



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

### Interpretative Guidelines § 491.8(b)(3) & (c)(1)(ii)

**A physician must review periodically the RHC's patient clinical records. In States where State law requires a collaborating physician to review medical records, co-sign medical records, or both for outpatients whose care is managed by a non-physician practitioner, an RHC physician must review and sign all such records.**

If there is more than one physician on the RHC's staff, it is permissible for staff physicians other than/in addition to the medical director to review and co-sign the records. The RHC's NP(s) and/or PA(s) must participate in the physician's review of the clinical records. Participation may be face-to-face or via telecommunications.

If there is more than one NP or PA in the clinic, the NP or PA would participate only in the review of records of those patients for which the NP or PA provided care. Where co-signature is not required, the regulation still requires periodic physician review of the clinical records of patients cared for by non-physician practitioners.

If the RHC has more than one physician on its staff, it is permissible for physicians other than/in addition to the medical director to conduct the periodic review of clinical records, so that this task might be divided or shared among the physicians. If the RHC has more than one physician, its policies and procedures must specify who is authorized (i.e. whether it is the medical director alone, or may include other staff physicians) to review and, if required under State law, co-sign clinical records of patients cared for by a non-physician practitioner.

The regulation does not specify a particular timeframe to satisfy the requirement for "periodic" review of clinical records, but the RHC must specify a maximum interval between record reviews in its policies and procedures. The RHC is expected to take into account the volume and types of services it offers in developing its policy. For example, an RHC that has office hours only one day per week would likely establish a different requirement for record review than an RHC that is open 6 days per week/ 10 hours per day. Further, there is no regulatory requirement for the review of records to be performed on site and in person. **Thus, if the RHC has electronic clinical records that can be accessed and digitally signed remotely by the physician, this method of review is acceptable.** Therefore, RHCs with and without the capability for electronic record review and signature might also develop different policies for the maximum interval between reviews.



### Survey Procedures § 491.8(b)(3) & (c)(1)(ii)

- Ask the clinic's staff what its policy is for the interval at which clinical records will be periodically reviewed. Ask when the last review took place, and request documentation of the review.
- If State law requires co-signature of NP and/or PA orders by a physician, is there evidence in the clinical record of such co-signatures?
- If the RHC has more than one physician, ask whether its policy permits physicians to share the responsibility for the periodic record review.
- Ask how the RHC ensures that all records of patients cared for by non-physician practitioners are periodically reviewed.
- Is there documentation supporting that the required reviews have occurred?

## § 491.11 Program Evaluation

The clinic's program evaluation must be reviewed at least biennially. This evaluation may be done by RHC staff or through arrangement with other appropriate professionals. The RHC must have documentation of who conducts the review or portions of the review, and what their qualifications are to do so.

The evaluation must include, at a minimum, the number of patients served and the volume of services provided. The evaluation should be able to determine whether the RHC provides appropriate types and volume of services based upon the needs of its patient population. It should also be able to evaluate whether RHC patient policies were followed and whether or not changes to the policies or to procedures are warranted.

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.

**The evaluation must also include a review of a representative sample of both active and closed clinical records of RHC patients. The sample must also include at least 5 percent of the RHC's current patients or 50 records, whichever is less.** The purpose of the review is to determine whether utilization of the RHC's services was appropriate, i.e., whether practitioners adhere to accepted standards of practice and adhere to the RHC's guidelines for medical management when diagnosing or treating patients. **The review also must evaluate whether all personnel providing direct patient care adhere to the RHC's patient care policies. The evaluation of practitioners must be conducted by an MD or DO; if there is only one MD or DO practicing in the RHC, it is expected that the RHC will arrange for an outside MD/DO to review the selected sample of records of RHC patients cared for by the RHC's MD/DO.** The evaluation of whether the RHC's patient care policies were followed may be conducted by an MD/DO, a non-physician practitioner, an RN, or other personnel who meet the RHC's qualifications criteria.

The evaluation findings must be documented in a summary report, and must include recommendations, if any, for corrective actions to address problems identified in the evaluation. If a RHC has developed a QAPI program and that program meets/exceeds the regulatory requirements for a Program Evaluation, the QAPI program would be acceptable.

### Survey Procedures § 491.11 (a) - (c)

- Is there evidence that the evaluation is completed at least biennially and includes review of the number of patients served and the volume of services provided?
- Is there evidence of a review of a representative sample of RHC records?
- Does the sample include the required minimum number of records?
- Who conducts which portions of the review? Are they qualified to do so?
- Is there evidence of findings and recommendations from the review, and do the findings address each required component?

