

RHC Annual Review Documentation

Sharon Shover, CPC, CEMC, RH-CBS

Senior Manager, Blue & Co., LLC

Amanda Dennison, CPC, MBA, RH-CBS

Senior Consultant, Blue & Co., LLC

CPAs / ADVISORS





Today's Objectives:

- We will cover the Who? What? When? Why? And How? of the RHC Annual Review process (not necessarily in that order).
- We will give you helpful tips, tricks, and advice for both initial RHC surveys and recertification surveys.

CPAs / ADVISORS

 blue

Quick note...

Annual Review

=

Annual Evaluation

=

Annual Program Evaluation

CPAs / ADVISORS



WHO should be involved in the Annual Review process?

WHAT is the Annual Review (and **WHAT** does regulation say about it)?

WHEN does the Annual Review have to be completed?

WHY does my RHC have to do an Annual Review?

HOW does my RHC complete our Annual Review?

CPAs / ADVISORS



Start with the **WHY**

- Short answer: Because regulation says so.
- Most common deficiency cited in recertification surveys that could terminate you from the RHC program.
 - It is 1 of 8 conditions for continued participation in the RHC program
 - Failure to complete the Annual Program Evaluation is considered a “condition level deficiency”

WHAT is the Annual Evaluation?

(and WHAT does the regulation say about it)

- Regulation: 42 CFR §491.11: Program Evaluation

§ 491.11 Program evaluation.

- (a) The clinic or center carries out, or arranges for, an annual evaluation of its total program.
- (b) The evaluation includes review of:
- (1) The utilization of clinic or center services, including at least the number of patients served and the volume of services;
 - (2) A representative sample of both active and closed clinical records; and
 - (3) The clinic's or center's health care policies.
- (c) The purpose of the evaluation is to determine whether:
- (1) The utilization of services was appropriate;
 - (2) The established policies were followed; and
 - (3) Any changes are needed.
- (d) The clinic or center staff considers the findings of the evaluation and takes corrective action if necessary.

CPAs / ADVISORS



WHAT is the Annual Evaluation?

- Consider it like a routine “check-up” for your RHC
- “An evaluation of a clinic’s total operation including the overall organization, administration, policies and procedures, covering personnel, fiscal and patient care areas...” – NARHC

CPAs / ADVISORS



WHO should be involved?

- Regulation: 42 CFR §491.9(b)(2) and (b)(4):

(b) Patient care policies.

(2) The policies are developed with the advice of a group of professional personnel that includes one or more physicians and one of more physician assistants or nurse practitioners. At least one member is not a member of the clinic or center staff.

(4) These policies are reviewed at least annually by the group of professional personnel required under paragraph (b)(2) of this section and reviewed as necessary by the clinic or center.

CPAs / ADVISORS



WHO should be involved?

- Guidance from NARHC:
 - “This evaluation may be done by the clinic, the group of professional personnel required under 42 CFR 491.9(b)(2), or through arrangement with other appropriate professionals.”
 - “The total evaluation does not have to be done all at once or by the same individuals.”
- Professional Advisory Group or RHC Executive Committee:
 - Physician
 - Mid-level Provider
 - Community Member



CPAs / ADVISORS



WHEN does it need to be done?

- **ANNUALLY**...hence, ANNUAL Evaluation
 - No more than 12 months from date of initial certification, and at least every 12 months thereafter
- **BUT**, there is an exception, sort of...
 - The Annual Review does NOT have to be done all at once:
 - “However, if the evaluation is not done all at once, no more than a year should elapse between evaluating the same parts.” –State Operations Manual, Appendix G

An Example:

- **What:**

- Review of organization, administration, personnel and fiscal policies

- **Who:**

- Reviewed by Healthcare Administrator(s) and/ or Management

- **When:**

- Reviewed at the end of each fiscal year

- **What:**

- Utilization of clinic services, clinic records, clinic's health care policies

- **Who:**

- Reviewed by an appropriate group of healthcare professionals

- **When:**

- Reviewed six months after end of fiscal year

CPAs / ADVISORS



“But I’m not an RHC yet...?”

- For clinics less than one year old:
 - “A RHC that has been certified for less than one year may not have done a program evaluation. However, the RHC must have a written plan that specifies **who** is to do the evaluation, **when** and **how** it is to be done, and **what** will be covered within the evaluation.” – State Operations Manual, Appendix G
- The surveyor wants to see that you know what is required and that you already have a plan for how to meet that requirement.

HOW do we complete it?

- At a minimum:
 - Determine the number of patients served
 - Determine the volume of services provided
 - Determine whether or not the services provided meet the needs of your patient population
 - Evaluate whether policies and procedures were followed
 - Determine whether or not changes need to be made to your current policies and procedures
 - Review a representative sample of active and closed records
 - Summarize your findings including recommendations for corrective action

CPAs / ADVISORS



Tips & Tricks for Your Annual Evaluation

CPAs / ADVISORS



Tips & Tricks

- Ask yourself some of these questions:
 - Could we add Care Management Services?
 - Could telehealth benefit our patients?
 - What kinds of specialists could we add to our RHC?
 - Do we have appropriate staff to handle our patient volumes?
 - Would our patients benefit from adding mental health services?
 - Are we following our policies and procedures, or do we need to change them to fit how we practice?

CPAs / ADVISORS



Tips & Tricks

- Then ask yourself some more questions:
 - Does my staff need additional training?
 - Do my providers need additional training?
 - What facility improvements have we made over the past year?
- RHC operational improvement considerations:
 - Missed Appointments
 - Annual Wellness Visits
 - Walk-In Clinic Hours
 - Saturday Hours

CPAs / ADVISORS



Tips & Tricks: The Do's

- **DO** use your EHR to your advantage
- **DO** make changes to policies and procedures that don't fit how your practice operates
- **DO** complete a walk through of your RHC
- **DO** have an action plan for correcting non-compliant items
- **DO** educate your staff on any changes as a result of your Annual Evaluation
- **DO** involve other clinic staff as needed

CPAs / ADVISORS



Tips & Tricks: The Don'ts

- **DON'T** reinvent the wheel – using a template is okay!
- **DON'T** wait to change a policy or procedure that doesn't work until the Annual Evaluation
- **DON'T** forget to review your billing process
- **DON'T** forget to look outside of your clinic for things that could impact your clinic
- **DON'T** neglect to complete the Annual Evaluation every year!

CPAs / ADVISORS



Utilization of Services

- At a basic level: review visit totals as reported on your cost report and compare them to productivity standards for RHC providers:
 - 4200 visits for Physicians (per FTE)
 - 2100 visits for Mid-Level Providers (per FTE)
- Review your clinic's CPT usage compared to benchmarks (the CPT "bell curve").
- Look at providers or services that have left your community and consider how your RHC could fill that void.

Medical Record Review

- What is a “representative sample of active and closed records”?
 - State Operations Manual, Appendix G: “The sample must include at least 5% of the RHC’s current patients or 50 records, whichever is less.”
 - Should include Medicare patients, as well as patients with other insurance
- This is ***not*** the same as a coding and/or billing review.

Policy & Procedures Review

- Don't just review the policies that have changed during the year – review ALL of them.
- Determine whether or not clinic staff follows policies and procedures as they are currently written.
 - If staff is not following policies and procedures, retrain and reeducate.
 - Make changes to policies that don't work, or policies that are outdated based on current RHC regulations, current staffing, etc.
- Don't forget to include your Emergency Preparedness Policies and Procedures!

CPAs / ADVISORS



Emergency Preparedness

- Have you participated in a community-based event within the last year?
- Have you completed a full-scale mock drill, or a table top exercise?
- Have you complete your Hazard Vulnerability Assessment (HVA) within the last year?
- Has your staff complete appropriate safety training within the last year?
- Are your emergency contact lists and equipment up to date and still in working order?

CPAs / ADVISORS



Findings & Corrections

- Your Annual Evaluation should include a summary of your findings related to policies and procedures, volume of patients, utilization or services, and review of records.
- Include recommendations for changes to be made.
- Include a timeline for implementing those changes.
- Include persons responsible for implementation of these changes.
- Make sure your staff is aware of the changes, and properly trained and educated.

CPAs / ADVISORS



Common Findings

- Not updating Consent to Treat on a yearly basis
- Sample medications not being checked monthly for expiration
- Multi-use vials not appropriately labeled or timely discarded
- Medical Director not reviewing mid-level provider charts
- Emergency Preparedness drills not completed annually
- Preventive maintenance program not in place
- Inaccurate FTE counts
- Inadequate or ineffective processes for following up with patients needing referrals

CPAs / ADVISORS





Questions?

CPAs / ADVISORS

 blue



Sharon Shover, CPC, CEMC, RH-CBS

Senior Manager, Revenue Cycle

Blue & Co., LLC

502.992.3511

sshover@blueandco.com



Amanda Dennison, CPC, MBA, RH-CBS

Senior Consultant, Revenue Cycle

Blue & Co., LLC

502.992.3518

adennison@blueandco.com

CPAs / ADVISORS

