RHC Hot Topics

Participants will:

- Interact in a lively discussion about survey feedback
- Identify patterns of deficiency
- Clarify information and present questions to the panel of experts

RHC Updates - HIPAA

- The <u>final rule</u> to support reproductive health care privacy was updated on April 26, 2024

- The rule will go into effect on June 25, 2024

- Persons subject to the regulation must comply by December 23, 2024 with exception of the Notice of Privacy (NPP) provisions (February 2026)

  - *Rather than requiring covered entities to revise their NPPs twice in a short period of time, the Department announced in the 2024 Part 2 Rule that it would exercise enforcement discretion related to the requirement*

RHC Updates – HIPAA

- HIPAA Journal - Key changes:
    - A definition of "reproductive health care" is added to HIPAA. This definition covers terminations, but also contraception, fertility, and miscarriage healthcare.
    - New limitations are imposed on the uses and disclosures of PHI relating to reproductive healthcare that cannot be bypassed by obtaining consent or an authorization.
    - A request for reproductive health care information must be accompanied by an attestation that the information will not be used or disclosed for an out-of-state judicial or administrative proceeding.
    - Clarification that providing or facilitating reproductive health care is not abuse, neglect, or domestic violence.
    - To reassure patients that PHI relating to reproductive health care will not be used or disclosed, a new section must be added to existing Notices of Privacy Practices. The compliance data for this requirement is February 16, 2026, to coincide with the compliance date for the recently introduced Part 2 changes.

RHC Updates – Section 1557

- The final rule to reinstate section 1557 was published on May 6, 2024

- The final rule goes into effect July 5, 2024

- HHS.gov provided an FAQ

Section 1557 Requirement and Provision	Date by which covered entities must comply
§ 92.7 Section 1557 Coordinator	Within 120 days of effective date.
§ 92.8 Policies and Procedures	Within one year of effective date.
§ 92.9 Training	Following a covered entity's implementation of the policies and procedures required by § 92.8, and no later than 300 days of effective date.
§ 92.10 Notice of Nondiscrimination	Within 120 days of effective date.
§ 92.11 Notice of Availability of Language Assistance Services and Auxiliary Aids and Services	Within one year of effective date.
§ 92.207(b)(1)-(5) Nondiscrimination in health insurance coverage and other health-related coverage (benefit design changes)	For health insurance coverage or other health-related coverage that was not subject to this part as of the date of publication of this rule, by the first day of the first plan year (in the individual market, policy year) beginning on or after January 1, 2025.
§ 92.207(b)(6) Nondiscrimination in health insurance coverage and other health-related coverage (benefit design changes)	By the first day of the first plan year (in the individual market, policy year) beginning on or after January 1, 2025.
§ 92.210(b), (c) Use of patient care decision support tools	Within 300 days of effective date.

RHC Updates – Appendix G

- An advanced copy of Appendix G was released on May 28, 2024 - QSO-24-12 Hospice and FQHC/RHC.

- Changes include:

  - 491.2 Definitions

    - Nurse Practitioner definition was updated to match current professional standards

    - Certified Nurse-Midwife (CNM)

    - Clinical Psychologist (CP)

    - Clinical Social Worker (CSW)

    - Marriage and Family Therapist (MFT)

    - Mental Health Counselor (MHC)
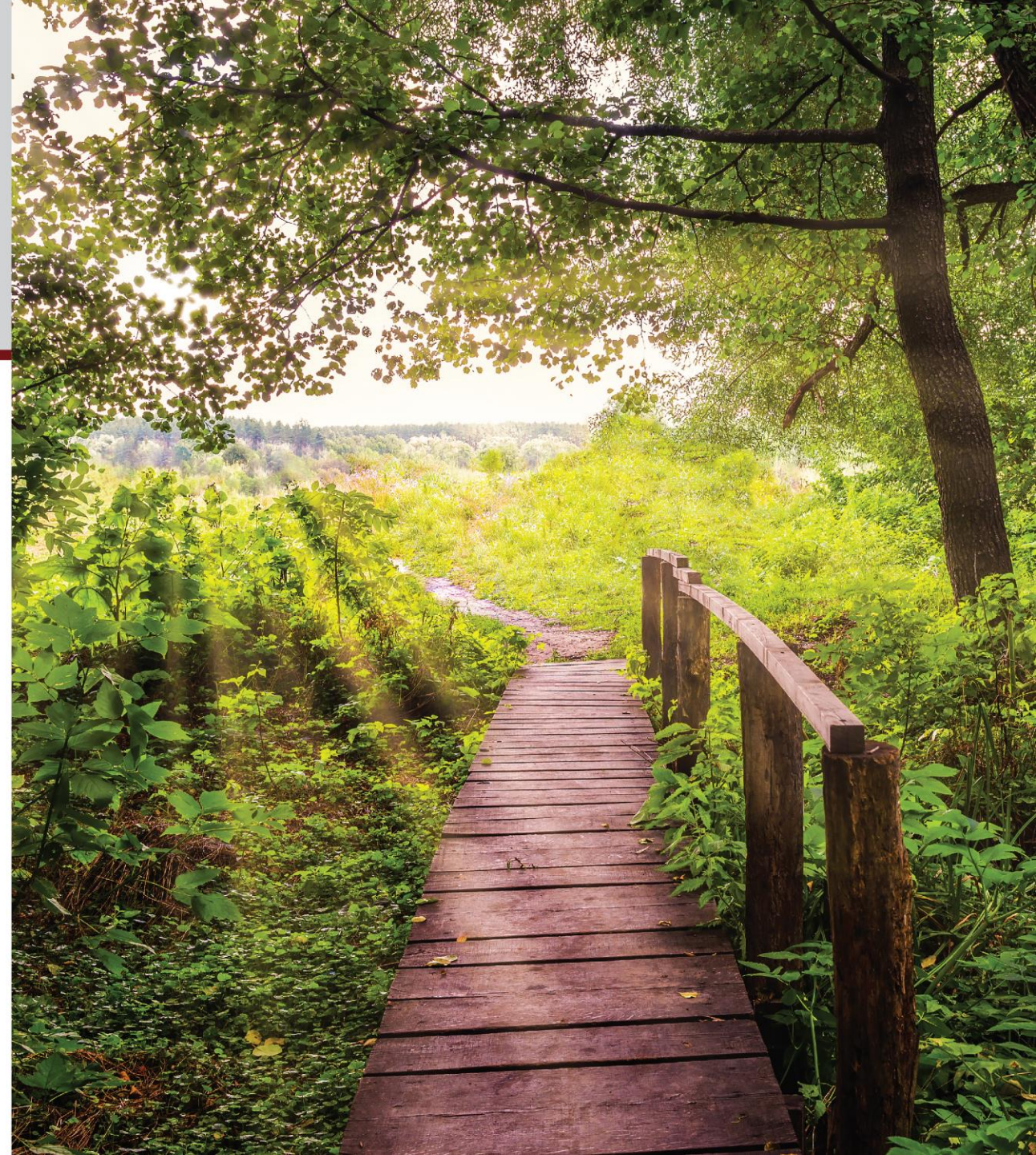
RHC Updates – Appendix G

- An advanced copy of Appendix G was released on May 28, 2024 through <u>QSO-24-12 Hospice and FQHC/RHC</u>.

- Changes include:
  - 491.8(a) Staffing
    - Addition of MFT/MHC to the list of practitioners who may:
      - Be the owner or an employee of the clinic
      - Furnish services under contract to the clinic
      - Included in staff list available to furnish patient care services at all times the clinic or center operates.
    - Update to policies (491.9) as needed
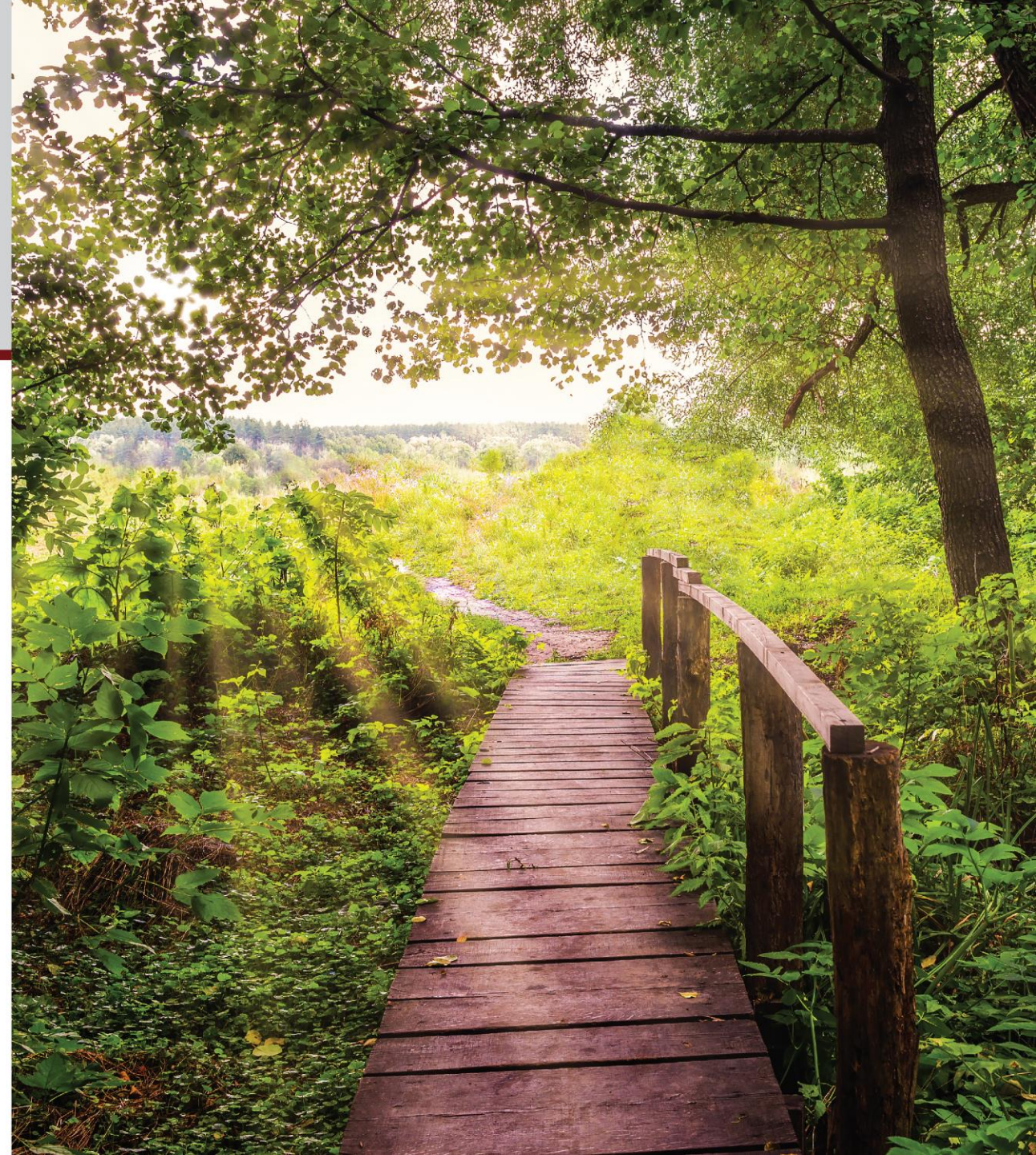
Common Deficiencies

- Standard Level:
  - Medical records missing elements:
    - Consent (missing/incomplete)
    - Allergies
    - Missing provider signature
    - Order/results missing
    - Summary of instructions
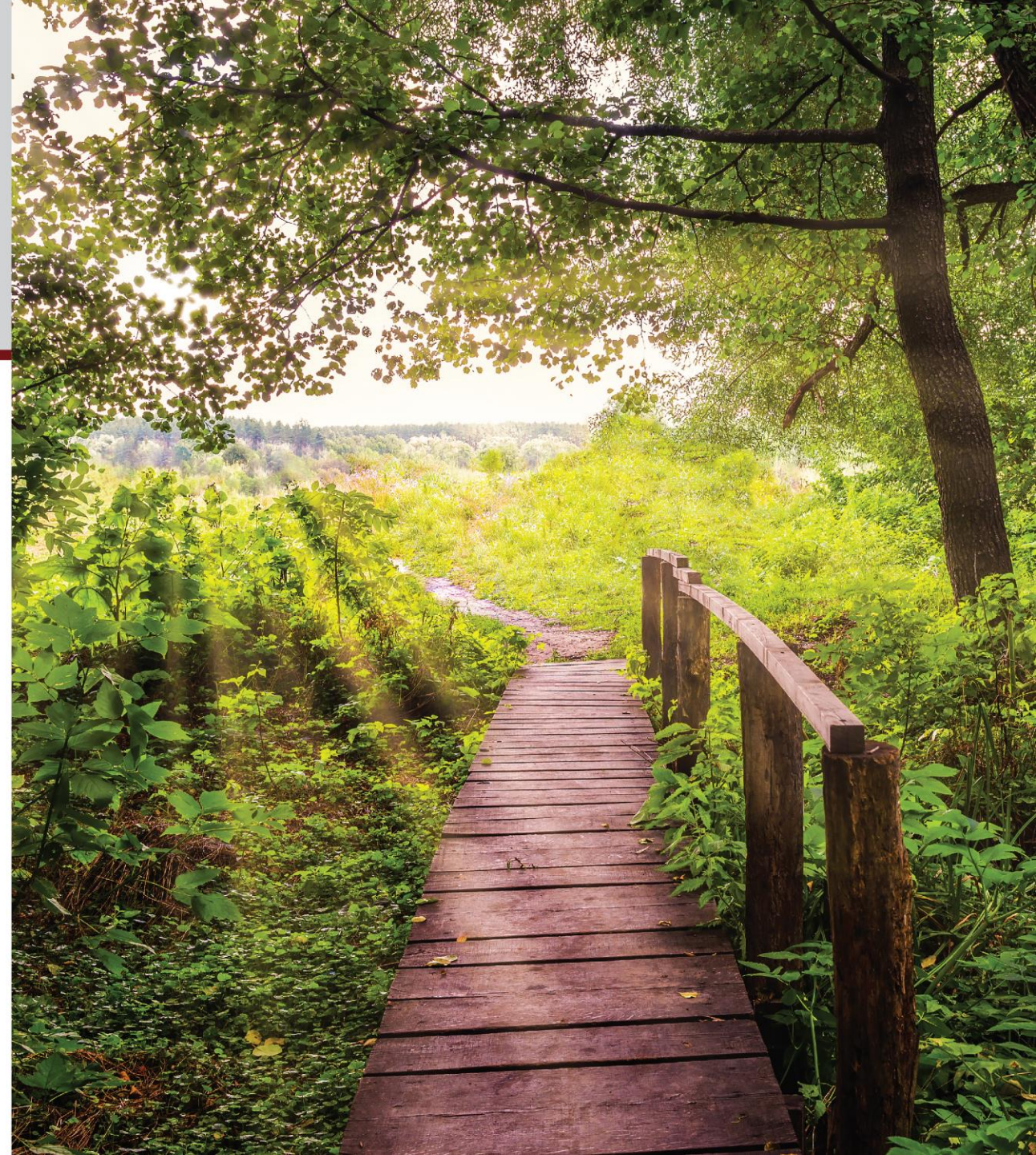   - Medical history

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Common Deficiencies

- Standard Level:
  - Failure to provide an approved 855A CHOI (address changed – removed suite)
  - Personnel files missing elements:
    - Performance evaluation for provider
    - BLS for licensed/certified staff

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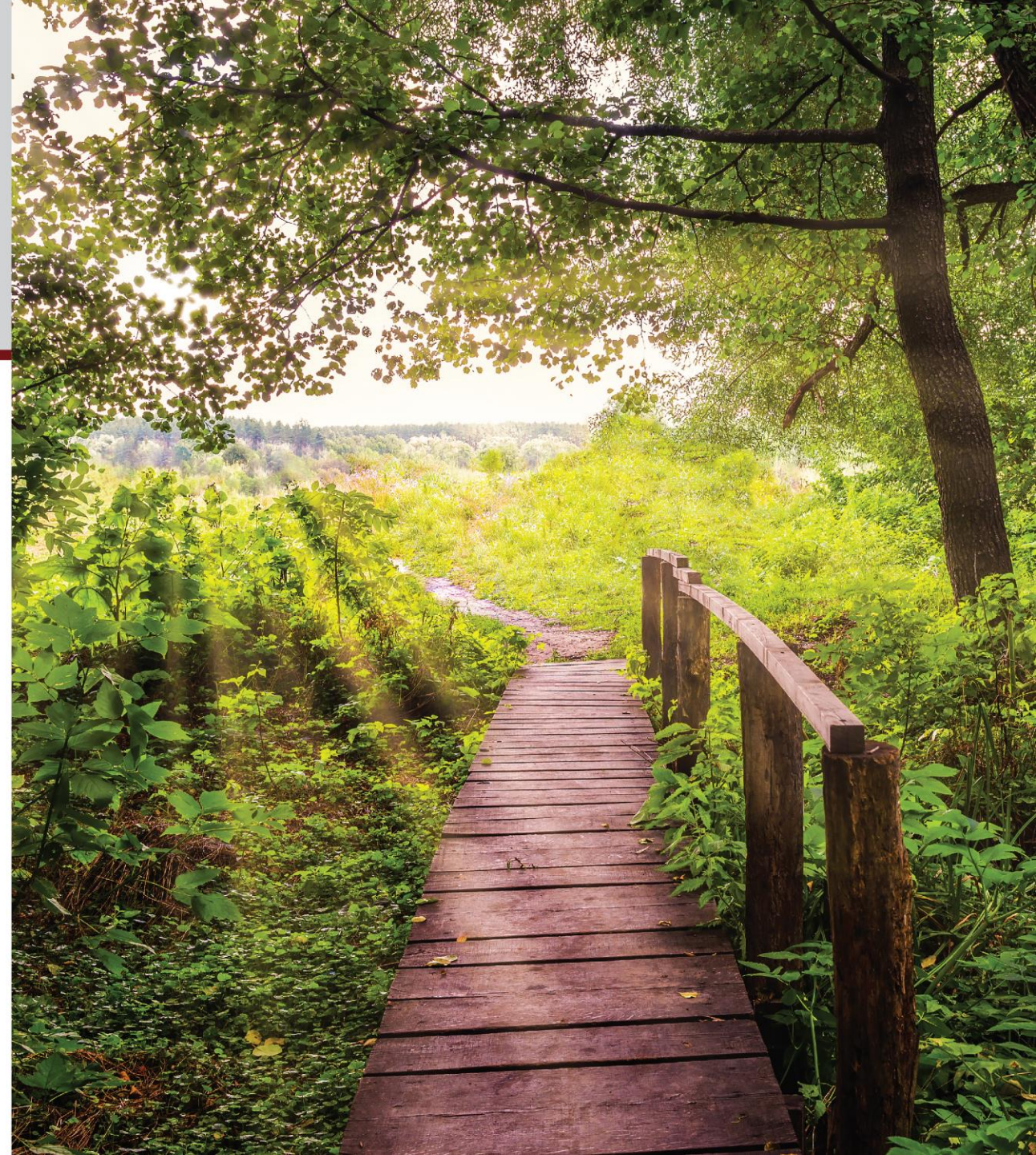
Common Deficiencies

- Standard Level:
  - Supplies stored inappropriately
    - No open date on UA sticks
  - Drugs/biologicals stored inappropriately
    - Expired items
    - Beyond use
    - Policies not followed

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Common Deficiencies

- Standard Level:
    - Emergency preparedness
        - No proof of biennial review of HVA
        - Missing "other RHC" contact information
        - No verification of staff training
    - Program evaluation
        - Not completed per policy/regulations

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Common Deficiencies

- Condition Level
  - Clean/dirty areas were not used appropriately
    - Prep of medications in "dirty' area
    - Meds stored above counter where lab machines/testing materials were stored
    - Failure to segregate clean from dirty puts patients/staff at risk of cross-contamination.

Common Deficiencies

- Condition Level
    - Failure to store supplies based on manufacturer guidelines (single-dose vials)
    - Failure to conduct biennial program evaluation
    - Clinic does not ensure sterilization of equipment and procedures need to follow manufacturer's guidelines for use (autoclave)

Tripping Hazards:

- Medical records – closing the loop and missing elements
- Understanding MDV/SDV and when items expire or are beyond use
- Missing training
  - What's included, documentation in HR files, adherence to policy
- Good Faith Estimate
  - Required postings/adhering to requirements
- Expired lab supplies
- **Autoclave**

Common Questions (from clinics)

- What do we post for hours?

- Does equipment need to be biomed inspected?

- Are we required to have an AED and peds pads?

- What is an appropriate wipe to use in exam rooms?

- What kind of hand soap should we have on site?

- Where do we dispose medications and needles if they are beyond use or expired?

- What needs to be included on a sample log?

- Can prescription pads be kept in a provider's office?

- Which staff require BLS?

- How do we create an SDS book?

- Which staff require competency?

Common Questions (from surveyor)

- What is the kill time on wipes

- What is your role in an evacuation

- What is your role for medical oversight (Medical Director)

- What are your responsibilities as an APP (NP/PA)

- Where is your evidence for…
  - Collaborative reviews
  - Administrative reviews
  - Equipment inspection
  - Staff training
  - Policy approval
  - Fire inspection
  - Emergency drills

Common Observations (from surveyor)

- Cleaning of exam room

- Hand hygiene

- Medication draw/administration

- Processing of autoclave

- Processing of lab tests

- Adherence to policy

- Adherence to mfr. guidelines

- Patient exam

- Provider coverage

Coming Soon!

Later this year, we are releasing an RHC Dashboard (it will be called *Glacier*) to assist clinics in monitoring their full RHC compliance – **all in one place**.

- *Glacier* will include interactive reminders, tracking tools, checklists, due dates, archived data, storage of documents, etc. and is free to all our clients
  - Plan to release - Fall 2024

- The policy manual platform portion of the dashboard will have capabilities for the RHC to keep an updated manual through a subscription service
  - Plan to release – Late 2024

We are very excited about this release and experience for our clients!

- Contact us at glacier@hsagroup.net

QUESTIONS?

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