

# MEDICARE PART A BULLETIN

January 12, 1998

Rural Health Clinic Bulletin R-01

TO: All Rural Health Clinics

FROM: Program Relations

SUBJECT: **ASSURANCE OF QUALITY SERVICES IN RURAL HEALTH CLINICS**

**ATTENTION MEDICARE BUSINESS OFFICE MANAGER:** Please distribute to the appropriate health care facility personnel.

The purpose of this bulletin is to alert Rural Health Clinics (RHCs) about the Health Care Financing Administration (HCFA) plans to implement section 4205 (b) of the Balanced Budget Act (BBA) of 1997. This provision requires Medicare participating Rural Health Clinics to have a quality assessment and performance improvement program (QAPI), effective January 1, 1998.

Section 1861(aa)(2) of the Social Security Act (42U.S.C.1395x(aa)(2)) defines a "Rural Health Clinic" for purposes of the Medicare program by setting forth several requirements. Among these, the current statute says a Rural Health Clinic:

- Has appropriate procedures for review of utilization of clinic services to the extent that the Secretary determines to be necessary and feasible;"

Section 4205(b) of the BBA revises this provision to read:

- Has a quality assessment and performance improvement program, and appropriate procedures for review of utilization of clinic services, as the Secretary may specify,"

HCFA plans to issue a proposed regulation in late spring of 1998 that will implement this and other provisions of the BBA affecting RHCs. The requirements of that regulation will not be applied retrospectively. However, in light of Congressional intent to make this provision effective January 1, 1998, HCFA encourages RHCs to begin developing plans and the ability to carry out this responsibility.

HCFA expects that the QAPI condition in the proposed regulation will require an RHC to develop, implement, maintain, and evaluate an effective data-driven QAPI program. The program should achieve, through ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical care and non-clinical services. These activities can be expected to result in improved health outcomes for the population served by the RHC.

At this time, HCFA has identified “clinical effectiveness” (e.g., appropriateness of care; and prevention), “access” (e.g., availability and accessibility of services; cultural competency; and emergency intervention), and “patient satisfaction” as three domains of measure that should capture significant outcomes of care in an RHC. These domains will provide RHCs the flexibility to develop a program that meets the needs of the clinic and reflects the scope of its services. Each such RHC program should:

- identify and prioritize opportunities to improve health status and health care;
- conduct interventions developed to target specific populations;
- document the results; and
- identify additional opportunities to improve health status and health care.

While further details will be the result of rulemaking, HCFA encourages RHCs to begin thinking about their QAPI program. In the interim, RHCs might want to reference the QAPI requirements in the Federal Register (Volume 62, Number 244) dated December 19, 1997, for additional guidance relating to the hospital conditions of participation.