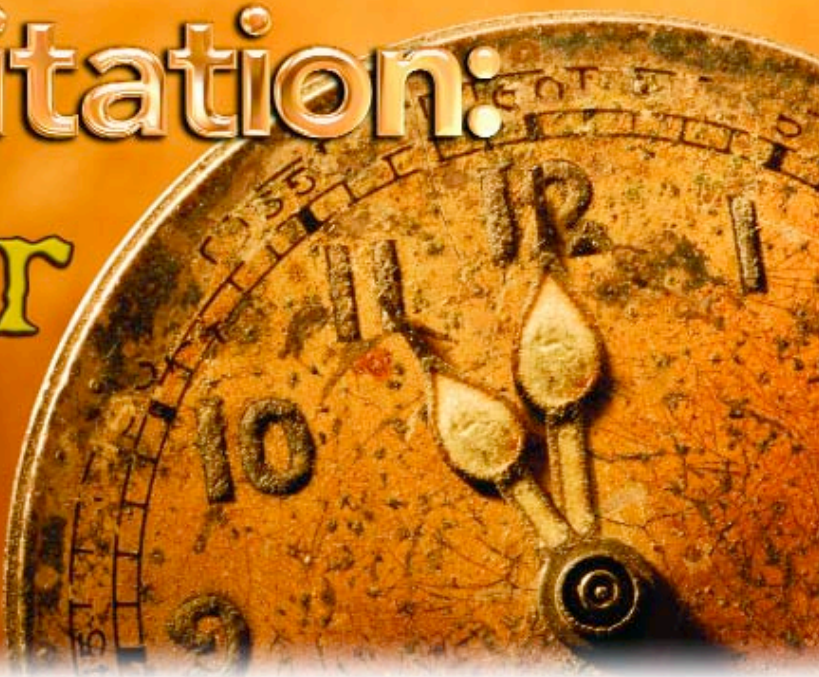


Accreditation: Now or Never



Points to Take Away

- Accreditation offers the ability to bill Medicare and implement better business practices.
- To guarantee a site visit, you must apply for Accreditation by Jan. 31, 2009.
- If you are not accredited by Sept. 30, 2009, you will lose the ability to bill Medicare.
- It is estimated that 40 percent to 50 percent of all providers have not applied for accreditation.
- Although accreditation time and costs will vary for each provider, expect to spend four to six months preparing and pay from \$1,500 to \$5,000.
- Outside resources, such as consultants and manuals, cost extra.
- Research all 10 accreditation organizations before choosing one.
- Consider using a reputable consultant to help you through the process.
- Realize the scope of the commitment and involve your staff in the process.
- Understand that this arduous process will result in strengthening your business, as well as your bottom line.

Learn more

For online information resources on accreditation, visit:

- HME Business' online Accreditation Solutions Center at hme-business.com/mcv/sc/accreditation.
- The Compliance Team at www.exemplaryprovider.com.
- The Healthcare Quality Association on Accreditation at www.hqaa.org.
- The Commission on Accreditation of Rehabilitation Facilities at www.carf.org/dmepos.
- The MED Group at www.medgroup.com.
- The Domos HME Consulting Group at hmeconsulting.com.
- The Intelligent Business Network Inc. at www.theibnetwork.com.

Providers are in the eleventh hour for CMS accreditation. What should they be doing?

By Joseph Duffy

"Do not wait; the time will never be 'just right.' Start where you stand, and work with whatever tools you may have at your command, and better tools will be found as you go along."

— Author Napoleon Hill

The accreditation countdown clock no longer ticks; instead, each lost second beats like a sonic boom, warning many HME providers that the health of their business relies on hitting two important deadlines: Application deadline with an accrediting body – Jan. 31, 2009
Accreditation – Sept. 30, 2009

Without accreditation, providers cannot bill CMS for Medicare funding. Industry pundits, including accreditation organizations, the trade press and independent consultants, are alarmed and somewhat perplexed by the myriad providers that haven't yet submitted an accreditation application. This 10-minute process is integral to guarantee a site visit by an accrediting body in time for the September 30, 2009, deadline.

11:00 p.m.: The Deadline Looms

There have been countless warnings about the loss of Medicare billing and better business practices for providers not seeking accreditation. (HME Business alone has published multiple articles on the topic.) For those providers still on the fence about the process, if midnight is the deadline, then they are well into the 11th hour. And the longer providers wait, the more clogged the process is expected to become.

"When it comes to the last minute, it will be like Noah trying to get everyone on the ark before it starts to rain," says Mary Nicholas, Executive Director, Healthcare Quality Association on Accreditation, an accreditation organization located in Waterloo, Iowa. "The longer a company waits, the higher the risk of not making it completely through the accreditation process up to the award portion of the process."

So what's a provider to do this late in the hour? First, don't panic, but understand the importance of the ticking clock, and that, if you haven't done any legwork for the accreditation process, then you have a lot of work to do. Second, finish reading this article, and visit the accreditation Solutions Center on the [24 HMEBusiness | January 2009 | \[hme-business.com\]\(http://hme-business.com\)](http://hme-busi-</p></div><div data-bbox=)



John Allman, director of business solutions of The MED Group



Sandra Canally, RN, president of The Compliance Team



Roberta Domos, RRT, owner and president of Domos Home Medical Equipment Consulting Group



Ted Jones, president and owner of The Intelligent Business Network Inc.



Beth Kolbe
CARF



Mary Nicholas, Executive Director, Healthcare Quality Association on Accreditation

ness.com site. You find plenty of information that will propel you forward. Finally, commit yourself, your staff and the resources necessary to action. Accreditation is a congressional mandate that is backed by the industry's associations, and it's not going away. Moreover, the experts agree that a deadline change is most likely wishful thinking.

"There's still a lot of people on the fence," says Sandra Canally, RN, president of The Compliance Team, an accrediting body located in Spring House, Pa. "Some are trying to get an exemption to accreditation. I see an increase in applications coming in the door, but it's nowhere close to where it needs to be. Thousands of providers are still not moving forward."

11:10 p.m.: Why Should I Seek Accreditation?

The Medicare Modernization Act requires DMEPOS providers to comply with quality standards to receive Medicare Part B payments and to retain a supplier billing number. Industry estimates put Medicare billing for most providers at about 70 percent of revenue. If an HME provider that is non-exempt from accreditation does not become accredited by Sept. 30, CMS says it will pull that company's billing number on Oct. 1. That number cannot be retained until successful accreditation.

CMS approved 10 organizations to measure whether providers meet the quality standards (see "Accrediting Bodies"). How 10 organizations will handle the estimated thousands of HME providers seeking accreditation remains to be seen.

HME providers are supposed to apply for accreditation by Jan. 31, with an accreditation organization that best fits their needs. Applying by this date guarantees a site visit, a necessary and critical accreditation step, in time for the Sept. 30, deadline. Providers can still apply after the Jan. 31 deadline, but they are not guaranteed a site visit and run the risk of missing the September deadline. New providers entering the industry will not receive a Medicare billing number unless they are first accredited.

Although billing Medicare is often named the No. 1 benefit of accreditation, another advantage is the implementation of solid, measurable business practices, which offer huge rewards.

"Accreditation is about quality of care, and quality drives revenue in this industry," says Roberta Domos, RRT, owner and president of the Domos HME Consulting Group, which specializes in accreditation consulting. "Accreditation makes you a better company."

"Companies can also decrease their exposure to risk with quality processes in place that all employees follow," Nicholas says. "When legal experts come knocking and want to see all your documentation in the event of a serious patient injury or accident, risk can be decreased significantly with all bases covered."

"The quality of patient care can also improve with thorough and consistent patient care treatment processes, which, in turn, evolves into more satisfied patients, which can result in increases in referrals," she explains. "Just the fact that companies can advertise that they have put themselves through the actions of compliance with quality standards creates a confidence in the customer base. Bottom line is that the benefits can reach far beyond the actions of accreditation and add enhancements to all aspects of an organization."

11:15 p.m.: Why Are Providers Balking?

Most of the experts contacted for this article said that even though CMS hasn't released data regarding how many providers have been accredited or have applied for accreditation, they feel the number of providers that haven't applied for accreditation is frighteningly high.

Ted Jones, president and owner of The Intelligent Business Network Inc., a health care consulting firm, estimates that 40 percent to 50 percent of providers have yet to apply for accreditation.

"Many providers are waiting for CMS to move the deadline back, as it did with oxygen and competitive bidding," he says. "Many might miss the boat if they are basing their decision on past decisions of CMS. It's always better to err on the side of caution."

Other possible reasons for this mass procrastination include:

- The uncertainty of financial stability given the reimbursement cuts providers are facing.
- The recession and its effect on business.
- Perceived cost of accreditation.
- Not enough time to prepare.

But even so, the fact that these thousands of providers run the risk of losing up to 70 percent of their business has industry experts scratching their heads.

"I don't understand the hesitation," says Canally. "It's not going away and [as this article goes to press] we are down to the last two months to guarantee a site visit. As a small business owner myself, I don't understand why you would risk losing your ability to bill. Ultimately, it's about good business practices and improving the bottom line – something all providers should be doing anyway."

John Allman, director of business solutions for The MED Group, located in Lubbock, Texas, feels there are three reasons providers aren't applying:

- Ignorance. Owners of very small companies who don't belong to industry associations or read the trade press simply don't know about or understand accreditation.
- The industry's willingness to believe in last-minute miracles. Providers believe CMS will change the deadline at the last minute.
- Inability to pass the process. This group of providers, who are not exempt from accreditation, simply know they can't meet the quality standards. They have decided to opt out of the process.

"This last group knows it shouldn't be in this industry," Allman says. "I take a strong stand: If we are to be treated as healthcare professionals and worthy of what we do, then we do what's in the patient's best interest and get accredited."

11:25 p.m.: What Will Accreditation Cost?

The cost of accreditation varies across the board. Factors in pricing include what the accreditation organization charges (each sets its own price), company size, number of stores and affiliate locations, and whether the provider is a pharmacy or a full-service organization.

Experts interviewed for this article estimate that with all things considered, the average provider will pay \$1,500 to \$5,000 for accreditation. This does not include outside resources, such as consultants and policy manuals. There are accrediting bodies that will allow providers to pay for services via a payment plan.

11:25 p.m.: How Long does it Take?

Del Norte Pharmacy and Home Medical, located in Sherman, Texas, is an accredited HME provider. After filing an application, John N. Stogner, the company's Vice President and CFO, says it took 75 days to become accredited. However, Del Norte worked on the accreditation process for over a year before applying.

"Medicare is as much as 40 percent of our business, and we are currently in the accreditation process for three more stores," Stogner says. "We will submit those applications by the end of 2008."

Different accreditation organizations offer different estimates of time for reaching the site visit portion of the process. And like cost, the same factors listed above will influence how long it takes a provider's process. Remember, accreditation bodies guarantee providers a site visit if they apply by Jan. 31. Missing that deadline can have a major influence on how long the process takes.

"Average time for accreditation is four to nine months," Canally says. "It can be quicker, but providers have to do the work on their end."

Margherita C. Labson, RN, associate director of the Home Care Accreditation Program with The Joint Commission, located in Oakbrook Terrace, Ill., offers these preparation tips for helping the process move smoothly: "Clearly and accurately complete the application," she says. "Give your accreditor a realistic ready date. Pay your fees on time. Prepare all your staff for the onsite visit. Set aside the documentation that you know the surveyors will need to see. Most importantly, if you know that you are scheduled to be surveyed, be at your office. If you tell them that you are open 8 a.m. to 2 p.m., then someone needs to be there every morning at 8 a.m. in case they arrive."

For providers looking for a short track to accreditation, there isn't one. Although each accrediting body has different ways of taking providers through the process, you won't find an acceleration fee or a fast-track program.

"There is no shortcut to quality, no kickstart to ensuring your company has processes in place that decrease risk and increase patient satisfaction," Nicholas says. "Just like going on a diet, the best way to lose weight and keep it off is changing habits and taking it slow enough to make a permanent difference."

11:50 p.m.: Tips for the Accreditation Process

Providers have worked very hard to build their business. That same chutzpah is necessary to become accredited. Here are tips to help you prepare for the process:

Accreditation: Now or Never

- Don't let cost be the only factor that determines which accreditation organization you choose. Research all 10 organizations (see sidebar for more information). Ask for referrals and talk to providers who have already been accredited by them.

"If you want your accreditation to do more than foster Medicare reimburse-

ment, make sure insurance providers in your area recognize the accrediting body that you plan to use," says Domos.

- Consider using a consultant. The right consultant can be beneficial in assisting with preparation. A word of warning, however: Providers shouldn't pay consultants to do the work for them. At the end of the day, providers need to run their

business and continue adhering to the quality standards as part of their everyday business practices. If providers don't buy into the process, they might find themselves falling off track soon after the consultant leaves. Providers should check out accreditation organizations' websites for referrals of reputable consultants.

Peter Reamon, facility manager with Advanced Tissue, located in Little Rock Arkansas, said that 95 percent of his business would eventually rely on accreditation and the ability to bill Medicare. He used Domos Consulting Group for an accreditation process that took six months. "We used Domos Consulting group as our navigation tool," he says. "It was essential to complete the huge undertaking. Using a consultant made the process much simpler and less stressful."

- Visit accreditation organizations' websites for free, valuable information. From cost estimators to preparation articles, some of the websites listed in the sidebar offer information and tips about accreditation.
- Realize the commitment. Providers need to prepare to be engaged in the accreditation process for the long haul: typically four to six months, with the possibility of needing nine months to complete preparation. Company staff should buy into the process and be part of the team that keeps the ball moving. Understand that providers are

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Accrediting Bodies

Your first step toward accreditation is to visit the website of each of the accreditation organizations and find out which one is a fit for your business.

Accreditation Commission for Health Care Inc.
www.achc.org
Raleigh, NC
(919) 785-1214
customerservice@achc.org

American Board for Certification
www.abcop.org
Alexandria, VA
(703) 836-7114
info@abcop.org

Board for Orthotist/Prosthetist Certification
www.bocusa.org
Owings Mills, MD
(877) 776-2200
info@bocinternational.org

Commission on Accreditation of Rehabilitation Facilities
www.carf.org
Tucson, AZ
(888) 281-6531



establishing a quality culture and not just a process that disappears once they become accredited.

- Look for Unforeseen Benefits. Many providers believe that insurance companies will eventually require providers to have accreditation. Getting accredited now gives providers better market recognition and potential networking opportunities for working with insurance companies.
- Understand the long-run benefits of best business practices. Accreditation is not only about being able to bill for Medicare. It's an ongoing process that needs an ongoing commitment. Benefits also include learning how to better run a business and improving the bottom-line.

"The truth is that accreditation can work like Miracle-Gro for your business," says Domos. "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."

11:59: One Minute To Midnight

It's one minute to midnight. If you have not applied for accreditation, it is time to turn to the sidebar and begin the process of choosing an accreditation organization that best fits your company. For the rest of you, here is one more plea to the thousands of providers out there who are still undecided, still unsure if accreditation should be their business goal.

Joseph Duffy is a freelance writer and marketing communications professional from Southern California. He founded Prooferati, a marketing and editorial content review service. He can be reached at joe@prooferati.com.

Community Health Accreditation Program
www.chapinc.org
Washington, DC
(202) 862-3413
info@chapinc.org

The Compliance Team Inc.
www.expemplaryprovider.com
Spring House, Pennsylvania
(215) 654-9110

Healthcare Quality Association on Accreditation
www.hqaa.org
Waterloo, Iowa
(866) 909-4722

The Joint Commission on Accreditation of Healthcare Organizations
www.jcaho.org
Oakbrook Terrace, Illinois
(630) 792-5000

National Association of Boards of Pharmacy
www.nabp.net
Mount Prospect, Illinois
(847) 391-4406
custserv@nabp.net

National Board of Accreditation for Orthotic Suppliers
www.nbaos.org
Chicago, Illinois
(888) 463-4011
info@nbaos.org

"Get off the fence and get accredited," Allman says. "It's the right thing to do for your business and for your patients. It has arrived and there is nothing on the horizon that will delay it. I don't believe anything will happen in congress to delay it. And as far as our own industry getting involved — how do you defend against providers that don't want to be accredited?"

Accreditation: Now Bite Size



Bigger may be better when it comes to **chips**.
But **not** when it comes to **accreditation**.

Don't wait until the January 31st deadline to take the first bite!
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