

## Addendum

Rural Health Plan 2005-2007

February 15, 2023

**Rationale:** This addendum clarifies one part of the Medicare Conditions of Participation for Critical Access Hospitals (CAHs). The CMS State Operations [Manual](#), under the quality assurance standard, part §485.641(b)(4) states: *“The quality and appropriateness of the diagnosis and treatment furnished by doctors of medicine or osteopathy at the CAH are evaluated by—*

*(i) One hospital that is a member of the network, when applicable;*

*(ii) One QIO or equivalent entity;*

*(iii) One other appropriate and qualified entity identified in the State rural health care plan;*

*(iv) In the case of distant-site physicians and practitioners providing telemedicine services to the CAH’s patients under a written agreement between the CAH and a distant-site hospital, the distant-site hospital; or (v) In the case of distant-site physicians and practitioners providing telemedicine services to the CAH’s patients under a written agreement between the CAH and a distant-site telemedicine entity, one of the entities listed in paragraphs*

*(b)(4)(i) through (iii) of this section;”*

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This addendum defines “other appropriate and qualified entity” in part §485.641(b)(4)(iii) as an entity that can provide quality assurance activities that meet the standards in the Medicare Conditions of Participation for CAHs. See associated interpretative guidelines and survey procedures related to §485.641(b)(4). Assurance that an entity can meet the standards in the Medicare Conditions of Participation for CAHs may be facilitated by the Arizona Hospital and Healthcare Association (AzHHA).



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