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ACHC CERTIFIED CONSULTANT TRAINING

JUNE 2018



DMEPOS



PHARMACY



ACHC CERTIFIED
CONSULTANT

ACCREDITATION COMMISSION *for* HEALTH CARE

CERTIFIED CONSULTANT TRAINING



 ACCREDITATION UNIVERSITY

ACHC CERTIFIED CONSULTANT TRAINING

DMEPOS & PHARMACY

Wi-Fi: **ACHC-Guest**
Password: **ACHC-Guest**



NOTES



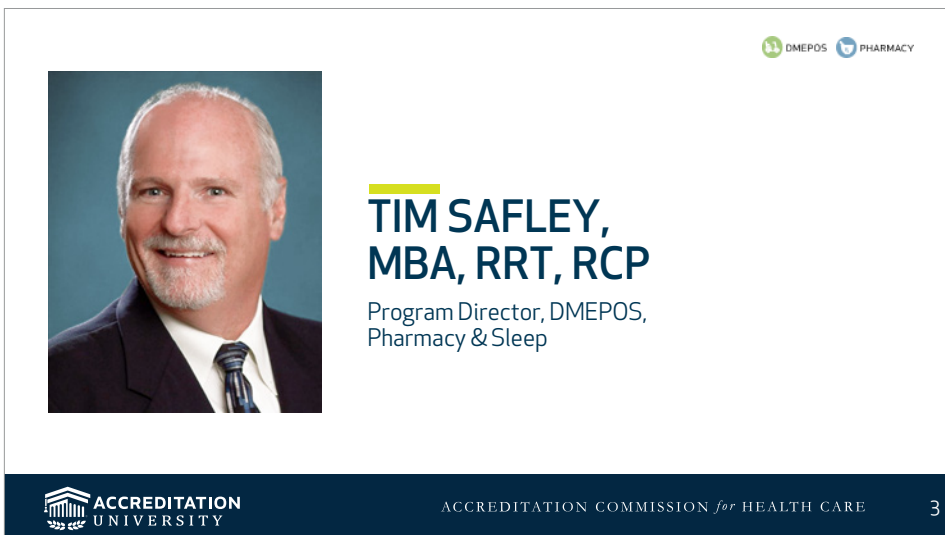




GREG STOWELL


EDUCATION & CONSULTING MANAGER

 ACCREDITATION UNIVERSITY

ACCREDITATION COMMISSION *for* HEALTH CARE 2






TIM SAFLEY, MBA, RRT, RCP

Program Director, DMEPOS,
Pharmacy & Sleep

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NOTES



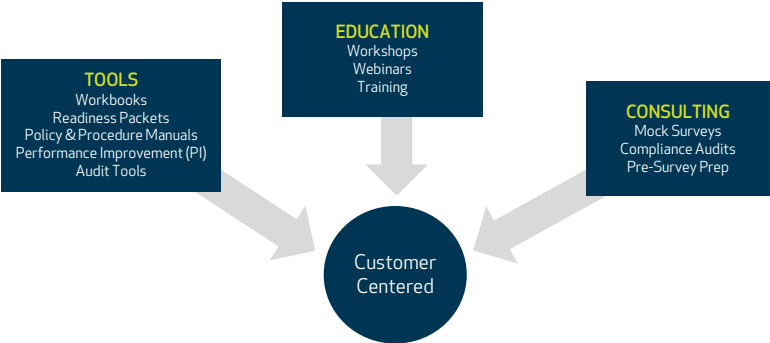

JOSÉ DOMINGOS
CEO



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ACCREDITATION UNIVERSITY




TOOLS
Workbooks
Readiness Packets
Policy & Procedure Manuals
Performance Improvement (PI)
Audit Tools

EDUCATION
Workshops
Webinars
Training

CONSULTING
Mock Surveys
Compliance Audits
Pre-Survey Prep

Customer Centered



ACCREDITATION COMMISSION *for* HEALTH CARE 5

WELCOME

- Housekeeping Items



Restrooms



No Smoking



Breaks



Lunch



Evaluations



ACCREDITATION COMMISSION *for* HEALTH CARE 6

CERTIFIED CONSULTANT TRAINING

ACCREDITATION UNIVERSITY

- Chelsie Cranford, Marketing Associate
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ACCREDITATION COMMISSION *for* HEALTH CARE

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LEARNING OBJECTIVES

- Understand ACHC requirements for DMEPOS and Pharmacy Accreditation
- Become familiar with the initial and renewal accreditation process
- Learn how to prepare an organization for its accreditation survey
- Establish expectations for your role as a certified consultant
- Take a detailed look at the post-survey process (Plan of Correction)
- Review “common” deficiencies
- Review core ACHC standards and common questions
- We are NOT providing a standard-by-standard review today for all programs; focus will be on core standards and the accreditation process
- Certified consultants are expected to be experts on ACHC standards

ACCREDITATION COMMISSION *for* HEALTH CARE

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ABOUT ACHC

- Nationally recognized accreditation organization with 30 years of experience
- CMS Deeming Authority for Home Health, Hospice, and DMEPOS
- Recognition by major third-party payors
- Approved to perform state licensure surveys
- First accreditation organization with a Quality Management System certified to ISO 9001:2008
- Partnership with Det Norske Veritas (DNV)

ACCREDITATION COMMISSION *for* HEALTH CARE

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NOTES

ACHC MISSION & VALUES

Our Mission

Accreditation Commission for Health Care (ACHC) is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation and related services.

Our Values

- Committed to successful, collaborative relationships
- Flexibility without compromising quality
- Each employee is accountable for his or her contribution to providing the best possible experience
- We will conduct ourselves in an ethical manner in everything we do

EXPERIENCE THE ACHC DIFFERENCE

- Standards created for providers, by providers
- All-inclusive pricing – no annual fees
- Personal Account Advisors
- Commitment to exceptional customer service
- Surveyors with industry-specific experience
- Dedicated clinical support
- Dedicated regulatory support



CONSULTATIVE SURVEY APPROACH

- ACHC Values drive the survey approach:
 - Consultative, but not consultants
 - Flexibility without compromise
 - Consistency in interpretation of requirements
 - Accuracy in reporting findings/observations
 - Offering organizations the opportunity to clarify or correct deficiencies

CERTIFIED CONSULTANT TRAINING

ACHC PROGRAMS & SERVICES

HOME HEALTH
 Home Health Aide
 Medical Social Services
 Occupational Therapy
 Physical Therapy
 Skilled Nursing
 Speech Therapy

HOSPICE
 Hospice Inpatient Care
 Hospice Care

PRIVATE DUTY
 Private Duty Aide
 Private Duty Companion/Homemaker
 Private Duty Infusion Nursing
 Private Duty Nursing
 Private Duty Occupational Therapy
 Private Duty Physical Therapy
 Private Duty Speech Therapy
 Private Duty Social Work

DMEPOS
 Community Retail
 Clinical Respiratory Care Services
 Fitter
 Home/Durable Medical Equipment
 Medical Supply Provider
 Complex Rehabilitation and Assistive
 Technology Supplier

SLEEP
 Sleep Lab/Center
 Home Sleep Testing

AMBULATORY CARE
 Convenient Care Clinics

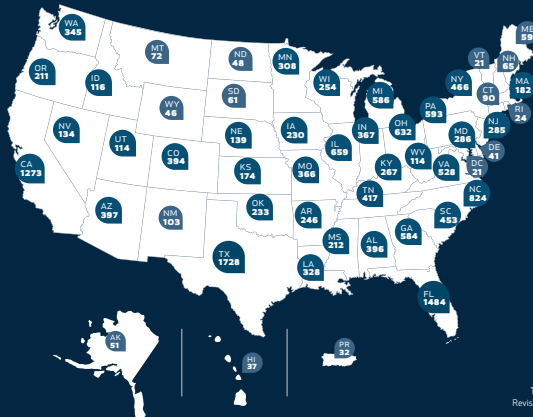
BEHAVIORAL HEALTH
 ACHC offers a variety of Behavioral Health services to suit your accreditation needs. Contact ACHC for details or visit achc.org for a complete listing of services available.

PHARMACY
 Ambulatory Infusion Center
 Infusion Nursing
 Infusion Pharmacy
 Specialty Pharmacy
 > SRX without DMEPOS
 Long Term Care Pharmacy
PCAB Accreditation (A Service of ACHC)
 > Non-Sterile Compounding (Ref. USP <795>)
 > Sterile Compounding (Ref. USP <797>)
 ACHC Inspection Services (AIS)

DISTINCTIONS*
 Distinction in Behavioral Health
 Distinction in Hazardous Drug Handling (Ref. USP <800>)
 Distinction in Infectious Disease Specific to HIV
 Distinction in Nutrition Support
 Distinction in Oncology
 Distinction in Palliative Care

*The provider must be accredited with ACHC to be eligible for a distinction service

NOTES



ACHC PHARMACY ACCREDITATION

- Why so many programs?
- Do I need multiple accreditations?
- What about PCAB?
- What options do I have if I want to add services after my SRX survey?
- How does ACHC Inspection Services (AIS) compare to accreditation and do I need both?

Pharmacy Services:
 AIC - Ambulatory Infusion Center
 IRN - Infusion Nursing
 IRX - Infusion Pharmacy
 SRX - Specialty Pharmacy
 SRX Only - SRX without DMEPOS
 LTC - Long Term Care Pharmacy
PCAB Accreditation
 CFNS - Non-Sterile Compounding (Ref. USP <795>)
 CFST - Sterile Compounding (Ref. USP <797>)
 AIS - ACHC Inspection Services
Distinctions*
 ONC - Distinction in Oncology
 HDH - Distinction in Hazardous Drug Handling (Ref. USP <800>)
 HIV - Distinction in Infectious Disease Specific to HIV

*The provider must be accredited with ACHC to be eligible for a distinction service.

TODAY'S LEARNING GUIDE

ACHC Accreditation Guide to Success workbook

- DMEPOS:
 - Includes Medicare Part B
 - Includes all DMEPOS services
- Pharmacy:
 - Includes Specialty, Infusion, AIS
 - We will use the Pharmacy book for today's presentation



ENSURING ACHC QUALITY

- CMS deeming authority
- ISO certification
- Customer satisfaction
- Complaint investigation
- Internal audits
- Quality council
- Surveyor expertise

CERTIFIED CONSULTANT TRAINING

CMS DEEMING AUTHORITY

- Maintaining deeming authority carries great distinction, as well as significant requirements and responsibilities
- Deeming authority has been granted to accreditation organizations (AOs) that can demonstrate that their accreditation programs meet or exceed Medicare requirements in accordance with the Social Security Act
- Home health and hospice: Organizations must demonstrate compliance with the Medicare Conditions of Participation (CoPs)
- ACHC's home health disparity rate for validation surveys is superior to other AOs
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) organizations must demonstrate compliance with the Centers for Medicare & Medicaid Services (CMS) Quality Standards

ISO CERTIFICATION

- ISO certification is a voluntary peer review process
- ACHC's Quality Management System (QMS) was first certified in 2004:
 - Annual survey is conducted
 - A principle requirement of our QMS is that it must *"meet customer, statutory, and regulatory requirements"*
 - This is accomplished by following consistent processes and time frames, monitoring performance, and implementing improvements
 - Site assessor verifies whether our QMS Manual and associated documents continue to meet ISO standards

CUSTOMER SATISFACTION

- Customer Satisfaction data is collected through electronic and phone surveys
- Report containing the Customer Satisfaction Scores is created monthly and submitted to the Account and Clinical Managers
- Cumulative reports are generated quarterly whereby comments and scores are reviewed and shared with staff
- Any negative comments or low scores are escalated and the customer is contacted

NOTES

CUSTOMER SATISFACTION

ACHC is committed to providing the best possible experience.

98%

of our customers regard their experience with ACHC as positive.

"There was time, attention and excellent feedback given by ACHC/PCAB at every point of the process."

– PHARMACY, FOLCROFT, PA

Customer Satisfaction Survey data gathered from 7/2015-present.



98%

of our customers would recommend ACHC.

"ACHC standards certainly improved our compounding pharmacy in terms of quality and control!"

– PHARMACY, HAVERTOWN, PA



THE BEST POSSIBLE EXPERIENCE FOR CONSULTANTS

- Accreditation Commission for Health Care (ACHC) is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals who seek accreditation and related services.

RECOGNITION AS INDUSTRY LEADER

- ACHC/PCAB acceptance
- Industry recognition
- Regulatory recognition
- Payor recognition

CERTIFIED CONSULTANT TRAINING



NOTES

ROLE OF THE CONSULTANT

- To only provide consulting services in areas of expertise
- To provide guidance to organizations seeking ACHC Accreditation
- To assist organizations in achieving compliance with ACHC requirements
- To review the organization's policies and procedures to ensure they meet ACHC/PCAB standards
- To help organizations navigate the application process
- To assist organizations in pre-survey training and audits
- To collaborate with ACHC Surveyors and staff in order to assist organizations with the ACHC Accreditation process
- To partner with ACHC as we continue to strive to provide the best possible experience and to assist our customers in providing the highest quality of patient care

ROLE OF THE CONSULTANT (CONT.)

- To assist customers in the Plan of Correction (POC) process and develop strategies to ensure ongoing compliance
- To provide specialized guidance and expertise to ACHC customers
- To abide by the policies and procedures regarding the ACHC survey process
- To encourage customers to utilize the resources on Customer Central in order to maintain compliance

COMMUNICATING WITH ACHC

- Customer's permission:
 - Notify the Account Advisor
 - Customer can provide you with access to their data
- During the survey, be accessible for questions and guidance
- After the survey, customer should address all questions to their Account Advisor

ACCOUNT ADVISORS

- Personal Account Advisors:
 - Primary contact with customers
 - Assigned once a customer creates an account
 - Assist customers with the ACHC survey process
 - Questions that cannot be answered by them will be answered by the appropriate Clinical Manager

CONFLICT OF INTEREST

- ACHC Certified Consultants who are also ACHC Surveyors cannot perform a survey for an agency for which they have also acted as a Consultant
- ACHC Certified Consultants who are also ACHC Surveyors should not use their Surveyor position as a marketing tool
- Workbooks and other tools are proprietary information

CERTIFIED CONSULTANT TRAINING

ONGOING EXPECTATIONS

- Remain up to date with ACHC standards as well as policies and procedures:
 - *Did You Know emails*
 - Regulatory updates on Customer Central
 - *The Surveyor Newsletter*
- Remain up to date on the Medicare Quality Standards, supplier standards, specific state requirements, as well as other applicable regulations
- Attend Certified Consultant Training every two years

NOTES

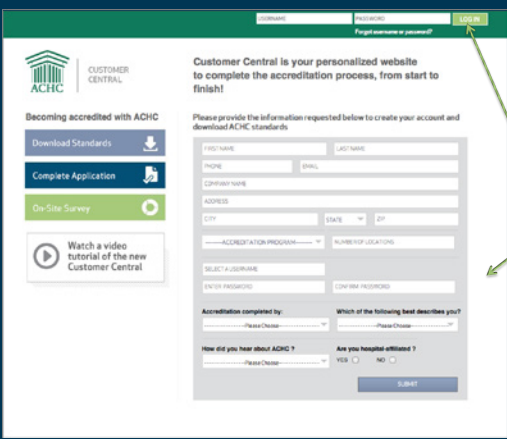
BREAK



GETTING STARTED

Overview of the Accreditation Process

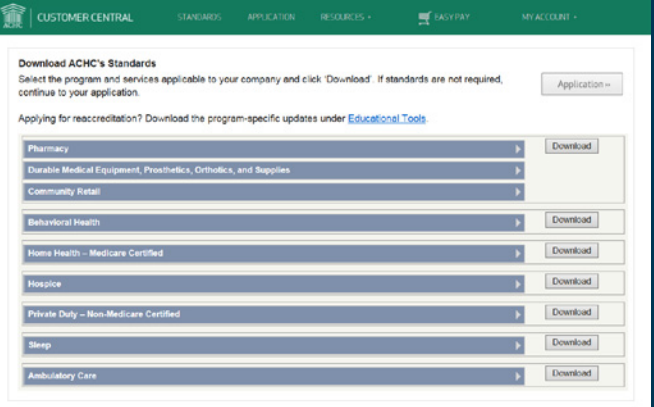
NOTES



Go To: cc.ACHC.org

Log in above, or create a new account below.

ACCREDITATION UNIVERSITY ACCREDITATION COMMISSION *for* HEALTH CARE 34



Once inside your client's account, encourage them to purchase standards.

This allows continuous access to the standards.

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DOWNLOAD STANDARDS



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CERTIFIED CONSULTANT TRAINING

Account Service Team

Welcome, Home Care Company

GET STANDARDS NEW APPLICATION RENEWAL

In Progress

APPLICATION	DATE SUBMITTED	TYPE	STATUS	LAST UPDATED
You do not have any applications in progress.				

Accreditation History

COMPANY	DATE SUBMITTED	PAYMENT	ACCREDITATION DATE	STATUS
You do not have any accreditation history.				

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NOTES

If this is your client's first time with ACHC Accreditation, click the "NEW APPLICATION" button.

If you're in an existing accredited account (like shown), you can click on the "RENEWAL" button to save time.

ONLINE APPLICATION

- NEW APPLICATION or RENEWAL
- Main office:
 - Profile
 - Location
 - Contacts
 - Services
- Additional locations –branch locations
- Blackout dates
- Unduplicated admissions
- Services provided

PER CHECKLIST

PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST

FOR PROVIDERS BY PROVIDERS

PHARMACY ACCREDITATION

This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for initial Pharmacy accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the request items listed below.

Request items to be submitted to the Accreditation Commission for Health Care (ACHC):

- Accreditation application
- Non-refillable dispensing
- Organization's information packet that is given to the clients where the client is provided equipment, services or products
- Medication provider must demonstrate that they are giving the beneficiaries all of the registration/notification that is notified in the CMS Quality and Supplier Standards. This would not be applicable to any non-Medicare providers
 - It is preferred that this information be provided to ACHC in digital format
- Organization's chain of custody
- Any current citation(s) from a federal or state agency (e.g. FDA, Board of Pharmacy, etc.)
- If the pharmacy performs sterile compounding, or under the protocols that outline the process of compounding
 - These are in the form of policies that meets the ACHC Accreditation Standards or under the complete procedures that are followed for the compounding process

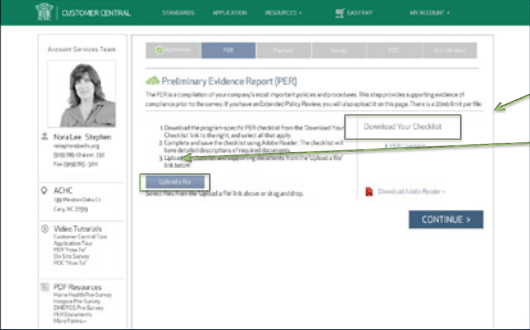
Confirmation of the following (detail in spaces provided):

- I attest that the organization possesses all policies and procedures as required by the ACHC Accreditation Standards.
- Organization has signed/signed/initials, or can provide 5 mock files at the time of survey if equipment or supplies have not been provided.
- I acknowledge that this organization will be in compliance with ACHC Accreditation Standards as of (date)

Using the authority to represent this organization, verify that _____ (organization's signatory) has met the above requirements for survey. Failure to meet any of the all-mentioned requirements when the ACHC Surveyor arrives on site may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements. Agree that during the accreditation with ACHC that I receive any citation(s) from a federal or state agency that will notify ACHC within ten (10) calendar days.

(Name) _____ (Title) _____

NOTES



First download the correct PER Checklist.

Completely fill out the PER Checklist and upload with supporting documents.

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EXTENDED POLICY REVIEW

- Optional review of complete policies and procedures by an ACHC Surveyor to determine compliance prior to the on-site survey
- Feedback from an ACHC Surveyor regarding the alignment of agency's policies and procedures to ACHC Accreditation Standards
- Option to purchase through the Customer Central portal
- Customized Reference Guide for Required Documents; Policies and Procedures available as a download

DMEPOS ADDENDUM

- As part of your application process, you will be asked to complete a section titled "DMEPOS Supply Categories"
- It is very important that this information is completed accurately for each location
- You will be asked to verify whether each branch location will bill Medicare and will have a Medicare number
- Only select the codes for items that each location is actually providing; you should not select codes for items you hope to provide in the future
- Your application addendum guides ACHC to ensure we have the proper accreditation programs and tools selected for your survey, and that we send a Surveyor with the necessary expertise



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ADDENDUM

- During your survey your Surveyor will fill out and ask you to sign a new DMEPOS Addendum
- The Surveyor can only include items for which your organization can fill an order the day of the survey
- You cannot add codes on your survey day that were not included in your application, as those additions may require additional standards, P&P, or specially trained/licensed personnel and could move you into a new accreditation category, e.g. OR01, S02-S03, M08-9A, PE05
- Make sure your application includes all addendum items you provide

SURVEY ADDENDUM

DMEPOS PHARMACY

Legal Name: _____ Company ID: _____

Company Type: DMEPOS (Medical, External, Durable, Prosthetic, Orthotic) Pharmacy (Retail, Mail Order, Compounding, etc.)

Survey Date: _____

Company Address: _____

Company Phone: _____

Company Email: _____

Company Website: _____

Company Description: _____

Company Services: _____

Company Products: _____

Company Suppliers: _____

Company Certifications: _____

Company Licenses: _____

Company Insurance: _____

Company Compliance: _____

Company Accreditation: _____

Company Registration: _____

Company Other: _____

Company Signature: _____ Date: _____

NOTES

ADDENDUM

- ACHC must know the states in which you are supplying products
- Many states require license to ship or deliver products into their borders
 - It is your responsibility to have the appropriate license or documentation as to why you believe you do not need one
- An addendum item cannot be included without the proper state license

STATE FORM

DMEPOS PHARMACY

Company Name: _____ Company ID: _____

Address: _____

Check all states that you are currently doing business in for each location. This includes delivery and shipping services. Organization must have appropriate license per state.

State	Ship to State	State	Ship to State
Alabama	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	Montana	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>
California	<input type="checkbox"/>	Nevada	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>
District of Columbia	<input type="checkbox"/>	New York	<input type="checkbox"/>
Florida	<input type="checkbox"/>	Ohio	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	Oregon	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>
Illinois	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>
Indiana	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>
Iowa	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>
Kansas	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>
Kentucky	<input type="checkbox"/>	Texas	<input type="checkbox"/>
Louisiana	<input type="checkbox"/>	Utah	<input type="checkbox"/>
Maine	<input type="checkbox"/>	Vermont	<input type="checkbox"/>
Maryland	<input type="checkbox"/>	Virginia	<input type="checkbox"/>
Massachusetts	<input type="checkbox"/>	Washington	<input type="checkbox"/>
Michigan	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>
Minnesota	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>
Mississippi	<input type="checkbox"/>	Wyoming	<input type="checkbox"/>
Missouri	<input type="checkbox"/>		
Montana	<input type="checkbox"/>		

Company Signature: _____ Date: _____

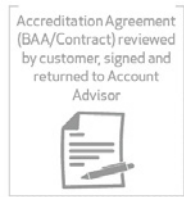
DMEPOS ADDENDUM

- What happens if I need to add a product or service at some time after my accreditation visit?
- Changes to product codes are common and ACHC has provided you with the ability to add product codes by submitting a simple form found on Customer Central: My Account, Edit Company Info, Add/Remove Product Codes, and download the "DMEPOS Product Addition Packet"
- Just complete the required information and submit to your Account Advisor

STEP 5: AGREEMENT



CUSTOMER CENTRAL™



14 Calendar Days

Payment Information

Deposit Received: <<<INSERT DEPOSIT AMOUNT HERE>>>
 Discount (if applicable): <<<INSERT DISCOUNT AMOUNT HERE>>>

Remaining Balance: <<<REMAINING BALANCE>>>

<<<FIRST PAYMENT>>> Due on line upon execution of this Agreement.

<<<SECOND PAYMENT>>> Due 12 months from date of the Accreditation Decision Letter.

<<<THIRD PAYMENT>>> Due 24 months from date of the Accreditation Decision Letter.

Payment Method:

I wish to pay my bill online (as small work checks online payment will be sent following the execution of this agreement)

I wish to receive a paper invoice for payment

SO WHEN AM I OFFICIALLY "IN PROCESS?"

- Completed application (online)
- Deposit (online)
- Completion and return of PER (online)
- Signed and returned Accreditation Agreement
- When will your survey be conducted?
 - New application – Some point after "Date of Readiness" (excluding blackouts)
 - Renewal – Based on when you apply and when accreditation expires



CUSTOMER CENTRAL REGULATORY RESOURCES



CERTIFIED CONSULTANT TRAINING

cc.achc.org » MY ACCOUNT » Edit Company Info

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NOTES

EDIT COMPANY INFORMATION

Company Information
The options below are for companies that are currently accredited and need to make changes to their company information. Select the item for further instructions.

- NAME CHANGE [Open]
- ADD BRANCH [Open]
- CHANGE OF LOCATION [Open]
- ADD/REMOVE PRODUCT CODES [Open]
- ADD/REMOVE SERVICES [Open]
- CHANGE OF OWNERSHIP [Open]
- NOTIFICATION OF CHANGE FOR ADMINISTRATOR/DIRECTOR OF NURSING [Open]

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BRANCH ADDITION

Company Information
The options below are for companies that are currently accredited and need to make changes to their company information. Select the item for further instructions.

ADD BRANCH [Open]

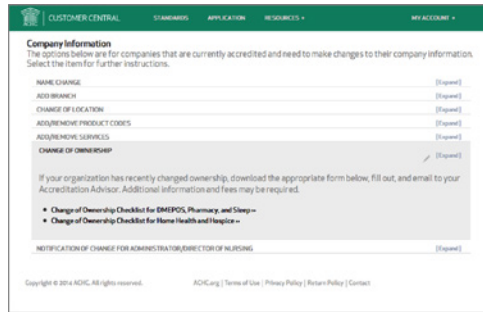
To add a branch to your organization, download the appropriate form below, fill out, and email to your Accreditation Advisor. Additional information and fees may be required.

- **SNF/RSN Branch Addition Packet** - [Open]
- **Private Duty Branch Addition Packet** - [Open]
- **Home Health Branch Addition Packet** - [Open]
- **Therapy Multiple Location Branch Addition Packet** - [Open]
- **Florida Home Care Agencies Branch Addition Packet - New License Required** - [Open]
- **Florida Branch Addition Packet - License Under Parent Location** - [Open]

CHANGE OF LOCATION [Open]
ADD/REMOVE PRODUCT CODES [Open]
ADD/REMOVE SERVICES [Open]
CHANGE OF OWNERSHIP [Open]
NOTIFICATION OF CHANGE FOR ADMINISTRATOR/DIRECTOR OF NURSING [Open]

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CHANGE OF OWNERSHIP



CUSTOMER CENTRAL | STAFF | APPLICATION | RESOURCES | MY ACCOUNT

Company Information
The options below are for companies that are currently accredited and need to make changes to their company information. Select the item for further instructions.

NAME CHANGE [Expand]

ADD BRANCH [Expand]

CHANGE OF LOCATION [Expand]

ADD/REMOVE PRODUCT CODES [Expand]

ADD/REMOVE SERVICES [Expand]

CHANGE OF OWNERSHIP [Expand]

If your organization has recently changed ownership, download the appropriate form below, fill out, and email to your Accreditation Advisor. Additional information and fees may be required.


- Change of Ownership Checklist for DMEPOS, Pharmacy, and Sleep
- Change of Ownership Checklist for Home Health and Hospice

NOTIFICATION OF CHANGE FOR ADMINISTRATOR/DIRECTOR OF NURSING [Expand]

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EDUCATION LIBRARY

Account Services Team



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

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: [Dropdown]


"Did You Know" Emails
Review archived program-specific emails.
Please Select: [Dropdown]

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 2005
- Spring 2005
- Spring 2005
- Fall 2004
- Spring 2004

CONTINUED COMPLIANCE

Account Services Team



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

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 [Dropdown]

6 Month checklist | 12 Month checklist | 24 Month checklist | 30 Month checklist

CERTIFIED CONSULTANT TRAINING

ACCOUNT ADVISORS (AA)

- Key resource in navigating the accreditation process
- Experts on the process, but not Pharmacists
- If asking a regulatory or pharmacy practice question, your AA will direct your question to the appropriate clinical or regulatory department
- Phone calls are good, but a well-worded email can help get you the most accurate answers
- Customer Central and your workbook answer many of the most common process questions
- One question they cannot answer: *When is my survey?*

ACHC STANDARDS

ACHC STANDARDS

Program
Pharmacy
Services
Specialty Pharmacy Only Services, Specialty Pharmacy Services

ACHC STANDARDS

- ACHC standards are developed and customized specifically for the services that you provide and are based on applicable regulations from CMS and other federal and state regulators
- There are “core” standards that apply to all programs
- Your workbooks reference all programs to which a standard applies
- You can download SRX (Specialty Rx) standards only
- ACHC standards are NOT intended to tell you how to “run your business”

NOTES

ACHC STANDARDS

STANDARDS UPDATE REFERENCE GUIDE

PHARMACY DMEPOS



FOR PROVIDERS
BY PROVIDERS™

UPDATE OVERVIEW

Listed below is a summary of the updates that have been made for 2018.
Please review these changes and compare them to the standards that you have downloaded.

MULTIPLE	Removed reference to standards that had been deleted or combined with other standards
SECTION 1	<ul style="list-style-type: none"> Standard DRX-2A Removed requirement of governing body to review annual program evaluation Standard DRX-7A Added compliance with organization policies and procedures and ACHC accreditation process Removed compliance with professional licensure/certification
SECTION 3	<ul style="list-style-type: none"> Standard DRX-3A Removed requirement for budget to be reflective of the organization strategic plan Standard DRX-4B Added clarification that organization is to notify Medicare beneficiaries when assignment is not accepted

ACHC STANDARDS

ACHC ACCREDITATION STANDARDS

Customized for Specialty Pharmacy Services

Section 1: ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure including federal, state and local licenses which affect the day-to-day operations of the business should be addressed. This section includes the leadership structure including board of directors, advisory committees, management and employees. Also included are the leadership responsibilities, conflict of interest, chain of command, program goals and regulatory compliance.

Standard DRX1-1A: The organization is an established entity with legal authority to operate and has the appropriate licensure, Articles of Incorporation, or other documentation of legal authority.

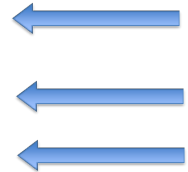
Interpretation: The organization is an established entity with legal authority to operate and has the appropriate Articles of Incorporation, or other documentation of legal authority.

Legal authority is granted to one individual, members of a limited liability corporation, a board of directors, usually referred to as the governing body, and as allowed in state statutes for the appropriate type and structure of the organization. The entity, individual or organization has a copy of the appropriate documentation or authorization to conduct business.

If state or applicable local law requires a license or permit, the organization posts the current copy in a prominent location accessible to public view in all locations/branches and/or in accordance with appropriate regulations or laws.

Evidence: Copy of all current applicable license(s)/permit(s) for each premise

Services applicable: AHC, CRCS, Filer, HME, BDK, BDK, MSP, RTS, SHX



QUESTIONS?



CERTIFIED CONSULTANT TRAINING



NOTES

SURVEYOR

- Who is your Surveyor?
 - Registered Pharmacist or expert in DMEPOS
 - Expert on the services you provide
 - 20+ years of experience
 - Industry experience and knowledge
 - Completed comprehensive ACHC training
 - Completed required field training (precept)
 - Background checks and completed Business Associate Agreement (BAA)
 - Selected for your survey based on experience
 - Asked to verify that survey does not create a conflict of interest
 - You will not know the name of your Surveyor in advance

SURVEY DAY

- Your unannounced survey date is selected with several factors in mind:
 - The date you apply and submit all required information
 - The date your accreditation expires (for renewals)
 - A date of readiness selected by new organizations
 - Your selected blackout dates
 - ACHC-listed holidays
- On your survey date the Surveyor will attempt to call the main number listed on your applications:
 - They will not leave a call-back number but will state their name and that they will be arriving today for your survey
- When the Surveyor arrives you are welcome to ask to see identification; the Surveyor should have a name badge with picture ID
- Surveyor may show up at any time during standard hours of operation

SURVEY DAY

- The Surveyor is only a data collector; the Surveyor does not play any role in the ultimate review decision or the status of your accreditation
- You will be given the opportunity to correct deficiencies during the survey day (if reasonable)
- Correcting deficiencies as you go eliminates the need to submit a Plan of Correction for those items, although the item is still recoded as a “no”
- If requested items cannot be located in a “reasonable time frame,” the item must be marked as a deficiency

SURVEY DAY (CONT)

- Opening conference (set the schedule for the day)
- Tour of facilities
- Staff interviews
- Personnel record review
- Patient record review
- Patient visits/interviews
- Review of logs & Medicare-required documents
- Review of PI/QI data
- Exit conference

OPENING CONFERENCE

- Begins shortly after arrival of Surveyor
- Management may invite all staff members
- Good time to gather information needed by the Surveyor:
 - Logs, inspections, reports
 - Licenses, bonds, insurance as required
 - Personnel list
 - Staff schedules
 - HR records
 - PI/QI data
- The Surveyor will use this time to set the schedule for the day

CERTIFIED CONSULTANT TRAINING

PERSONNEL RECORD REVIEW

- Surveyor will review personnel records for key staff and contract staff
- Must be selected randomly by the Surveyor
- May include all staff members or only select ones
- Preferable to have someone from your organization review charts with us
- Looking for items to include:
 - Application, tax forms, I-9 (as applicable)
 - Job descriptions and evaluations
 - Verification of qualifications/licenses
 - Orientation records, trainings, competencies, ongoing education
 - Medical information (TB/HepB as applicable)
 - Background checks

For a complete listing of items required in the personnel record, review DRX4-1C of the ACHC Accreditation Standards.

CLIENT RECORD REVIEWS

- Client records must be selected randomly by the Surveyor:
 - Preferable to choose from a list/printout of payments (EOB)
 - Preferable to have someone from your organization review with us
- May include current patients and discharged patients
- Both billing and medical records:
 - Representative of the care/services provided
- Review of patient paperwork and education provided
- Review of Plan of Service/Plan of Care and updates

DRX5-1A details the requirements of the client record.

PATIENT VISITS/INTERVIEWS

- ACHC Surveyors will expect you to arrange for us to visit patients/customers as part of your accreditation visit
- Please provide the Surveyor with a list of potential customers (who are within a reasonable driving distance)
- The Surveyor may also call some recent customers for a phone interview
- If you have a location that customers may come to for products and/or services, the Surveyor may ask to speak with some of those customers as well
- The customer needs to give you permission for us to visit or interview them (we do not require that it be in writing)

NOTES

REVIEW OF LOGS & MEDICARE-REQUIRED DOCUMENTS

- Training/in-service logs
- Referral logs
- On-call schedule/logs
- Infection control tracking logs
- Temperature logs
- Fire and disaster drill logs
- Maintenance, repair, and cleaning logs
- Complaint logs
- Surety bond, liability and vehicle insurance, organizational chart, budget, contracts/BAA's, required licenses

REVIEW OF PI/QI DATA

- Your Surveyor will expect to see evidence of ongoing PI/QI activities for the previous three years (if a renewal); PI/QI meeting notes alone do not meet these requirements
- If an Initial ACHC Survey, documentation of a PI plan will be limited, but the plan should be in place and evidence that you have started the process
- If you are part of a large health system your PI/QI data can be included in your corporate plan, but you need to be able to show compliance with each requirement
- Refer to the Performance Improvement Made Simple Document located on Customer Central

CLOSING CONFERENCE

- The ACHC Surveyor conducts a closing conference with the organization's representatives
- Management may decide which staff members attend
- Can provide a scheduled time for closing to accommodate phone participation by remote staff
- Surveyor covers all areas of noncompliance with reference to the standard requirement
- Great opportunity for you provide missing items or seek clarification
- The Surveyor cannot comment on how you performed, as they only collect and submit the data
- The Surveyor should complete the closing conference by the end of the business day

CERTIFIED CONSULTANT TRAINING

DURING YOUR SURVEY

- Management is welcome and encouraged to be a part of the entire accreditation process
- Deficiencies may be corrected during the survey, if practical:
 - The deficiency will be corrected on site but will be recorded as a “no”
- Seek clarification from your Surveyor while still on-site:
 - If you believe they have misunderstood something, provide clarification
- Surveyors are experts in the industry and have hands-on knowledge regarding the implementation of the ACHC standards:
 - Take advantage of their knowledge and experience

INITIAL SURVEYS

- Initial surveys can be “complicated”
- Surveyor is assessing your level of compliance with a set of standards
- Evidence is limited because ACHC can only hold you accountable back to a “date of readiness” (the date that you represent that you were in full compliance with ACHC requirements)
- As an example, let’s assume that was 90 days before survey:
 - ACHC cannot hold you accountable for compliance prior to that date (but when you represent that you are in compliance you must be fully in compliance)

INITIAL SURVEYS

- Example:
 - Personnel record for someone hired 3 years ago:
 - You did not do reference checks, background checks, or initial orientation or training
 - You can’t go backwards and do it now, *however*:
 - Surveyor will expect to see a background check completed since your date of compliance
 - They will expect to see trainings and competencies since the date of compliance

NOTES

INITIAL SURVEYS

- Start-ups
- Mock Files
- PI Plan
- Audits/Inspections
- Personnel Training and Competencies

Your job is to convince the Surveyor you know what to do and how to do it.

POST-SURVEY PROCESS

- Plan of Correction (POC)—The POC template will be sent electronically from your Account Advisor:
 - All documentation must be on the POC template
 - The POC is provided for you to document the plan to correct each deficiency noted on the SOF as well as your plan to prevent a recurrence
 - POC must be submitted electronically

SUMMARY OF FINDINGS REPORT FOR SURVEY ON 12/13/2017 SERVICES: HME, IRX, SRX

Deficiency Category - Policies & Procedures Standard	Comments	Deficient
<p>DRX2-10F</p> <p>Written policies and procedures are established and implemented that document the requirements for handling calls that are received from the clients/patients that the organization serves. The organization has a toll-free telephone number available to clients/patients and providers.</p>	<p>At the time of survey the organization did not have a policy that addressed tracking the response time frames in which calls are answered, the abandonment rate of the calls that are received and the generation of reports required by contracted payors and manufacturers of the products.</p> <p>Corrective Action: The organization should add to their policy related to phone procedures the company's goals for response time frames in which calls should be answered and for call abandonment rates. The policy should also discuss the generation of any reports that might be required by payors. The organization is working with their current phone service provider to ensure the required information can be provided.</p>	X

CERTIFIED CONSULTANT TRAINING

SUMMARY OF FINDINGS REPORT FOR SURVEY ON 12/13/2017 SERVICES: HME, IRX, SRX

Deficiency Category - Interviews/Observations Standard	Comments	Deficient
DRX1-7A The organization is in compliance with all applicable federal, state, and local laws and regulations.	Best Practice: The organization should ensure that the FDA side effect statement is on new and refilled prescriptions.	
DRX7-1A Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases and the compliance with regulatory standards.	At the time of survey the organization did not have a TB exposure plan which included regional TB prevalence rates that were updated when new data is released by the CDC. Corrective Action: A TB exposure plan with the regional TB prevalence rates should be available and updated as new data is released by the CDC.	X
DRX7-1D The organization reviews and evaluates the effectiveness of the infection control program.	At the time of survey, the organization did not have an infection control tracking log for employees. Corrective Action: The organization should develop and implement an infection control tracking log for employee related infections.	X

NOTES

Deficiency Category - Pharmacy with ** Evidence Required on POC ** Standard	Comments	Deficient
DRX5-2B All clients/patients receive an evaluation/assessment of their needs prior to initiation of Pharmacy Services.	3 of 3 files reviewed did not have evidence of an initial assessment/evaluation: Action Required: All client files need evidence of: Client/Patient information: Client/Patient demographics Physical health component: Appropriateness of in home therapy, (if applicable) Identification of health problems Review of medications Dosing Frequency Method Special dietary requirements Other needed information that could impact the level of care/ services required to meet the client's/patient's needs Principle diagnosis and other pertinent diagnoses Allergies The social component: Identification of the responsible party An emergency contact The environmental component: Identification of safety or health hazards Presence of adequate living arrangements Home environmental assessments include the potential for safety and security hazards (i.e., throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, fire risks) The economic component: A review of the financial resources available to pay for the services/care provided Functional limitations: Documentation of all functional limitations. The mental component: Orientation/memory Reasoning/judgment.	X

ACHC ACCREDITATION DECISION DEFINITIONS



ACCREDITED
Provider meets all requirements for full accreditation status. Accreditation is granted but Plan of Correction (POC) may still be required.*



ACCREDITATION PENDING
Provider meets basic accreditation requirements but accredited status is granted upon submission of an approved POC.




DEPENDENT
Provider has significant deficiencies to achieve accreditation. An additional on-site visit will be necessary to be eligible for accreditation.



DENIED
Accreditation is denied. Provider must start process from the beginning once deficiencies are addressed.

NOTES




FOR PROVIDERS, BY PROVIDERS™

PLAN OF CORRECTION (POC)

ONCE COMPLETED, PLEASE EMAIL THIS FORM TO THE ATTENTION OF YOUR ACCOUNT ADVISOR

Organization: Greg's Pharmacy

Standard	Plan of Correction (Specification taken to bring standard into compliance)	Date of Compliance (Date correction to be completed)	Title (Individual responsible for correction)	Process to Prevent Recurrence (Describe combination of corrective actions to ensure they effectively prevent recurrence)	POC Compliant (ACHC internal use only)	Comments (ACHC internal use only)
TD003-B	What would be a proper POC for this deficiency?	What's a reasonable time frame?		How do you prevent this from happening again?		




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PLAN OF CORRECTION (POC)

- Required when a deficiency is found
- Must be submitted within 30 days of receipt
- Follow a specific format
- Submitting a thorough and complete Plan of Correction (POC) will expedite your accreditation
- All deficiencies require a POC
- Some deficiencies require evidence of correction




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ACHC POLICIES AND PROCEDURES

- ACHC Policies and Procedures address:
 - Eligibility requirements
 - ACHC Accreditation process
 - Postponement of survey
 - Refusal of survey
 - Post-survey process
 - Dispute process
 - Appeal process
 - Disciplinary action
 - Notification of changes (name, location, and ownership)
 - Complaint process/Immediate Jeopardy (IJ)



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CERTIFIED CONSULTANT TRAINING

OVERVIEW OF ACHC STANDARDS

Overview of Standards:

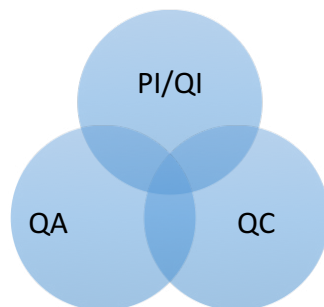
- Section 1: Organization and Administration
- Section 2: Program/Service Operations
- Section 3: Fiscal Management
- Section 4: Human Resource Management
- Section 5: Provision of Care and Record Management
- Section 6: Quality Outcomes/Performance Improvement
- Section 7: Risk Management: Infection and Safety Control

NOTES

SECTION 6: QUALITY OUTCOMES/ PERFORMANCE IMPROVEMENT (PI)

OVERVIEW

WHAT IS PI?



- PI: Performance Improvement
- QA: Quality Improvement
- QC: Quality Control
- QI: Quality Improvement

AMERICAN SOCIETY FOR QUALITY DEFINITIONS

- Quality Improvement is "an ongoing effort to improve products, services, or processes; these efforts can seek 'incremental' improvement over time or 'breakthrough' improvement all at once"
- Audience: Give some examples of QI in the typical pharmacy

KEY POINTS

- Only you know what your organization needs to improve
- Your PI is effective when you can answer this question:

"As a result of your Performance Improvement activities, what did you improve?"

PI STANDARDS

- DRX6-1A: Requires a written PI plan that uses your QA and QC data to identify opportunities for improvement and, when necessary, act upon them
- DRX6-1B: Who leads your PI program?
- DRX6-1C: PI involves everyone, and they get training in it:
 - Your PI meeting notes document who participates
- DRX6-1D: *"As a result of your Performance Improvement activities, what did you improve?"*

CERTIFIED CONSULTANT TRAINING

Section 6

Standard DRX6-2A, PI Requirements



Interpretation: Each PI activity/study includes the following items:

- A description of indicator(s) to be monitored/activities to be conducted
- Frequency of activities
- Designation of who is responsible for conducting the activities
- Methods of data collection
- Acceptable limits for findings or thresholds
- Who will receive the reports
- Written Plan of Correction when thresholds are not met
- Plans to re-evaluate if findings fail to meet acceptable limits
- Any other activities required under state or federal laws or regulations

PI ACTIVITIES SHOULD INCLUDE ASSESSING AND MONITORING

- Standard DRX 6-1A:
 - Adverse events
 - Client/patient complaints
 - Client/patient records
 - Satisfaction surveys
 - Billing and coding errors
 - At least one important aspect related to care/service provided
 - (DRX 6-3A-G provides details for the above)

PI ACTIVITIES SHOULD INCLUDE ASSESSING AND MONITORING

- Standard DRX6-3B: Monitoring of at least one important aspect related to the care provided
- Standard DRX6-3C: Satisfaction surveys
- Standard DRX6-3D: Review of the client/patient records
- Standard DRX6-3E: Monitoring of patient complaints
- Standard DRX6-3F: Written policies and procedures are established and implemented by the organization to identify, monitor, report, investigate, and document all adverse events, incidents, accidents, variances, or unusual occurrences that involve client/patient care/service
- Standard DRX6-3G: Ongoing monitoring of billing and coding errors

NOTES

NOTES



PI AUDIT TOOL

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PI WORKGROUP ACTIVITY

- Discuss common areas of concern/challenge
- Establish a PI study for your group addressing the concern
- Follow the outline on the sheet provided



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KEEP IT SUPER SIMPLE (KISS)




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CERTIFIED CONSULTANT TRAINING

KEEP IT RELEVANT

- Within the required categories, monitor what is important to you
- Involve entire staff
- Get results that you understand and can use
- Document activities and use results to drive quality and efficiencies



NOTES

PERFORMANCE IMPROVEMENT

- Great ROI
- $ROI (\%) = \frac{\text{Net Monetary Benefits}}{\text{Program Costs}} \times 100$
- One of few activities that can increase customer and referral source satisfaction, improve employee performance, and save you money through efficiencies
- Can greatly reduce:
 - Waste, complaints, conflicts, and stress
- Can help build:
 - Teamwork, customer service, commitment, job satisfaction, and engagement



TOP STANDARD DEFICIENCIES



TOP STANDARD DEFICIENCIES

- Key Element
- Documentation (or lack thereof)

**IF IT'S NOT DOCUMENTED...
IT DIDN'T HAPPEN**

THE SINGLE MOST PROBLEMATIC AREA IS....

- Personnel:
 - Orientation
 - Training
 - Competency

This issue has a tendency to affect the rest of your survey!!!!

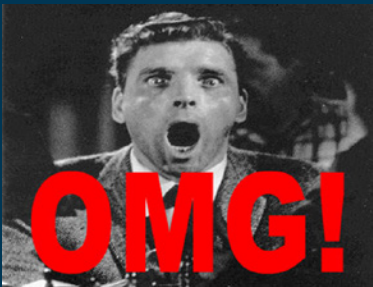
Training ≠ Competency

TOP STANDARD DEFICIENCIES

- DRX 3-4B page 3.3
- DRX 4-2 B-J page 4.4 (audit tools pages 4.34 - 4.36)
- DRX 4-7A page 4.13
- DRX 4-8A page 4.14
- DRX 5-1A-B page 5.1 (audit tool 5.30)
- DRX 6-2A page 6.5
- DRX 6-3C page 6.6
- DRX 6-3G page 6.9
- DRX 7-12A page 7.24

CERTIFIED CONSULTANT TRAINING

HAD ENOUGH?



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MARKETING YOUR CONSULTANT BUSINESS

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ACHC CERTIFIED CONSULTANT

- Becoming an ACHC Certified Consultant is a notable accomplishment that you should be proud to display
- It shows a dedication to providing the very best service to your clients
- It provides assurance to healthcare providers when choosing your business

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NOTES

BRANDING ELEMENTS

- ACHC is committed to providing the tools you need to leverage your certified status:
 - Certificate
 - Logo
 - Certified Consultant pin
 - Window cling



SAMPLE PRESS RELEASE



PRESS RELEASE DISTRIBUTION

- Send it directly to:
 - Clients
 - Industry contacts
 - Local news agencies
- Other distribution options:
 - Press Release Distribution Services
 - PR Newswire and OutMarket

CERTIFIED CONSULTANT TRAINING

IN CONCLUSION

- As an ACHC Certified Consultant, you can establish trust with providers
- Utilize the resources available to you to enhance the value of your consultant business
- Use multiple communication channels to create multiple touch points and reach a broader audience with your message

ACHC RESOURCES

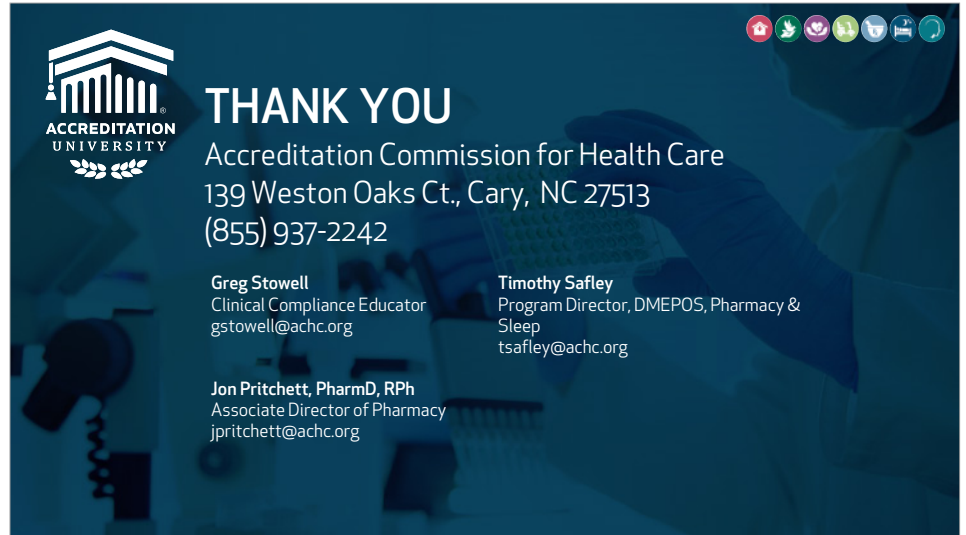
- ACHC's Marketing Department is available to help with your marketing needs
- Feel free to contact them at marketing@achc.org or (855) 937-2242


ASSESSMENT



NOTES

NOTES



 **THANK YOU**

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The card features a dark blue background with a faint image of a hand holding a stethoscope. In the top right corner, there are several small, colorful circular icons representing social media or sharing options.