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
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 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
REGULATORY UPDATES

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

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

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

HOMEPAGE

Let us help you maintain compliance in an ever-changing regulatory environment. ACHC-accredited providers are required to maintain compliance with ACHC standards and procedures. To ensure your organization is compliant, use our 12-month and 24-month Accreditation Checklists. These checklists are designed to help you identify areas of compliance and address any gaps in your organization’s operations.

SECTION 3: ORGANIZATION AND ADMINISTRATION

Standard

H8-A

H8-B

H8-C

H8-D

H8-E

H8-F

H8-G

H8-H

H8-J

H8-K

H8-L

H8-M

H8-N

H8-O

H8-P

H8-Q

H8-R

H8-S

H8-T

H8-U

H8-V

H8-W

H8-X

H8-Y

H8-Z

Expectation

Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established. Applicable laws and regulations have been determined and adherence policies and procedures have been established.

SECTION 4: ORGANIZATION AND ADMINISTRATION

Standard

H9-A

H9-B

H9-C

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H9-I

H9-J

H9-K

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H9-M

H9-N

H9-O

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H9-Q

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H9-Z

Expectation

Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed. Terminated and dismissed personnel are listed.
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