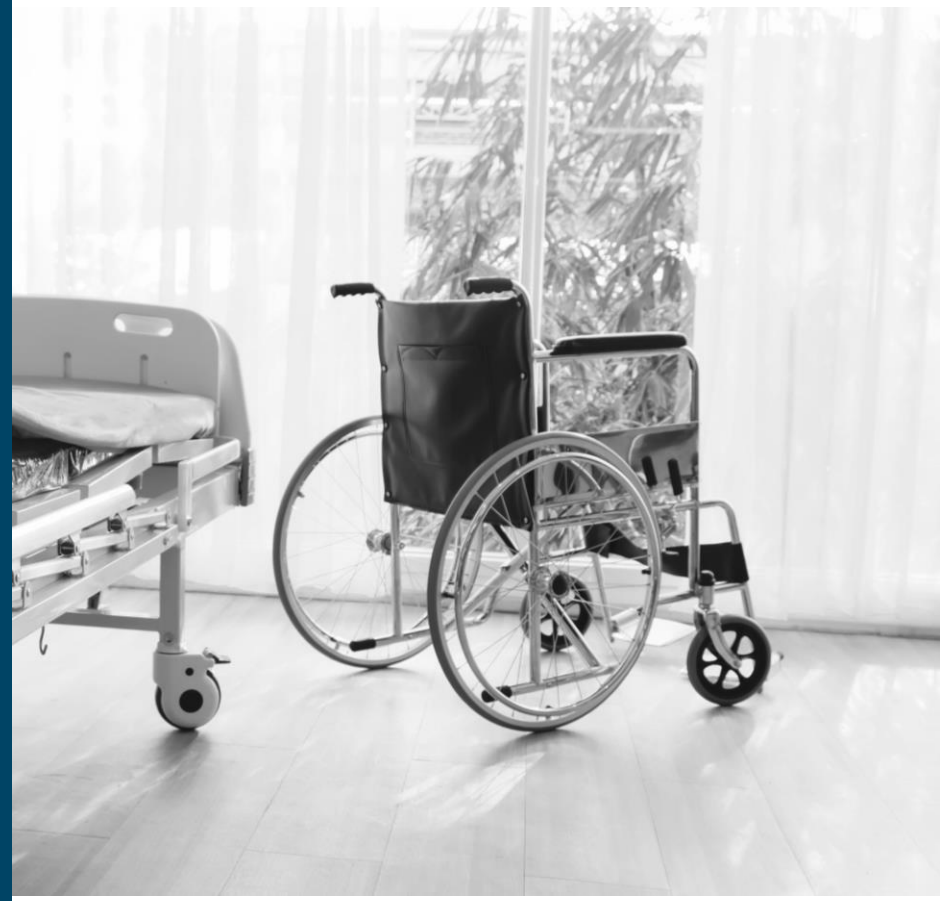
ACHC U®
EDUCATIONAL RESOURCES

DMEPOS

Remaining Accreditation Ready Every Day



Mary Ellen Conway
Capital Healthcare Group

About Your Speaker

Mary Ellen Conway

- Nurse, healthcare consultant specializing in post acute areas of home health, DME, hospice, pharmacy and physician practice.
- President of Capital Healthcare Group
  - Consulting provider in Bethesda, MD founded in 2000.
  - Helping both large and small providers and suppliers in managing their audit and regulatory compliance issues.
  - Accreditation and state licensure survey issues for pharmacy, DME, home care and hospice.
  - ACHC certified consultant since 2014.

Welcome

- While all of the accreditors tell you that you have to be ready for an accreditation visit any day, what does that really mean?
- Why do the accreditors tell you that CMS could show up at your door at any time?
- What items must you keep track of all the time so that you are not just gearing up for your accreditation renewal every three years?

Outline

- What Does Being Ready Every Day Mean?
- What Would An Accreditor Expect If They Were To Make an Unannounced Visit?
- Why Would You Have an Unannounced Visit?
- Would This Visit Be a Complete Survey Visit (Several Days with Patient Visits)?
- Tips to Maintain Readiness
- Your Questions

What Does This Really Mean?

- You should be able to show that you are compliant with your accreditor’s requirements at any time

What Would the Accreditor Expect if They Did Make an Unannounced Visit?

- You have a plan in place to manage daily operations and even if the person in charge of your accreditation is unavailable,
  - There should always be an alternate person available who could walk a site visitor through the important items they would want to see.

Why Would You Have a Surprise (Unannounced) Off-Cycle Survey Visit?

- Most often a result of a complaint that was made to the accreditor, to Medicare or another payer or state agency.
- Other Reasons?

Why are You Told That You Might Have an Unexpected Accreditation or CMS Visit?

- Know that every Accrediting Organization (AO) informs you that you may be subject to an off-cycle accreditation visit or an unannounced visit by Medicare (CMS)
  - When the accreditation mandate was created in 2006, this was one of the requirements that CMS informed the approved accreditors that they (the AOs) would be subject to do and to always inform their customers of such a possibility as CMS approved the then 10, now 8, CMS approved AOs.
  - Some AOs were completely new at that time-
    - There had only really been 3 AOs and the process had always been voluntary, but the mandate made it required for Medicare participation (Coincided with the start of Competitive Bidding)
  - CMS told the accreditors that they (CMS) would be following behind the accreditor to ensure that the organizations were indeed compliant with the Final Quality Standards and would validate their AO survey.

Supplier Standards

- Number 8
  - Permits CMS, or its agents to conduct on-site inspections to ascertain supplier compliance with the requirements of this section. The supplier location must be accessible during reasonable business hours to beneficiaries and to CMS, and must maintain a visible sign and posted hours of operation;

Would a Surprise (Unannounced) Survey Visit be a Complete Survey Visit?

- Most likely not. Most likely it would be an investigation of a complaint that was made.
- BUT it could be a true follow-up from the previous triennial visit, especially if your most recent visit was done because you are a new supplier who received a preliminary accreditation but should be expecting a complete survey within the next few months or had a bad survey.
  - Items that need to be visualized
- As you know, Medicare requires that all surveys be unannounced (became required when the mandate began requiring DME Accreditation in 2008).

Maintaining Readiness

- Many suppliers tend to “gear-up” every three years as their triennial accreditation renewal approaches
  - 2008-2011-2014-2017-2020-2023
  - **This is not a wise approach for a variety of reasons**
- Medicare considers that your accreditation “expires” on your three-year renewal date, so all AOs contact you around 12-18 months in advance. This allows for time for you to:
  - Plan for your survey window (including any blackout dates)
  - Have your unannounced survey
  - Receive and review your survey report
  - Address any deficiencies
  - Write a Plan of Correction for all deficiencies
  - Submit that Plan of Correction
  - Have that Plan accepted (or not, updated Plan then resubmitted)
  - Implement those changes.
  - Your AO then reports your new renewal date and three-year accreditation dates before your current expiration date

Ongoing Readiness

- Meeting The Standards as a Component of Your Daily Operations
  - Patient Admission Paperwork-
    - Welcome Booklet
    - Patient Consents
    - Supplier Standards or Statement provided
    - Assignment of Benefits
  - HR Onboarding for Staff-Process
    - HR Files
      - Signed Job Descriptions/Annual Evaluations
      - Employee Handbook acknowledgement
      - Orientation Checklists
    - Annual Staff Education

DRX 4-6A Orientation Checklist

- Review of the individual's job description, duties performed, and the individual’s role in the organization
- Organizational chart
- Record keeping and reporting
- Confidentiality and privacy of Protected Health Information (PHI) training
- Client's/patient's rights
- Advance Directives, if applicable to the service(s) provided
- Conflict of interest

Orientation Checklist *Continued*

- Written policies and procedures
- Emergency plan
- Training specific to job requirements
- Additional training for special populations, if applicable (e.g., nursing homes, pediatrics, or disease processes with specialized care)
- Cultural diversity
- Communication barriers
- Ethical issues

Orientation Checklist *Continued*

- Professional boundaries
- Performance Improvement (PI) Plan
- Compliance Program
- Conveying of charges for care/service
- Occupational Safety and Health Administration (OSHA) requirements, safety, and infection control
- Orientation to equipment, if applicable as outlined in job description
- Incident/variance reporting
- Handling of client/patient complaints/grievances
- ACHC Accreditation Standards

DRX4-8A Annual Education

- A written education plan is developed and implemented that defines the content, frequency of evaluations, and amount of ongoing in-service training for each classification of personnel. Education plan includes:
  - Emergency/disaster training
  - How to handle grievances/complaints
  - Infection control training
  - Cultural diversity
  - Communication barriers
  - Ethics training
  - Workplace (Occupational Safety and Health Administration [OSHA]), client/patient safety, and components of DRX7-2A
  - Client/patient rights and responsibilities
  - Compliance Program

Tips for Compliance- Annual Education

- At an unannounced/surprise visit, you might be somewhere in the middle of your educational program for the year—which is perfectly reasonable. Be sure you have that calendar documented of what is planned and what has already been accomplished.
- Using a Learning Management System (LMS) is an effective way to accomplish this goal.
  - HealthTrainU, DME Train
  - Be careful with hospital or healthcare system LMS

What Might be one of the First Things a Surveyor Would Ask to See on an Unannounced (Surprise) Survey Visit?

- **Your Complaint Log**

Supplier Standards

Number 13

Must answer questions and respond to complaints a beneficiary has about the Medicare-covered item that was sold or rented. A supplier must refer beneficiaries with Medicare questions to the appropriate carrier. A supplier must maintain documentation of contacts with beneficiaries regarding complaints or questions.

Number 19

Must have a complaint resolution protocol to address beneficiary complaints that relate to supplier standards in paragraph (c) of this section and keep written complaints, related correspondence and any notes of actions taken in response to written and oral complaints. Failure to maintain such information may be considered evidence that supplier standards have not been met. (This information must be kept at its physical facility and made available to CMS, upon request.)

Supplier Standards

Number 20

Must maintain the following information on all written and oral beneficiary complaints, including telephone complaints, it receives:

(i) The name, address, telephone number, and health insurance claim number of the beneficiary.

(ii) A summary of the complaint; the date it was received; the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

(iii) If an investigation was not conducted, the name of the person making the decision and the reason for the decision

Your Complaint Log

- Shows that it is active
- Might be looking for the complaint they are investigating
- Might want to see what other complaints you have documented since your survey occurred

Complaint Log					
Date/Time Received	Received From	Bene HIC#	Complaint	Addressed By/How	Date Resolved

Conduct Mock Surveys at Some Point During Your Three-Year Cycle

Using a Consultant

- Use for first time through accreditation
  - ACHC recommends it
- Very helpful if new staff are now in charge of renewal
  - May not have appropriate experience
  - May have unusual questions
  - Shouldn't overwhelm your ACHC contact
- **PLEASE** use an ACHC Certified Consultant
  - Certification renewed every three years

Conduct a Mock Survey Yourself

- Review admission paperwork/Welcome Booklet/ Signed Consents
- Review HR Files
- Ensure that your sample records show that you have signed, current orders for all items
- Review your PI Data

Tips for Compliance: Conducting Mock Surveys

HUMAN RESOURCE EMPLOYEE FILE REVIEW FORM/CHECKLIST

Organization: _____ **Date:** _____

Name	Date of Hire	Job Title	Job Description	License and Validation	Application Complete	2 References	Orientation	Competency Assessment	Annual Education	Performance Appraisal	Criminal Record Check	Medical File			

Tips for Compliance

- Use Excel to maintain your data base of expirations.
  - License
  - Annual Eval
  - Competency

Name	Date of Hire	Annual Eval	Competency	License Exp

Tips- Use a Personnel File Checklist

Personnel File Checklist

Employee Name: _____ Date of Hire: _____

Completed Probationary Period: _____ Anniversary Date: _____

☐ Completed Orientation Checklist Signed/Dated: _____

☐ Job Description Title: _____ Signed/Dated: _____

☐ Receipt of Employee Handbook Date: _____

☐ Completed Application with Evidence of Interview

☐ Completed Reference Checks

- ☐ Name: _____
- ☐ Name: _____

☐ Criminal Background Check Date Returned: _____

☐ Competency Assessment

Type: _____ Date Completed: _____
Type: _____ Date Completed: _____
Type: _____ Date Completed: _____
Type: _____ Date Completed: _____

☐ Check here if more listed on other side

☐ Current License Type: _____ Valid Though: _____

Validated by: _____ Date: _____

☐ Annual Performance Eval's

□ Year: _____ □ Year: _____ □ Year: _____
□ Year: _____ □ Year: _____ □ Year: _____

☐ Other Items:

_____ _____
_____ _____

Additional Thoughts

- Don’t be afraid of having a surprise survey
- What you are doing in your daily operations should be enough to prove that you are compliant
- You can always follow-up with items you night not have had the chance to provide
- Your accreditor is here to help you, not punish you

Upcoming Education

DMEPOS Accreditation Workshop

Prepare for Accreditation

Virtual • April 10, 2024

This ACHCU workshop is essential for DMEPOS providers preparing for initial or renewal accreditation. The event maximizes value through a live, interactive virtual format.

Questions?

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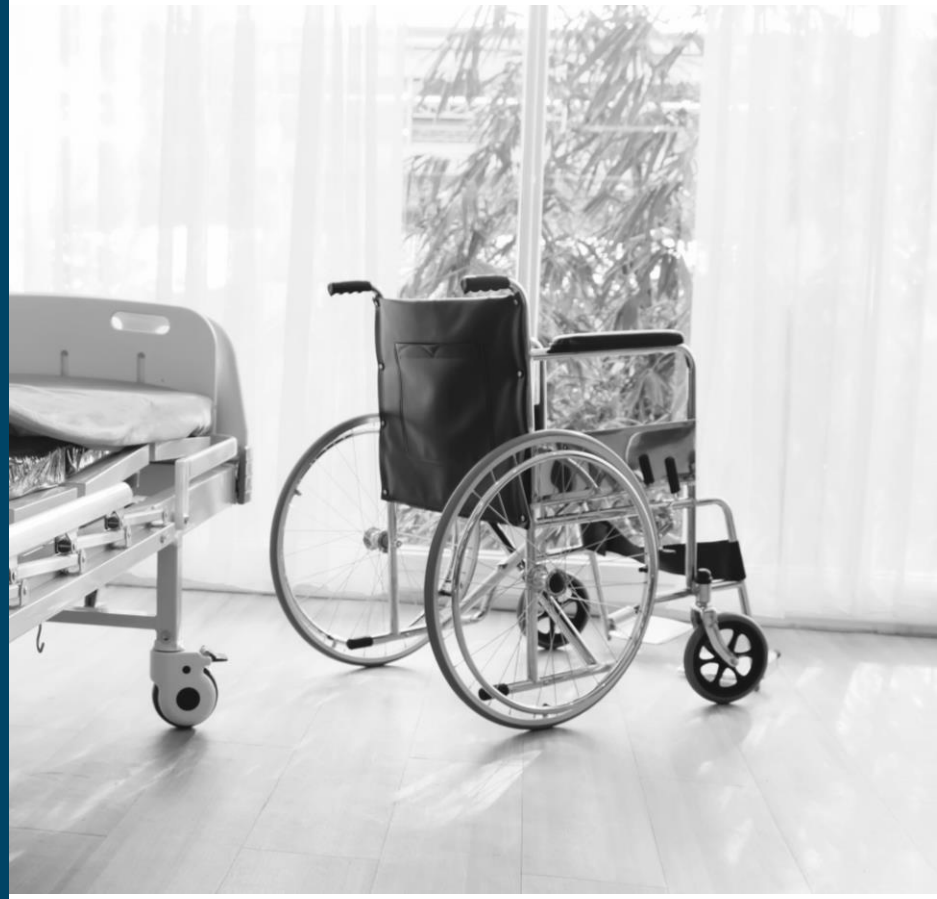

Thank you

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