



THE VALUE OF ACCREDITATION



WHAT ACCREDITATION CAN DO FOR YOU

BECOME A PROVIDER OF CHOICE

Accreditation is a voluntary process of review in which healthcare organizations participate to demonstrate their ability to meet a predetermined set of criteria and standards. It is regarded as one of the key benchmarks for measuring the quality of an organization. Preparing for accreditation will give you the opportunity to identify organizational strengths and areas for improvement.

BECOME A PROVIDER OF CHOICE

- Differentiate your organization from other healthcare providers
- Demonstrate your commitment to quality
- Build recognition and trust among patients and referral sources
- Potentially reduce liability costs
- Enhance your accreditation with an ACHC Distinction

MARKETING ADVANTAGE

- Accreditation is a noteworthy and distinguishing accomplishment that your agency should be proud to display
 - It shows the organization's dedication and adherence to a rigorous set of standards above and beyond the Medicare CoPs
 - It demonstrates a commitment to providing the highest quality of health care to those served
 - It provides assurance for key constituents: providers, payors, physicians, referral sources, and patients
 - It builds TRUST
 - Customers
 - Referral sources

COMMON ALLEGATIONS USED IN LAWSUITS

- Medication and dosage errors
- Failure to report abuse, fall or illness of the patient
- Insufficient licensing and training of staff
- Failure to follow primary physician's orders or treatment services
- Insufficient background checks

-Ultra Risk Advisors, published August 9, 2016

CREATING A CULTURE OF COMPLIANCE

*"On good teams coaches hold players accountable;
on great teams players hold players accountable."*

-Joe Dumars

DEFINITION OF A CULTURE OF COMPLIANCE

- National Hospice and Palliative Care Organization (NHPCO) defines a culture of compliance as:
 - “A compliant organization is one that follows the rules, provides quality patient care, and builds a reputation in the community as a hospice with integrity.”
 - Rules
 - Quality patient care
 - Integrity
- This is applicable to all health care providers

CREATING A CULTURE OF COMPLIANCE

- The survey experience should be an objective evaluation of your agency to ensure policies and procedures, personnel qualifications, clinical practice, agency expectations are being adhered to
- Accreditation Standards: Provide a framework to help create and implement processes that improve operational efficiency
 - Establishment of policies and procedures
 - Establishment of employee qualifications, experience, and ongoing education
 - Establishment of clinical assessment, reassessment, communication, and collaboration
 - Establishment of continuous improvement

CREATING A CULTURE OF COMPLIANCE

- Achieving and maintaining accreditation is a key strategy in creating a culture of compliance
- Preparing for and maintaining a state of survey readiness through:
 - Systematic review of policies and procedures
 - Systematic audit of medical records to ensure clinical practices are followed and implemented
 - Systematic review of personnel records to ensure the highest of standards are being met
 - Systematic review of organizational practice to evaluate internal practices

CREATING A CULTURE OF COMPLIANCE

Development of policies:

- Organization and administration
 - Leadership and governing body expectations
 - Administrator expectations
 - Alternate administrator expectations
 - Conflict of interest
 - Guidelines for care provided under contract
 - Physician licensure verification

CREATING A CULTURE OF COMPLIANCE

- Framework for how services are to be provided
 - Culturally competent care
 - Communication barriers
 - Patient rights
 - Addressing ethical issues
 - Reporting of patient complaints
 - Reporting of suspected abuse or mistreatment of patients
 - Business Associate Agreements
 - Development of a Compliance Program

CREATING A CULTURE OF COMPLIANCE

- Personnel requirements
 - Duties of staff
 - Orientation and annual education requirements
 - Maintenance of personnel records
 - Personnel rights and responsibilities
 - Personnel health and safety requirements
 - Background checks
 - Performance evaluations and disciplinary requirements
 - Competency testing
 - Supervision of staff, non-professionals

CREATING A CULTURE OF COMPLIANCE

- Provision of care
 - Assessment and reassessment of patients
 - Consistency in assessments and plan of care
 - Guidelines regarding communication with physician and patient
 - Eligibility criteria
 - Discharge criteria
 - Transfer criteria

CREATING A CULTURE OF COMPLIANCE

- Continuous improvement
 - Leadership and personnel involvement
 - Monitoring of events that can negatively impact your organization
 - Patient care areas
 - Complaints and grievances
 - Areas that involve risks
 - Area of administrative importance
 - Patient and employee incidents

CREATING A CULTURE OF COMPLIANCE

- Risk management
 - Infection control guidelines
 - Emergency management practices
 - Use of equipment in the provision of care

CREATING A CULTURE OF COMPLIANCE

- Billing practices
 - Development of a budget
 - Receipt and tracking of revenue
 - Billing of clients/patients and third-party payors
 - Notification to the client/patient of changes in reimbursement from third-party payors
 - Collection of accounts
 - Reconciliation of accounts
 - Extension of credit, if applicable
 - Financial Hardship, if applicable
 - Consequences of non-payment, if applicable
 - Assignment of revenue to the appropriate program
 - Retention of financial records per applicable laws and regulations

THE DEFINITION OF A CULTURE OF COMPLIANCE

- Rules
 - Establishment of policy and procedures
 - Federal and state requirements to patient care expectations
 - Staff cannot abide by expectations without established expectations

THE DEFINITION OF A CULTURE OF COMPLIANCE

- Integrity
 - Survey with an AO is an organizational review that focuses on processes that go above and beyond what a state survey would evaluate for:
 - Billing and accounting practices
 - Expectations of organizational leaders
 - Administrator requirements
 - Governing body requirements
 - Establishing a Compliance Program
 - Addressing diverse populations
 - Cultural diversity expectations
 - Communication and language barriers

THE DEFINITION OF A CULTURE OF COMPLIANCE

- Ensuring high-quality patient care:
 - Quality patient care starts with qualified staff
 - States have minimal requirements to determine qualified, competent employees
 - AO's additional requirements :
 - Orientation requirements
 - Annual training requirements
 - Competency requirements
 - On-site observation of staff
 - Performance expectations and disciplinary actions

AVOIDING THE ALTERNATIVE SANCTIONS

CMS EXPECTATIONS

- Expectation is that providers “remain in substantial compliance with Medicare program requirements as well as State law”
 - As defined by 42 CFR 488.705 “Substantial compliance means compliance with all condition-level requirements, as determined by CMS or the State”
- Have continued compliance, rather than cyclical compliance
- Providers take the “initiative and responsibility for continuously monitoring their own performance to sustain compliance”

HOME HEALTH ALTERNATIVE SANCTIONS

- Prior to the implementation of alternative sanctions, the only option for non-compliance was termination within 90 days
- Alternative sanctions allow agencies additional time to come into compliance

WHAT ARE THE ALTERNATIVE SANCTIONS?

- Civil money penalties
- Suspension of payment for new admissions
- Temporary management
- Directed in-service
- Directed plan of correction

CIVIL MONETARY PENALTIES IMPOSED

- Civil Money Penalties (CMPs)
 - Penalty per day for home health's noncompliance (upper range):
 - Minimum: \$16,819
 - Maximum: \$19,797
 - 20 States have imposed CMPs:
 - AR, CO, CT, FL, IA, ID, IN, LA, MA, MI, MN, MO, NH, OH, OK, PA, TN, TX, UT, VA
 - Top 5 states for CMPs (based on dollar amount):
 - OH with \$3.3 million
 - IN with \$2.1 million
 - MI with \$1.8 million
 - MO with \$1.2 million
 - PA with \$913,950

DEEMED STATUS WITH AN AO

- AOs do not impose alternative sanctions on customers with condition-level deficiencies
- Deemed status agencies remain under the jurisdiction of their AO rather than the state for oversight of their ongoing compliance with health and safety standards

EVIDENCE-BASED OUTCOMES

Fazzi Associates' *National State of the Industry Report*

Survey demographics:

- 50 states
- 751 Home Health and Hospice agencies
- Goal of the study:
 - To provide the industry with insights on what technology, practices, and processes are related to better financial, quality, and VBP outcomes
- Two components of all agencies:
 - The must haves (backroom technology, point of care, EHR, telehealth)
 - Strategic choices (operational practices, staffing models, clinical practices, hospice practices, private duty, VBP participation, other)
- Strategic choices
 - Operational practices
 - Agencies with accreditation:
 - **Patient satisfaction star rating 4 or above: 78.4%**
 - **HH compare scores within highest quality quartiles: 55.3%**
 - **Overall operating margin highest profitability quartiles: 53.0%**

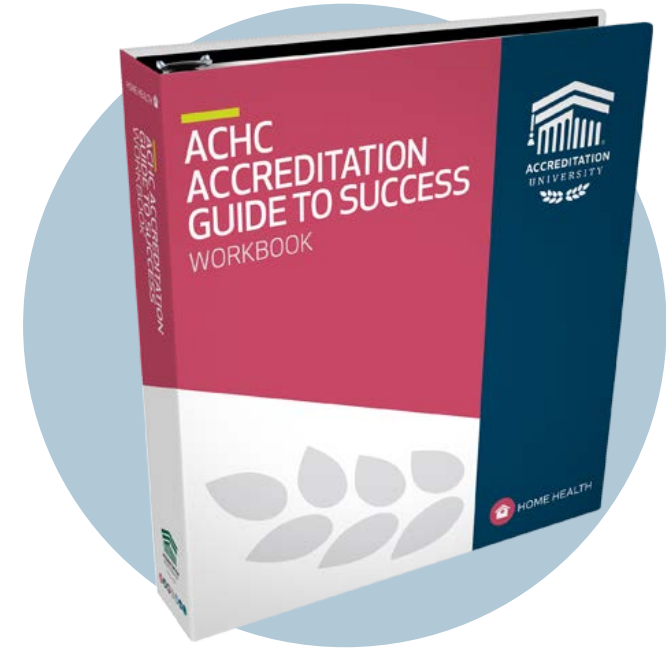
BENEFITS OF PARTNERING WITH ACHC

EDUCATIONAL RESOURCES

- Accreditation University resources
 - Workbooks and workshops
 - Free webinars
- Online resources
 - *The Surveyor* newsletter
 - Regulatory updates
 - Accreditation resources
 - Maintaining compliance checklists
- Email updates
 - “Did You Know?”
 - *ACHC Today* monthly e-newsletter

GUIDE TO SUCCESS WORKBOOK

- Contains helpful hints, sample forms, audit tools and other resources to help you maintain compliance throughout the three year accreditation cycle
- Act as a companion tool for ACHC Accreditation Workshops
- [Accreditationuniversity.com](https://www.accreditationuniversity.com)










REGULATORY UPDATES

- Regulatory updates can be filtered to state-specific issues
- achc.org
 - Resources & Events
 - Regulatory Updates

Regulatory Updates

California Adopted, Proposed, CMS

 PHARMACY	 DMEPOS	 BEHAVIORAL HEALTH	 HOME HEALTH	 HOSPICE	 PRIVATE DUTY	 SLEEP
---	---	--	--	--	---	--

Total of 5 records returned. Page 1 of 1


State: All

Medicare Fraud & Abuse: Prevention, Detection, and Reporting Booklet
Date Posted: 10/1/2016

The Medicare Fraud & Abuse: Prevention, Detection, and Reporting booklet

Learn about:

- Fraud and abuse definitions
- Laws used to fight fraud and abuse
- Government partnerships engaged in fighting fraud and abuse
- Where to report suspected fraud and abuse

[LEARN MORE](#) 

CUSTOMER CENTRAL

- Customer Central is available 24/7 with resources and educational materials designed for your company
- cc.achc.org

The screenshot displays the ACHC Customer Central website. The top navigation bar is green with white text for 'CUSTOMER CENTRAL', 'STANDARDS', 'APPLICATION', 'RESOURCES +', 'EASY PAY', and 'MY ACCOUNT +'. The main content area is divided into two columns. The left column features an 'Account Advisor' section with a photo of Brooke Renn, her contact information (brenn@achc.org, (919) 785-1214 ext. 237, Fax: (919) 785-3011), the ACHC address (139 Weston Oaks Ct., Cary, NC 27513), and links to 'Video Tutorials' and 'PDF Resources'. The right column contains an 'Education Library' section with a description of ACHC's commitment to education, a contact instruction, and dropdown menus for 'Educational Tools', '"Did You Know" Emails', and 'Industry Links'. Below these are sections for 'Surveyor Newsletter' (listing past and present issues) and 'Industry Links' (listing resources for state-specific industry links).

ACHC

CUSTOMER CENTRAL

STANDARDS APPLICATION RESOURCES + EASY PAY MY ACCOUNT +

Account Advisor

Brooke Renn
brenn@achc.org
(919) 785-1214 ext. 237
Fax: (919) 785-3011

ACHC
139 Weston Oaks Ct.
Cary, NC 27513

Video Tutorials
Customer Central Tour
Application Tour
PER "How To"
On-Site Survey
POC "How To"

PDF Resources
Home Health Pre-Survey
Hospice Pre-Survey
DMEPOS Pre-Survey
PER Documents
More Forms >>

Education Library

ACHC is dedicated to providing its customers with up-to-date news and education. Below is a list of educational material that ACHC has provided to customers. You will also find a list of helpful links to industry websites.

Please contact your organization's Account Advisor with any questions.

Educational Tools
Educational program-specific documents for your industry.
-----Please Select-----

"Did You Know" Emails
Review archived program-specific emails.
-----Please Select-----

Surveyor Newsletter
Enjoy past and present issues of the Surveyor, ACHC's biannual publication.



- Winter 2016
- Spring 2015
- Fall 2014
- Spring 2014
- Fall 2013
- Winter 2012
- Spring 2012
- Special Edition 2011
- Fall 2011
- Spring 2011
- Fall 2010
- Spring 2010
- Fall 2009
- Spring 2009
- Fall 2008
- Spring 2008
- Fall 2007
- Spring 2007
- Fall 2006
- Spring 2006
- Spring 2005
- Fall 2004
- Spring 2004

Industry Links
Great resources for state-specific industry links.


DMEPOS
-----Please Select-----


Home Health & Hospice
-----Please Select-----


MAINTAINING COMPLIANCE CHECKLIST

 CUSTOMER CENTRAL STANDARDS APPLICATION RESOURCES +  EASY PAY MY ACCOUNT +

Account Advisor



 Jeff East
jeast@achc.org
(919) 785-1214 ext. 364
Fax: (919) 785-3011

 Continued Compliance

ACHC is here to help you maintain ongoing compliance and employ industry best practices. Below are continued compliance checklists for each program. Select your program to expand and then click to download the checklists.

HOME HEALTH ▼

Renewal Accreditation 12 Month checklist 24 Month checklist

Home Health Items Needed for Survey

MAINTAINING COMPLIANCE

RENEWAL ACCREDITATION COMPLIANCE RESOURCES



PROTECT YOURSELF WITH ACHC ACCREDITATION

Let us help you to maintain compliance in an ever-changing regulatory environment. ACHC to complete your Medicare recertification survey can significantly reduce the risk of an alternative sanction imposed upon your home health agency. Having a strong compliance program achieving and maintaining ACHC Accreditation is a key strategy. Since ACHC surveys are conducted by providers, and incorporate the Medicare Conditions of Participation, choosing to become accredited greatly reduces the risk of financial penalties.

In addition to the widely recognized benefits of accreditation, the way ACHC will help you avoid these sanctions:

- Condition-level and standard-level violations cited during ACHC surveys are not subject to the alternative sanctions.
- For providers who have deemed status, Centers for Medicare & Medicaid Services only conducts on-site surveys for complaint or validation purposes, the risk of an on-site visit during which sanctions could be imposed is significantly reduced.
- New home health agencies are frequently less familiar with the regulatory environment. ACHC Accredited providers have access to a variety of resources, as well as the support and guidance of Surveyors with industry-specific experience aimed at helping them achieve and maintain accreditation.

CMS identified the upper range for Civil Monetary Penalties (CMPs) for home health agencies. So far 20 states have imposed CMPs: AR, CO, CT, FL, IA, ID, IL, IN, LA, MD, MN, NY, OH, TX, UT, VA. The top 5 states for CMPs based on dollar amount are:

1. OH: \$3.3 million
2. IN: \$2.1 million
3. MI: \$1.8 million
4. MD: \$1.2 million
5. PA: \$913,950

Utilize the 12 Month and 24 Month Compliance Checklists to assist with the CoPs along with the ACHC Accreditation Standards and the Accreditation 12-Month Compliance Checklist (Home Health) and Accreditation 24-Month Compliance Checklist (Home Health).

[665] Revised: 11/06/2017

ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST



Use this checklist, along with the Medical Record Audit tool and the Personnel File Audit tool, to ensure your organization is in compliance with applicable local, state, and federal regulations. This checklist is intended to replace your own comprehensive review of ACHC Accreditation Standards. For any areas found to be out of compliance, it is intended that a plan of correction be implemented and results monitored for compliance.

SECTION 1: ORGANIZATION AND ADMINISTRATION

Standard	Expectation
HH-1A	All applicable licenses and permits are current and posted.
HH-1A.01	Federal and state posters are posted.
HH-1B	Any changes in ownership or of managing employees have been reported.
HH-2A	Governing body minutes are properly documented.
HH-2A.03	New governing body members have been oriented.
HH-4A.01	Any conflict of interest has been properly disclosed.
HH-5A	Administrator or other pre-designated individual is qualified during all operating hours.
HH-5A.01	Annual evaluation of the Administrator has been completed.
HH-6A	Organizational chart is up to date.
HH-6B	Clinical manager or other pre-designated individual is qualified during all operating hours.
HH-6C	Evidence is available to demonstrate the parent agency is in compliance with all applicable laws, rules, and regulations.
HH-7A	At least one service is provided directly by employee.
HH-8A	OASIS data is collected on appropriate patients.
HH-8B	OASIS data is reported within 30 days of completing the clinical and data audits verify that collected OASIS data is accurate.
HH-9A.01	Negative outcomes from sanctions, regulatory inspections, have been reported, if applicable.
HH-10A	All contracts for direct care have been reviewed as required by the contract and the HHA does not have any contracts with providers who are not ACHC Accredited.

[514] Revised: 11/03/2017
Accreditation 12-Month Compliance Checklist (Home Health)

ACCREDITATION 24-MONTH COMPLIANCE CHECKLIST



Use this checklist, along with the Medical Record Audit tool and the Personnel File Audit tool, to ensure your organization is in compliance with applicable local, state, and federal regulations. This checklist is intended to replace your own comprehensive review of ACHC Accreditation Standards. For any areas found to be out of compliance, it is intended that a plan of correction be implemented and results monitored for compliance.

SECTION 1: ORGANIZATION AND ADMINISTRATION

Standard	Expectation
HH-1A	All applicable licenses and permits are current and posted.
HH-1A.01	Federal and state posters are posted.
HH-1B	Any changes in ownership or of managing employees have been reported.
HH-2A	Governing body minutes are properly documented.
HH-2A.03	New governing body members have been oriented.
HH-4A.01	Any conflict of interest has been properly disclosed.
HH-5A	Administrator or other pre-designated individual is qualified during all operating hours.
HH-5A.01	Annual evaluation of the Administrator has been completed.
HH-6A	Organizational chart is up to date.
HH-6B	Clinical manager or other pre-designated individual is qualified during all operating hours.
HH-6C	Evidence is available to demonstrate the parent agency is in compliance with all applicable laws, rules, and regulations.
HH-7A	At least one service is provided directly by employees of the agency.
HH-8A	OASIS data is collected on appropriate patients.
HH-8B	OASIS data is reported within 30 days of completing the clinical and data audits verify that collected OASIS data is accurate.
HH-9A.01	Negative outcomes from sanctions, regulatory inspections, have been reported, if applicable.
HH-10A	All contracts for direct care have been reviewed as required by the contract and the HHA does not have any contracts with providers who are not ACHC Accredited.

[515] Revised: 10/31/2017
Accreditation 24-Month Compliance Checklist (Home Health)



FOR PROVIDERS,
BY PROVIDERS.™

ITEMS NEEDED FOR ON-SITE SURVEY

MEDICARE CERTIFICATION AND RECERTIFICATION



Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Number of unduplicated admissions per Medicare provider number during the past 12 months (or since start of operation if less than one year)
- Number of unduplicated admissions per branch location served under the parent Medicare provider number during the past 12 months (or since start of operation if less than one year)
- Current patient census, complete with start-of-care date, admitting diagnosis and disciplines providing care
- Current schedule of patient visits
- Discharge/transfer patient census for past 12 months (or since start of operation if less than one year)
- Most recent OASIS Reports, such as Adverse Outcome, Risk Adjusted Outcome, Case Mix, Submission Statistics, and Error Summary (N/A for initial Medicare Certification surveys)
- Personnel list with title, discipline and hire date (including direct care and contract staff)
- Any survey results from the past year
- Admission packet and education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plans of Correction based on identified deficiencies along with audit results

Annual requirements are not applicable to agencies in operation for less than one year. Unduplicated admissions refer to all patients admitted one time during the past 12 months regardless of payer.

ACHC Standard	Required Item	Located
HH-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
HH-1A.01	Access to policies and procedures manual with the following policies flagged: <ul style="list-style-type: none">• HH-2A Patient rights and responsibilities policy• HH-2A Informed Consent and Refusal of Care policy• HH-2A.01 Compliance Program• HH-4B.01 Personnel policies/employee handbook• HH-5B HIPAA policies• HH-7B Emergency Preparedness Plan/Policy	
HH-1A.01	All required federal and state posters are placed in a prominent location	
HH-1B	Current BSA/CMS approval letter	

Revised 11/28/2017
[538] Items Needed for Survey-Home Health

Page 1 of 4 | achc.org

FOLLOW UP

- Complete your renewal application approximately 9 months before your accreditation expires
- Any questions, contact your Account Advisor



QUESTIONS?

(855) 937-2242 | [achc.org](https://www.achc.org)