RHC Compliance Basics

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Participants Will

01

Engage in an overview of the nuances of managing an RHC

02

Define workflows to meet compliance standards

03

Discover helpful resources and tools for managing an RHC

2

What is an RHC?

It is a cost based reimbursed federal program for Medicare and Medicaid patients in a primary care office.

RHC's have a bundled payment, or All-Inclusive Rate (AIR) per visit, for qualified primary care and preventive health services an RHC practitioner provides.

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Two Types of RHCs

Provider based

Owned and operated by a hospital, skilled nursing home or home health agency

Free standing (independent)

Standalone clinics owned by a physician, NP, PA, or CNM, but may be owned by hospitals

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Conditions for Certification - 42 Code of Federal Regulations (CFR) 491.1-491.12

- Purpose and scope
- Definitions
- Certification procedures
- Compliance with Federal, State and local laws
- Location of clinic
- Physical plant and environment
- Organizational structure
- Staffing and staff responsibilities
- Provision of services
- Patient health records
- Program evaluation
- Emergency preparedness

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RHC Visits:

- Medically necessary

- Medical or mental health visits, qualified preventive health visits or face-to-face visits between patient and RHC practitioner

- A qualified RHC service needing an RHC practitioner

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RHC Services – Types of Services:

- Family practice
- Internal medicine
- Pediatrics
- OB-GYN
- Some care management services
- Some virtual communication services

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RHC Practitioners

- Physician
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Certified Nurse-Midwife (CNM)
- Clinical Psychologist (CP)
- Clinical Social Worker (CSW)
- Marriage and Family Therapist (MFT)
- Mental Health Counselors (MHC)
- Addiction, drug, or alcohol counselors who meet requirements of MHCs to enroll with Medicare

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Location of Visits

RHC

- Patient's home
- Medicare-covered Part A skilled nursing facility
- Scene of an accident
- Hospice

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Other Basic Requirements

- Use the services of an advanced practice provider at least 50% of clinic hours
- Be located in a non-urbanized area
- Be located in a current (4 years) medically underserved area (MUA) or a health professional shortage area (HPSA)
- Provide outpatient primary care services

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RHC Billing

- Claim form completion for RHC visit:
  - File on the UB04 claim form, electronic 8371
  - Submit claim to Medicare part A

Resource:

- Chapter 13 - Medicare Benefit Policy Manual

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RHC Billing

All billing is subject to CMS guidelines
Verify that credentialing/enrollments are correct and current
Verify that the NPPES website has current information and that the clinic NPI has the correct taxonomy codes including Rural Health Clinic, 261QR1300X
Billable visits must be medically necessary and face-to-face with an approved provider
Services and supplies incident to the services of the RHC provider are bundled with an encounter

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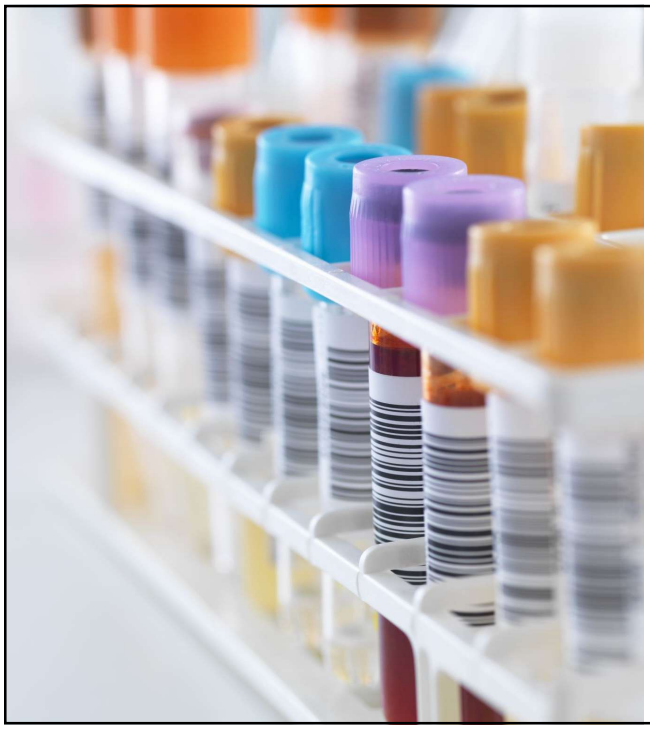

RHC Billing:

Services that do not meet the requirements

for medical necessity:

- Review lab tests/results only
- Dressing change only
- Administration of injection only or allergy shot only
- Completion of claim forms
- Care plan oversight
- 99211 is not an RHC encounter. If the provider is billing this level, they are most likely under coding

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RHC Cost Report

- The RHC is required to submit an annual cost report **5 calendar months** from the clinic's year end
- The cost report **reconciles** Medicare's interim payment method to the actual cost per visit
- The cost report **determines future interim payment rates**

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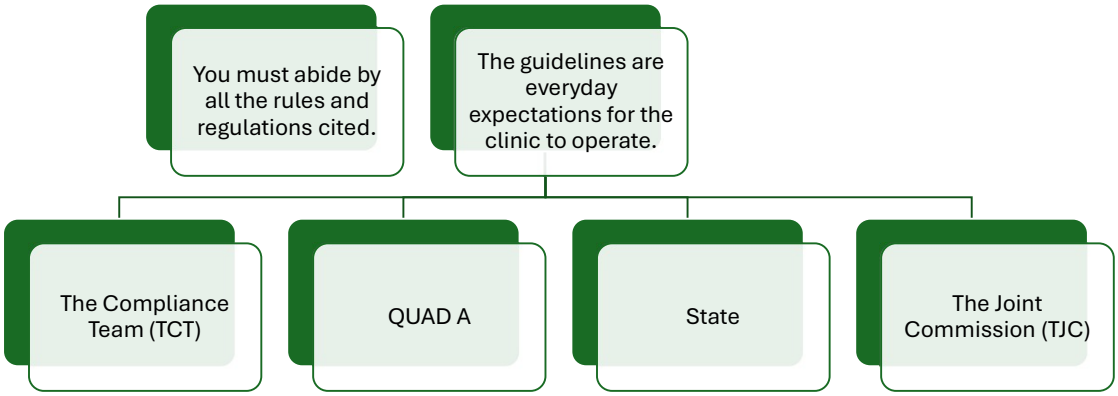
Federal Survey



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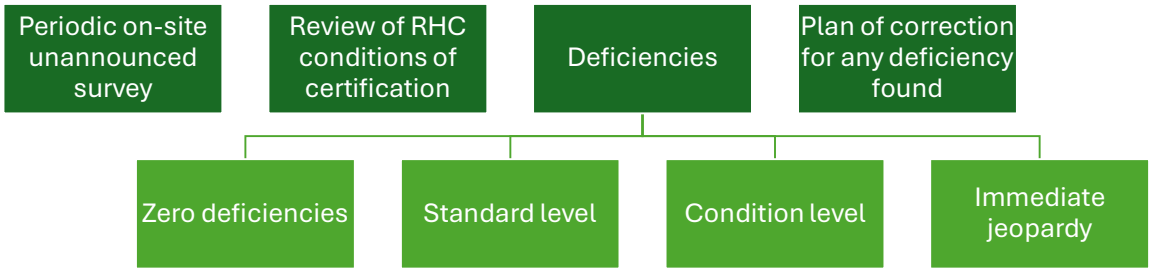
Is There Follow Up?



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Day of Survey

- POLICY REVIEW
- EMERGENCY PLAN REVIEW
- EVIDENCE REVIEW
- PHYSICAL PLANT REVIEW
- CHART AUDIT
- HR AUDIT

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Survey Day Physical Plant Review

- Entrance
- Equipment
- Medications
- Supplies
- Infection control
- Laboratory services
- Safety
- Housekeeping
- Postings

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Where Do I Start?

Educate and Organize

- Request access to Listserv (Current Information)
- HSAgroup.net and NARHC.org
- Develop/Review Documentation (Policies/Emergency Plan)
- Develop an Evidence Binder
- Conduct a mock survey

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Resources

- 42 CFR 491.1-491.12
- Appendix G
- Appendix Z
- MLN Matters

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Helpful Questions To Ask

- When was your clinic last surveyed?
- When is the next survey due?
- Who are you surveyed by? (State/Accreditor?)
- Where can I find …? (view evidence binder list)
- Are we following policy? (Proof?)
- Who is my resource for questions?

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Create a Compliance Calendar

Manage deadlines and regulatory requirements effectively

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Compliance Lifecycle Breakdown

Daily:
Temp logs, cleaning, rounding

Monthly:
Equipment checks (oxygen, fire, AED)

Quarterly:
Chart audits, surveys, Medicare reports

Annual:
HR audits, inspections, training, cost reports

Biennial:
Policy reviews, emergency plans, evaluations

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Daily Compliance Tasks

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Temp Logs

Importance of Temperature Logs

Temperature logs ensure medication safety by maintaining required storage conditions and supporting regulatory compliance.

Frequency of Temperature Checks

Medication fridges require twice-daily checks, while lab refrigerators need at least one daily inspection and documentation.

Benefits of Proper Monitoring

Consistent temperature monitoring prevents medication spoilage, ensures patient safety, and supports audit readiness.

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Cleaning

Adherence to Cleaning Protocols

Clinics must follow strict cleaning protocols daily and between patient visits to maintain hygiene.

Cleaning Policies and Responsibilities

Internal policies define cleaning procedures, frequency, and assign staff or housekeeping duties.

Infection Control and Compliance

Proper cleaning reduces infection risks and ensures compliance with health regulations.

Documentation and Audits

Cleaning logs and checklists document activities and support inspections and audits.

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Environmental Rounding

Purpose of Environmental Rounding

Environmental rounding is a self-audit to ensure compliance and patient safety within healthcare facilities.

Key Activities During Rounding

Staff check for expired items, infection control, and cleanliness to maintain a safe environment.

Benefits of Documentation

Documentation supports regulatory compliance and shows commitment to continuous safety improvements.

Fostering Safety Culture

Regular rounding promotes a culture of safety and accountability within healthcare clinics.

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Monthly Compliance Tasks

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Oxygen, Fire, AED Logs

Routine Equipment Checks
Monthly inspections ensure oxygen tanks, fire extinguishers, and AEDs are functional and ready for emergencies.

Documentation and Compliance
Clinics must document checks with initials and dates to verify compliance and support audits.

Safety and Liability Prevention
Consistent monitoring prevents equipment failure, enhances patient safety, and reduces liability risks.

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Quarterly Compliance Tasks

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Collaborative Chart Audits

Quarterly Quality Audits
Chart audits are performed quarterly to ensure clinical documentation quality and regulatory compliance.

Collaborative Provider Review
Supervising physicians collaborate with midlevel providers, enabling feedback and discussion on medical decisions.

Streamlined Audit Process
Using the same charts for administrative and clinical audits streamlines review and improves efficiency.

Continuous Improvement
Collaborative audits promote communication and support ongoing improvement in patient care quality.

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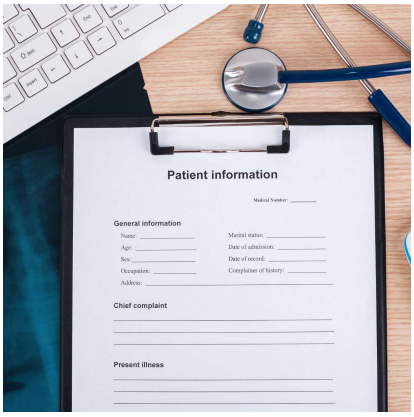
Administrative Chart Audits



Purpose of Chart Audits
Chart audits verify that all required elements are present to ensure compliance and quality in patient records.

Inclusion of All Provider Charts
Audits include both active and inactive charts from all providers, ensuring comprehensive quality assessment.

Audit Findings and Actions
Findings are summarized and corrective action plans developed to support continuous improvement.

Regulatory Compliance Assurance
Proper documentation of audits demonstrates compliance and readiness for external regulatory reviews.

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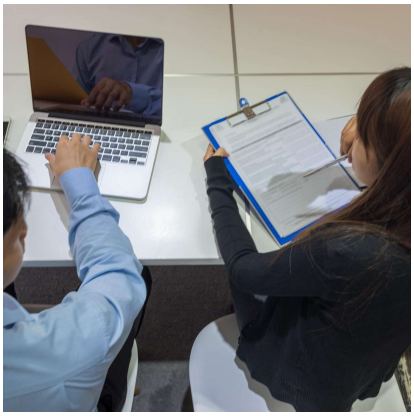
Patient Satisfaction Surveys



Quarterly Feedback Collection
Surveys are conducted quarterly to gather patient feedback on care quality and services provided.

Team Review and Action
Survey results are reviewed with clinical teams to identify improvements and develop action plans.

Quality Improvement Culture
Regular review fosters continuous improvement and emphasizes patient-centered care and responsiveness.

Strategic Planning Support
Patient satisfaction data informs strategic decisions and enhances the clinic's reputation and services.

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Staff Meetings

Purpose of Staff Meetings
Meetings review compliance activities such as chart audits and patient satisfaction surveys to ensure quality care.

Meeting Documentation
Proper documentation includes minutes, attendee rosters, and summaries of discussed topics for transparency.

Benefits of Regular Meetings
Regular meetings promote collaboration, accountability, regulatory compliance, and a culture of continuous improvement.

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Annual Compliance Tasks

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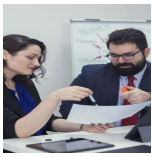
HR Audit

Compliance Verification

HR audits verify employee licensure, training completion, and regulatory compliance annually.



Performance Evaluations

Annual performance evaluations are completed to assess employee effectiveness and development needs.

Documentation and Readiness

Accurate audit documentation supports workforce readiness and demonstrates compliance during inspections.

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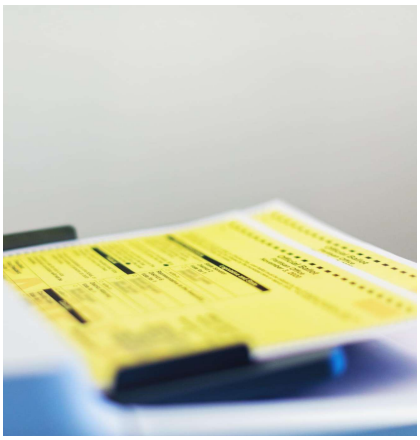
Equipment Inspection

Importance of Annual Inspections
Annual inspections ensure biomedical devices function properly and maintain patient safety standards.

Inspection Labeling and Logging
Equipment must be labeled with inspection dates and logged to track re-inspection schedules effectively.

Managing Outdated or Faulty Equipment
Outdated or broken equipment should be clearly labeled and removed or repaired promptly to prevent errors.

Documentation and Compliance
Proper documentation of inspections is vital for compliance, audits, and demonstrating quality commitment.



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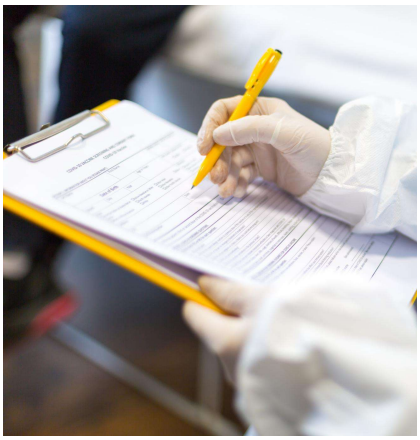
Employee Training

Annual Training Importance
Regular annual training ensures staff competency and helps maintain compliance with regulatory standards.

Training Topics Covered
Training includes emergency plans, hazard exercises, HIPAA, fraud prevention, OSHA guidelines, and job-specific skills.

Documentation and Compliance
Maintaining detailed records of attendance and completion is essential for compliance and audit readiness.

Workforce Preparedness
Effective training fosters a knowledgeable workforce, enhances patient safety, and reduces liability risks.



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Medicare and Medicaid Cost Reports

Annual Submission Deadlines

Medicare cost reports are submitted annually within five months after fiscal year-end to ensure timely compliance.

Financial Transparency and Compliance

These reports provide detailed financial data essential for reimbursement and regulatory adherence in healthcare.

Documentation and Record-Keeping

Clinics must maintain thorough documentation of report preparation, submission, and related communications with regulators.

Impact on Funding and Penalties

Proper management of cost reports is critical for sustaining clinic funding and avoiding financial penalties.

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Biennial Compliance Tasks

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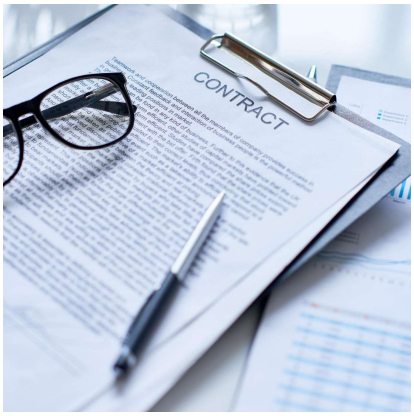
Policy Review



Biennial Policy Review
Policies must be reviewed every two years to stay current and effective according to regulatory standards.

Documentation and Signatures
Changes must be documented in meeting minutes and new signature pages obtained from key stakeholders.

Breaking Down Policies
Clinics should divide policies into smaller sections for easier review and track needed updates systematically.

Compliance and Improvement
Proper review documentation ensures compliance and shows commitment to continuous quality improvement.

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Emergency Plan Review

Biennial Plan Review
Emergency plans must be reviewed every two years to maintain preparedness and compliance with regulations.

Key Areas for Review
Focus on reviewing risk assessments, communication plans, policies, and training/testing programs regularly.

Documentation & Signatures
Ensure training documentation, after-action reports, and updated signature pages are completed during reviews.

Continuous Improvement
Update the plan to reflect new services or operational changes, supporting a safe clinical environment.

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Program Evaluation

Biennial Evaluation Process
Program evaluations are conducted every two years to review service utilization and clinic policies for compliance.

Participant Requirements
Evaluations require participation from the medical director, midlevel provider, and a community member to ensure diverse oversight.

Documentation and Accountability
Maintaining meeting minutes and proper documentation supports accountability and continuous improvement in the clinic.

Compliance and Improvement
Program evaluations ensure clinics meet goals, comply with federal regulations, and foster ongoing development.

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Miscellaneous Compliance Tasks

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Control Logs

Purpose of Control Logs
Control logs ensure accuracy and reliability of diagnostic procedures by documenting all control activities.

Compliance and Standards
Proper control log management supports compliance with laboratory standards and enhances patient safety.

Audit and Quality Assurance
Control logs are essential for audit readiness and maintaining quality assurance in clinical testing.

Updating Procedures
Regularly reviewing and updating control procedures ensures alignment with changes in testing protocols or equipment.

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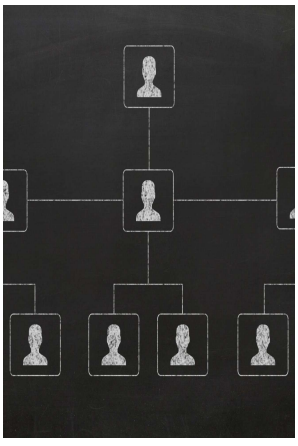
Organizational Chart

Importance of Regular Updates
Updating the organizational chart after staff changes ensures accuracy and reflects current lines of authority.

Review Frequency
Clinics should review the organizational chart quarterly or annually to maintain operational clarity and efficiency.

Role Clarity and Efficiency
An accurate chart supports clear roles and responsibilities, enhancing operational efficiency and communication.

Compliance and Documentation
Proper documentation of updates is essential for compliance and effective internal communication within the facility.



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CLIA

Certification Monitoring

Monitoring CLIA certification expiration is critical to maintaining laboratory regulatory compliance and avoiding penalties.

Documentation Maintenance

Clinics must keep accurate documentation of CLIA status and renewal dates to ensure audit readiness.

Timely Renewal Importance

Renewing CLIA certification on time enables continued laboratory testing and regulatory compliance.

Operational Continuity

Proper CLIA management ensures operational continuity and prevents loss of testing privileges.

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Sample and Control Med Logs

Importance of Medication Logs

Medication logs track inventory and ensure proper use of distributed medications for patient safety.

Regulatory Compliance

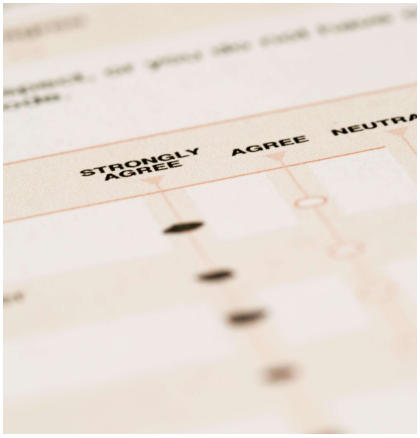
Accurate documentation supports compliance with pharmaceutical regulations and audit readiness.

Quality Assurance and Safety

Maintaining accurate logs enhances quality assurance and helps prevent medication errors.

Regular Review and Updates

Clinics must regularly review and update medication logs to reflect current inventory and usage.



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Conditional Compliance Tasks

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Autoclave

Importance of Maintenance
Regular autoclave maintenance ensures sterilization equipment works effectively and safeguards patient safety.

Spore Checks and Batch Logs
Spore testing and batch logging verify sterilization efficiency as per manufacturer guidelines.

Documentation and Compliance
Proper records of autoclave activities support infection control compliance and regulatory standards.

Critical Role in Clinics
Maintaining autoclaves is conditional but essential for clinics using sterilization equipment.

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Documentation Strategies

- Use logs, checklists, and meeting minutes
- Track training and certifications
- Maintain calendars and audit summaries
- Ensure records are audit-ready and accessible

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Tools & Resources

- Compliance checklists
- Environmental rounding templates
- Self-audit guides
- RHC survey prep materials
- Quarterly compliance team meetings
- Sample team questions

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Creating an Internal Compliance Program

- Select team members:
  - Involve multi-disciplinary representatives
    - ✓Team lead
    - ✓Provider
    - ✓Clinical staff
    - ✓Administrative staff
    - ✓Support staff

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Creating an Internal Compliance Program

- Select team members:
  - Team lead
    - ✓Often the clinic manager, compliance officer, or clinical lead
    - ✓Oversees the program
    - ✓Coordinates audits
    - ✓Reviews policy
    - ✓Manages corrective actions

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Creating an Internal Compliance Program

- Responsibilities:
  - Conduct regular compliance meetings (ie. monthly or quarterly)
  - Review incidents, audits, corrective actions
  - Monitor ongoing tasks (compliance checklist)
  - Track staff training and certification requirements
  - Encourage input (without retaliation)

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Goals for Quarterly Compliance Meetings

- Discuss upcoming compliance tasks
- Determine previous quarter's internal progress in completing compliance goals
- Review any RHC program updates
- Encourage open dialogue on challenges and opportunities
- Align priorities for the next quarter

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Sample Questions for your Team

- What compliance challenges have we faced recently?
- Are policies and procedures clear and being followed?
- What additional training or resources do we need?
- What upcoming compliance tasks do we need to address this quarter?
- How can we improve communication about compliance issues?

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Sample Questions for your Team

- Are there any risks or concerns we should escalate?
- How can we strengthen accountability and collaboration going forward?
- What next step can you commit to for strengthening compliance?
- How can we continue supporting each other in accountability and collaboration?
- What successes can we celebrate as a team?

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Troubleshooting Non-Compliance

- Identify root causes (staffing, training gaps, unclear policies)
- Create corrective action plans
- Use internal audits and rounding proactively
- Document remediation steps

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Celebrating Success

- ACKNOWLEDGE TEAM WINS
- SHARE LESSONS LEARNED
- CONDUCT ANNUAL TEAM REVIEWS
- USE FEEDBACK TO IMPROVE SYSTEMS

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QUESTIONS

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