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## Rural Health Clinics (RHC) Survey Process

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Survey protocols and Interpretive Guidelines were established by the Centers for Medicare and Medicaid Services (CMS) to provide guidance to personnel conducting surveys. They serve to clarify, and/or explain, the intent of the federal regulations. All surveyors are required to use this protocol in assessing compliance with requirements. The RHC survey protocols and federal regulation set are contained within 42 CFR 491.4, [Appendix G](#), of the CMS State Operations Manual (SOM).

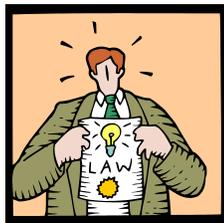


The regulatory requirements are made up of eight Conditions for Coverage (CFCs) and each of these Conditions is made up of specific standards and elements. The RHC must be in compliance with all CFC requirements (Conditions), at all times. Below is a brief description of the RHC survey. Please refer to Appendix G for specific information regarding the RHC survey process.

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## Initial Surveys

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Initial surveys are conducted in order for a RHC to achieve Medicare Certification. Initial surveys may be conducted by the State Agency (SA) or an Accrediting Organization (AO), dependent on whether or not the RHC is seeking deemed status.

### **Initial Surveys for RHCs Not Seeking Deemed Status:**

At this time the SA is not performing initial surveys. Please refer to CMS letter, S&C 08-03 Initial Surveys for New Medicare Providers, November 5, 2007, for additional information.

### **Initial Surveys for RHCs Seeking Deemed Status:**

A RHC has the option of achieving Medicare certification of the RHC, through an accrediting organization (AO), by requesting a deemed status survey. If the RHC successfully completes a deemed accreditation survey, the RHC is deemed by CMS to meet all Condition for Coverage for RHCs. Please refer to CMS letter, S&C 12-33-AO, May 25, 2012 for additional information.

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## Recertification Surveys

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CMS directs the frequency and priority status of RCH recertification surveys. CMS established priorities and frequencies for the current FFY are as follows:

- ✚ Priority One: There are no Priority One designations for RHCs.
- ✚ Priority Two: 5% targeted surveys - the State surveys 5% of the providers in the state (or at least 1, which ever is greater).
- ✚ Priority Three: 7.0 year interval - additional surveys are done (beyond Priority Two surveys) to ensure that no more than 7.0 years elapse between surveys for any one particular provider/supplier.
- ✚ Priority Four: 6.0 year average - additional surveys are done (beyond Priority Two and Priority Three surveys) such that all providers in the state are surveyed on average, every 6 years.

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## Follow-up Surveys

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The purpose of the follow-up survey is to determine that systemic corrective action have been implemented for the deficiencies cited during the previous survey. A follow-up survey may be conducted at the facility or by phone/mail. An unannounced on-site revisit is mandated when deficiencies are cited at the Condition of Coverage (Condition) level; but may be optional when cited at the standard level.

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## Complaint Surveys

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Anyone may file allegations of provider non-compliance with regulatory requirements. The state agency is required to investigate all such allegations. When a complaint alleges regulatory non-compliance, an unannounced complaint survey is conducted. This investigation focuses on the allegations contained within the complaint, but does not preclude

citation of unrelated deficient practices. Please refer to [Chapter 5](#) of the SOM for more detailed information regarding the complaint survey process.