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ACCREDITATION

Issue: **September 2008**

Top 10 Accreditation Tips

by **Roberta Domos, RRT**

Sept 30, 2009, is the accreditation deadline, but you should target midsummer 2009 to be on the safe side.



CMS' mandated accreditation requirement kicks in almost a year from now, but don't be fooled into thinking that is plenty of time. The September 30, 2009, deadline means providers must have completed the accreditation process and have their certificate in hand to avoid an interruption in Medicare reimbursement. If you haven't at least started the preparation process, you're already running late.

The time between applying to your preferred accrediting body for a survey and completing a successful survey can take months. And it's likely that most, if not all, of the Medicare-approved accrediting bodies will face an enormous influx of applications in the months prior to the deadline. In reality,

providers should have an alternate deadline of midsummer 2009 in mind for completing the accreditation preparation process—and be ready at that time for the survey. That means that if you haven't started yet, the time to start is now.

As a consultant who has assisted providers with accreditation for more than a decade, I know that the process can make HME providers and their staff members feel like they are falling off a cliff into the great unknown. So here are a few tips to help you and your team understand and navigate the road to a successful accreditation survey.

1. **Choose the right accrediting body for your business.** While you may be tempted by the cost of one accrediting body versus another, or enticed by how "easy" an accrediting body is rumored to be compared to competitors, there are several other factors to consider. Not all CMS-approved accrediting bodies offer accreditation for all products; some dovetail better with mail order companies, others with providers that also operate hospitals, home health, or hospice organizations. Most importantly, more and more commercial insurance payors are beginning to mandate accreditation as a condition of allowing DME providers into their preferred networks. If you want your accreditation to do more than foster Medicare reimbursement, make sure insurance providers in your area recognize the accrediting body that you plan to use.
2. **Get into it!** The truth is that accreditation can work like Miracle-Gro for your business. Not only will it help you contract with more insurance payors, but if you take it seriously, the accreditation preparation process can improve nearly every aspect of your business. When staff members are better trained, they begin to get used to the idea of following specific processes, quality of care improves, business processes improve, referrals increase, and growth happens. Providers that determine to make the most of the process will reap the benefits for the lifetime of their company.
3. **Get help.** This particular piece of advice is not nearly as self-serving as it sounds, given that I've been on both sides of the equation as a provider and a consultant. The accreditation standards are not difficult to implement, but they are

Tools and Tactics

- You must have your accreditation certificate in hand by September 30, 2009, to ensure Medicare reimbursement.
- It can be months between the time you apply and the time you are actually surveyed.
- To be safe, consider summer 2009 as your actual completion deadline.
- Choose the right accrediting body for your business.
- Make the most of the process, and you will reap the benefits.
- The accrediting bodies and their surveyors are not invested in catching you doing something wrong.
- Failing a survey means starting the process again, in which case you have doubled your costs.
- Do a mock survey.
- Use your accreditation as a chance to stand out among patients and referral sources.

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detailed, and the learning curve can be rather steep. Unless your company is large (and with the financial resources that go along with being a large company), it's probably neither realistic nor cost-effective to assign a full-time employee to do nothing but research and memorize the accreditation standards and then implement them. Retaining the assistance of a competent consultant can switch the focus to practical implementation and drastically reduce preparation time. Look for a consultant with a consistently successful track record that spans a long period of time. Competent consultants should be able to guarantee your success as long as you follow their advice.

4. **It's not about "gotcha."** Contrary to some rumors, the accrediting bodies and their surveyors are not invested in catching you doing something wrong. The job of the accrediting bodies is to develop quality standards that meet Medicare regulations, and to improve the consistency and quality of care provided to patients who need DME and supplies. The job of surveyors is to ensure that your company is meeting those standards, and to offer recommendations to improve your organization's compliance with the standards. The vast majority of accreditation surveyors are just as dedicated to the health of the overall DME industry as you are. That being said, see tip number five.
5. **It's not about an "A for effort," either.** You can have the patient's best interest at heart and think you are doing all the right things, and still fail to pass an accreditation survey. The standards are specific, and you must follow them as required. While some may not make immediate sense to you, most of them have an intent behind them that exists for a good reason, and many ensure compliance with a myriad of state and federal laws as well. Surveyors do have some leeway in the way they score a company's compliance with the standards, but it's unlikely the surveyor will give you credit for simply being well-meaning in your intentions. And keep in mind that failing a survey means starting the process again, in which case you have immediately doubled your cost of accreditation.
6. **Show your work.** In many cases, providers are already doing what many accrediting body standards require, but they fail to document their activities. You've put a lot of time and effort into training competent employees—document those efforts on an employee training checklist or orientation outline. If you are like most business owners or managers, you strive to improve the company's performance in large and small ways every day. Formalize and document larger performance improvement activities.

You spend a great deal of time training patients how to use the products you provide. Again, document it. You have great processes in place to help patients get the quality care they deserve, and to help the business run profitably. Formalize those processes in policies and procedures.

We can all agree that the industry is already drowning in paperwork, but the additional documentation required for accreditation doesn't have to be overly cumbersome. Develop or obtain policies that meet the standards, and the needs of your business. And more importantly, create or obtain templates and forms that make documentation as simple as checking off a box once the activity is completed.

7. **Let your HME software help.** Your HME software system likely contains many features that can assist you in more productively complying with accreditation standards. Tracking equipment serial and product lot numbers; documenting cleaning, function checking, and preventive maintenance of rental equipment between patients; logging customer complaints and complaint resolution; and compiling aggregate data on Medicare billing and coding errors can all be accomplished more efficiently by using your HME software system to track and report the data. Almost every HME software system includes these types of features, so use them to help you meet the standards.
8. **Do a mock survey.** It's always good to do a dry run and survey your company before the accrediting body surveyor arrives to perform the real thing. Most accrediting bodies will provide you with an interpretation of their standards, and a description of what exactly takes place during the actual survey. You can use this type of information as a guide to conducting your own mock survey.

And, of course, there are plenty of consultants who also perform this service, which may be a better choice for providers that aren't fortunate enough to have a staff member on hand who has previously been through an accreditation survey. If you do hire a consultant to complete a mock survey, insist that they provide a written report as part of their services so that you have a clear plan in place to remedy any areas of noncompliance that were revealed.

9. **Stay in compliance.** An accreditation survey is not a one-time thing. Although the resurvey period varies depending on the accrediting organization, most are in the range of every 2 to 3 years. However, all surveys, by CMS mandate, are unannounced, so staying in compliance is necessary to retain your Medicare number. And besides, it's no fun to revamp your business processes every time you are expecting to be resurveyed by your accrediting organization. Staying in compliance is much less stressful for everyone involved with your business, and it will reduce the need for the additional outside assistance you may have required when you got the business accredited the first time. And realistically, the potential benefits to your business that come from doing things the "accreditation way" won't be realized unless you follow the standards consistently.



Roberta Domos

10. **Use your success to your best advantage.** Let's face it; getting your organization accredited is quite an accomplishment. There are some providers that won't make it—others won't even try. That should give your successfully accredited company a chance to stand out among potential patients and referral sources. Advertise your accreditation proudly. If you've been closed out of commercial insurance networks, try again to become a preferred provider, this time with your accreditation certificate as evidence that they should welcome you into their network.

Roberta Domos, RRT, is the owner and president of Domos HME Consulting Group, a national HME

consulting firm based in Redmond, Wash. She can be reached through her Web sites: hmeconsulting.com, hmeaccreditation.com, and dmeaccreditation.com.

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