are drawn unless a provider is on site. Another opinion is that if patients are allowed in the clinic prior to a provider being on the premises, clerical staff must have current BLS certifications on file.
 - The clinic needs to have a spill kit and staff are aware of its location.
 - **Copies of all CPR/BLS certifications for ALL required staff.
- 

WHAT SURVEYORS ARE LOOKING FOR

- The clinic has MOA (Memorandum of Agreement) with nursing homes that it utilizes for patient placement.
 - The clinic has a MOA with the hospital regarding care referred to them by the clinic.
 - The clinic has consultation letters and discharge summaries filed in the medical record as evidence of verbal agreements.

 - **Copies of MOA's for various services.
- 

▶ **QUESTIONS**

▶ **&**

▶ **ANSWERS**

CFR 42 491.10

**MEDICAL
RECORDS
REQUIREMENTS**



RHC REGULATIONS

§ 491.10 Patient health records. (J66)

(a) *Records system.* (J67)

(1) The clinic or center maintains a clinical record system in accordance with written policies and procedures. (J68)

(2) A designated member of the professional staff is responsible for maintaining the records and for insuring that they are completely and accurately documented, readily accessible, and systematically organized. (J69)

RHC REGULATIONS

(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. (J70)
- 

RHC REGULATIONS

(b) *Protection of record information.* (J71)

(1) The clinic or center maintains the confidentiality of record information and provides safeguards against loss, destruction or unauthorized use. (J72)

(2) Written policies and procedures govern the use and removal of records from the clinic or center and the conditions for release of information. (J73)

(3) The patient's written consent is required for release of information not authorized to be released without such consent. (J74)

(c) *Retention of records.* The records are retained for at least 6 years from date of last entry, and longer if required by State statute. (J75)

(Secs. 1102, 1833 and 1902(a)(13), Social Security Act; 49 Stat. 647, 91 Stat. 1485 (42 U.S.C. 1302, 13951 and 1396a(a)(13)))

[43 FR 30529, July 14, 1978. Redesignated at 50 FR 33034, Aug. 16, 1985, as amended at 57 FR 24984, June 12, 1992]

WHAT SURVEYORS ARE LOOKING FOR

- ▶ The clinic must have appropriate medical records/HIPAA policies that at a minimum address the following:
 - Use and disclosure of Protected Health Information (PHI)
 - Storage of PHI
 - Security of PHI
 - Minimum necessary use of PHI
 - Disposal of PHI
 - Privacy complaints
 - Confidentiality

WHAT SURVEYORS ARE LOOKING FOR

- There must be a designated person responsible for the maintenance of the records and for insuring that they are completely and accurately documented, readily accessible, and systematically organized. The designated responsible person must be a member of the licensed professional staff, i.e. physician, PA/NP/CNM or registered nurse.
- 

WHAT SURVEYORS ARE LOOKING FOR

- ▶ For each patient receiving health care services, the clinic must maintain a record that includes as applicable:
 - 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
 - Reports of physical examinations, diagnostic and laboratory test results, and consultative findings
 - Signatures of the physician or other health care professional

WHAT SURVEYORS ARE LOOKING FOR

- ▶ The clinic must have a record retention policy that addresses all PHI aspects (medical records, billing records, pediatric patients, and deceased patients).
 - ▶ **Samples of all templates used for communication within the clinic setting, especially regarding Medical Records (release forms, fax forms, etc.)
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▶ **QUESTIONS**

▶ **&**

▶ **ANSWERS**

42 CFR 491.11

**ANNUAL
PROGRAM
EVALUATION**



RHC REGULATIONS

§ 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)

RHC REGULATIONS

(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]



WHAT SURVEYORS ARE LOOKING FOR

- ▶ 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

WHAT SURVEYORS ARE LOOKING FOR

- ▶ 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.
- 

WHAT SURVEYORS ARE LOOKING FOR

- ▶ 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.
- 

WHAT SURVEYORS ARE LOOKING FOR

- ▶ 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.
 - ▶ **Copy of recent Annual Advisory Committee Meeting minutes.
- 

▶ **QUESTIONS**

▶ **&**

▶ **ANSWERS**

▶ CIVIL RIGHTS REQUIREMENTS



CIVIL RIGHTS

- ▶ All new applications and CHOWs for provider based RHC's are mandated to complete Civil Rights.
 - ▶ In the State of Ohio, all new applications and CHOWS for Independent RHC's are mandated to complete Civil Rights.
- 

CIVIL RIGHTS

- ▶ All policies are submitted to the State Office who will then forward to CMS.
 - ▶ CMS forwards the policies to OCR (Office of Civil Rights).
- 

OCR POLICIES

- ▶ Website: :
<http://www.hhs.gov/ocr/civilrights/clearance/index.html>
- ▶ You may download templates and fill in required information, but make it fit your clinic/corporation.

FORMS

- ▶ The Information Request Form:
 - Please sign and complete this form
 - <http://www.hhs.gov/ocr/civilrights/clearance/index.html>

- ▶ Dissemination of Nondiscrimination Policy:
 - Give detail as to how the nondiscrimination policy is communicated with clients, future patients, community, visitors, etc.
- 

OCR POLICIES

▶ Limited English Proficiency (LEP) Policy:

- This policy needs to include information with regard to the procedures and policies for communicating with persons who are limited in their use of the English language. (Please see the attachment.)
- If the agency uses staff/employees for language interpretation, please provide a listing of those employees and the languages for which they are fluent.
- Also, provide procedures of what the actions will be if staff/employees are unable to effectively communicate the appropriate information to a patient/client, family member or friend.
- Family and friends are to be utilized only after the patient has been notified that a certified language interpreter will be provided to them at no additional cost. This will assist in ensuring that Private Health Information (PHI) is not communicated to individuals the patient does not want to know such information.
- ***PLEASE NOTE: CHILDREN MAY NOT BE USED AS INTERPRETERS AND SHOULD NOT BE LISTED WITHIN THE CLINIC POLICIES TO INTERPRET.***

OCR POLICIES

- Admissions Policy:
 - Please state the criteria a person must meet in order to receive the services provided by your particular agency. (**There is no approved sample for the Admissions Policy.) The policy **does** need to state that patients are admitted without regards to “race, color, national origin, disability and age”

OCR POLICIES

▶ Sensory/Auxiliary Aids Policy:

- This policy needs to include information with regard to the procedures and policies for communicating with persons with Speech, Hearing, and Visual Impairments.
 - If the agency uses staff/employees for sign-language interpretation, please provide a listing of those employees that are able to effectively communicate using sign-language.
 - Also, provide procedures of what the actions will be if staff/employees are unable to effectively communicate the appropriate information to a patient/client, family member or friend.
 - Family and friends are to be utilized only after the patient has been notified that a certified sign-language interpreter will be provided to them at no additional cost. This will assist in ensuring that Private Health Information (PHI) is not communicated to individuals the patient does not want to know such information.
 - The State Relay Number can be found on this website:
<http://transition.fcc.gov/cgb/dro/trsphonebk.html>
- ▶ *Please use policy sample to ensure that the agency receives clearance. You may adopt the template language and format it as the agency sees fit.*

STATE SENSORY RELAY

- ▶ **OHIO**

- ▶ **TRS Provider – Sprint Nextel & Relay Ohio**

Danny Barrett, Account Manager

Address: Sprint Nextel, 2 Easton Oval, Columbus, OH 43219

Customer Service #'s: 800-325-2223(V/T)

Access #'s:

800-750-0750(V/T)

877-750-9097(STS)

Access Website

URL: www.SprintIP.com and www.ohiorelay.com

Access Information: www.sprintrelay.com

OCR POLICIES

- ▶ Notice of Accessibility:
 - Give detail as to how the clinic is accessible to persons with various impairments.
 - If patients do not come to a physical clinic but are treated in their homes, please state as such.

OCR POLICIES

- ▶ Grievance Procedures:
 - Provide statement as to who the Administrator/Section 504 Coordinator is along with contact information
 - This is required if the facility has 15+ full/part-time employees. The timeframe to submit grievances needs to be at least 30 days.

OCR POLICIES

- ▶ Separate Restrictions Based on Age Statement: (two samples will be available): one for facilities that do not cater to pediatrics and only accept patients over 18, and one for facilities with no age restrictions)
 - State why the facility does or does not cater to a particular demographic.
 - This is not the same as the statement in the Nondiscrimination Policy.

▶ **QUESTIONS**
▶ **AND**
▶ **ANSWERS**



▶ SUMMARY



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