



FOR PROVIDERS.  
BY PROVIDERS.™

# THE SURVEYOR

## ADDING VALUE WITH THE ACHC ACCREDITED BRAND

Creating a brand that is both unique and memorable is essential for the success of any business, small or large. Brand recognition plays a significant role in positioning a business for long term growth. A brand acts as a symbol of the products or services that a company provides. As such, it represents the quality, credibility, and experience that customers have come to expect from that company.

A brand enables a company to position itself in the market relative to other competitors. In doing so, customers are able to quickly assess the quality of the product or service that they will receive. For this reason, maintaining consistent brand imaging and messaging is critical for the audience to develop a clear understanding of the brand. *(Continued on page 2)*

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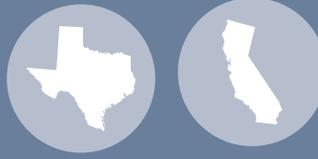
Geri Hempel  
VICE PRESIDENT, AEROCARE HOLDINGS, INC.



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## THIS JUST IN!

# ACHC FULLY APPROVED!



The states of Texas and California have approved ACHC for accreditation in lieu of state licensure surveys for Home Health (along with Hospice in TX; Private Duty in CA).

**Read the full details at [achc.org](http://achc.org).**

## ADDING VALUE WITH THE ACHC ACCREDITED BRAND

*(Continued from front cover)*

The consistent brand message goes far beyond a company's logo. It encompasses every element that a customer may come in contact with, including a website, social media, or even employee interaction. It shapes the customer's perception of the company.

In addition to helping our customers maintain compliance with required standards and regulations, ACHC is highly interested in helping our customers gain market share and success in their respective fields. While acknowledging this investment our customers have made, ACHC has focused on developing branding elements that can help our customers promote their accreditation status, and ultimately enhance the value of their brand. The ACHC brand can be incorporated into an accredited organization's branding strategy to further demonstrate their commitment to delivering the highest quality of products and services. ACHC provides accredited organizations with certificates, logos, and decals in addition to branding guidelines to serve as a platform for the promotion of the accredited status.

By communicating their accreditation achievement, companies differentiate themselves within the market. Potential avenues for promoting their ACHC accredited status include press releases, business cards, tradeshow displays, marketing materials, websites, email, and social media. Every touch point of communication represents an opportunity for the company to reinforce the fact that they have set themselves apart by achieving accreditation, strengthening their reputation as a quality organization.

**ACHC is committed to helping providers achieve success. We encourage customers to contact the ACHC Marketing Department at (855) 937-2242 with any questions.**



José Domingos, CEO

## LOOKING AHEAD

### ACHC's business is complex;

we provide accreditation for healthcare providers in 8 different program areas. ACHC has CMS deeming authority for 3 of those 8 programs and must stay current with changing national and state regulations for them, as well as maintain recognition by all major third-party payors. ACHC is committed to offering this service to providers in order to continue to add value to any organization that chooses our services. Often, we become an extension of their regulatory departments; in fact we encourage them to consider ACHC as their resource in that regard.

Recently, we partnered with the state of Texas to provide inspection services on their behalf for out-of-state pharmacies that ship compounded drugs into Texas. These inspection services will be handled within ACHC as a separate, distinct service, but will leverage our industry and program knowledge of evaluating a pharmacy's readiness

for licensure. Texas is the first state to partner with a private contractor to provide these types of inspections. I believe that other states will follow this trend of partnering with the private sector. This partnership model will provide the state with assistance in managing their board of pharmacy volume without having to expand their own infrastructure. ACHC can be that preferred partner, customizing the data collection to address specific state needs. Look for additional information to be released soon about ACHC Inspection Services (AIS), a division of ACHC.



ACHC's interest is to continue to expand our services to serve a greater public. Based on the overwhelmingly positive reaction we have received to our business philosophy, we think this is a win-win situation for the providers we serve and the regulatory agencies that partner with us.

Later this year, ACHC will be launching a new service that should significantly improve the level of preparedness our customers exhibit when we conduct our accreditation surveys.



# SPOTLIGHT ON THE PROVIDER

## JOURNEY OF HOPE HOSPICE

Having both worked in hospice for many years, my business partner, Leslie Banks, RN/ Clinical Director, and I began our hospice organization in the summer of 2013. We created the name, Journey of Hope Hospice after contemplating the important work that is involved with accompanying a dying person and their loved ones during life's final transition. Now, with the first very busy year behind us, we relate to the Journey of Hope Hospice with a greater depth of understanding!

*(Continued on page 5)*

We are humbled to have brought hope to that “safe place during a difficult journey” for more than 40 people and their loved ones. While we embrace and empower our patients, we help them to envision a dying experience filled with comfort, compassion, and HOPE.

We believe each patient teaches us many great lessons; therefore, we refer to those we serve not as our patients, but as our teachers. By sharing this philosophy with them, they realize that they still have much to give and share. In this way, we truly bring hope to their journey.

Both Leslie and I have many positive things to say about our experience working through the process of becoming an accredited ACHC hospice agency. From our first phone call to the ACHC corporate office nearly one year ago, to

our on-site survey and completion of becoming accredited, we have been given the tools and guidance that have been vital in our growth and development. We continue to reach out to our Accreditation Advisor, and we know that ACHC continues to be a source of support and strength to our small, but growing organization.”

-Kathy McKean, RN, Chaplain, Administrator  
Journey of Hope Hospice



## HART MEDICAL EQUIPMENT

“ Hart Medical Equipment was a small, independent home medical equipment (HME) supplier in Grand Blanc, Michigan until Round 2 of Medicare Competitive Bidding. Three hospital-based HME suppliers (*Genesys Health System of Ascension Health, Henry Ford Health System, and McLaren Health Care*) that were not bid winners understood the significant role that their HME services played in facilitating discharges, providing high levels of indigent care, and partnering in chronic care disease management.

Given Hart’s desire to grow in patient volume to make the bid a value, and the hospital system’s need to sustain an HME presence, a merger was created among the four entities. The new Hart Medical Equipment went from 1 small location with 7 employees to 25 locations and in excess of 225 employees. The Hart business model is a hybrid of an entrepreneur and hospital-based operation. The hospital partnership ensures that Hart maintains the commitment to facilitating discharges, managing chronic disease, and providing service excellence, while the entrepreneur influence seeks more aggressive purchasing opportunities, payer contracts, reductions in overhead expenses, and the ability to support rapid change.

An accreditation decision was a significant priority for the new Hart merger. The health system partners had been

accredited by other accreditation organizations, while the original Hart organization used ACHC. Hart leadership from the health systems expressed concern that their current accreditation organization standards were hospital-centric and not relevant in the new Medicare Competitive Bid environment.

After thoughtful consideration, Hart determined the ACHC standards to be HME-focused with a clear vision on industry regulatory compliance. In 2014, Hart successfully completed 25 site surveys within a month and received full ACHC accreditation. Critical to our success is the strong support from our Accreditation

Advisor, who responds to our email and telephone inquiries, researches our questions, and seeks solutions to our unique new business model. The ACHC Surveyor arrived with a strong knowledge base of the HME industry, and provided best practice examples from her professional background and survey experience. Formal training on the ACHC program is worth the investment in order to gain clearer insight to the standards, survey process, and ongoing performance improvement planning.

Hart is preparing to add our 26th location, and additional locations are soon to follow. We look forward to our ongoing relationship with ACHC. It is a significant amount of important work; however, it is a great experience that will drive service excellence for Hart.”



# PCAB IS NOW A SERVICE OF ACHC

## PHARMACY

ACHC is proud to announce that on July 1, 2014 ACHC entered into agreement with the Pharmacy Compounding Accreditation Board (PCAB) whereby ACHC began to administer the PCAB accreditation program.

PCAB was established in 2007 as a non-profit organization providing voluntary accreditation for compounding pharmacies nationwide. Originally formed by eight of the nation's leading pharmacy organizations, the PCAB name has been synonymous with promoting standards for improving the quality of pharmacy compounding.

Under terms of the agreement, ACHC will honor the accreditation status of all currently PCAB-accredited pharmacies. Organizations that are currently in the process of obtaining their initial PCAB accreditation will also proceed as originally planned.

This transition combines the strengths of both organizations to benefit both currently ACHC-accredited organizations and PCAB-accredited pharmacies. For example, due to the changing healthcare landscape, many ACHC-accredited pharmacies provide more than one service, including sterile and non-sterile compounding. One of the benefits for these organizations is the ability to obtain accreditation for all of these services from a single accreditation organization.



Earlier this year, ACHC announced a certification program for sterile and non-sterile compounding. The ACHC certification program and the PCAB accreditation program share very similar standards and focus. Consequently, the certification program has been merged into the PCAB accreditation program. Rather than receiving ACHC certification, organizations that previously applied under this program will now receive PCAB accreditation when they complete the process.

Over time the PCAB standards, which were last updated in 2010, will be replaced with revised ACHC/PCAB standards that are current as of 2014. Both sets of standards are similar in their requirements and incorporate compliance with USP standards. ACHC will notify all affected organizations of these updates shortly. These organizations have a minimum of one year to become compliant with the new standards.

**Providers with questions or those interested in obtaining PCAB Accreditation can contact ACHC at 855-937-2242.**



# CUSTOMER SATISFACTION

Josh Boatright, CUSTOMER SERVICE QUALITY SPECIALIST

ACHC is committed to ensuring that every customer that chooses us is met with the best experience that can be provided, a tenet deep-rooted in ACHC's Mission Statement. Our goal is to cultivate a relationship with our customers based on a partnership that ensures compliance with ACHC and Medicare standards, open dialogue, and flexibility without compromising quality. It can seem demanding at times to provide quality Customer Service, but ACHC rises to this challenge daily with the dedicated and skilled assistance of every employee.

“Loyal customers—they don't just come back.

They don't simply recommend you. They insist that their friends do business with you”

Chip Bell

**HOW DO WE MEASURE CUSTOMER SATISFACTION?** It is the responsibility of the ACHC Quality Department to gather customer satisfaction feedback monthly by surveying customers that have completed the accreditation process. Customers we contact by calling or emailing provide satisfaction data by responding to a survey of 13 questions related to their interactions with their Accreditation Advisor and Surveyor, as well their perception of certain ACHC processes. This information is reported monthly and quarterly, and reviewed by the ACHC Management Team. Each quarter, the Quality Council reviews multiple areas of the accreditation process with the ACHC Management Team to determine if any systemic changes should be implemented to improve the process for customers.

 **98%**  
of our customers have a positive experience with ACHC.

“ACHC was the only organization that made it a positive learning experience.”

-DMEPOS PROVIDER, RALEIGH, NC

 For questions about ACHC's Customer Service, please contact Josh Boatright—[jboatright@achc.org](mailto:jboatright@achc.org).

## ACCREDITATION ADVISOR TIPS

 **Be sure to have the most up-to-date ACHC Accreditation Standards in preparation for your survey.**

- Standards are available on Customer Central. Visit [achc.org/store](http://achc.org/store).

 **Keep in contact with your Accreditation Advisor even after you have been accredited.**

- Keep your Accreditation Advisor informed of any changes that include: if you move, change your name, sell your business, make any administrative changes, or if you have received any communication from the Centers for Medicare & Medicaid Services (CMS) or your state that could impact your accreditation.

The more you keep your Accreditation Advisor informed, the better he or she can help you. Your Accreditation Advisor is always available for questions before, during, and after your accreditation.



Suzie Steger,  
ACCREDITATION ADVISOR

 **97%**  
of our customers would recommend ACHC.

“Our Accreditation Advisor really takes care of us!”

- HOME HEALTH AGENCY, ENGLEWOOD, CO

# PROGRAM UPDATES



**HOME HEALTH** — CMS has announced the extension of the moratoria on new home health agencies for an additional six months in Michigan for the following counties: Wayne, Washtenaw, Oakland, Monroe, and Macomb. The first moratoria announcement was in July, 2013, was extended in February 2014, and was extended again in July 2014. The moratoria would have expired August 1 had they not been extended.

In a recent press release, CMS explained that the extension is necessary because of the significant potential for fraud, waste, and abuse in the listed areas. Factors considered for imposing the provider enrollment moratoria included a disproportionate ratio of providers and suppliers relative to beneficiaries, and law enforcement activity in these areas. CMS believes that the number of home health providers in the moratoria market remain sufficient to serve beneficiaries, while the risk of fraud and abuse continues.

The moratoria extension also affects the Miami-Dade, Fort Lauderdale, Dallas, Houston, and Chicago areas.

For more information, please see the CMS press release at [www.cms.gov/Newsroom/Newsroom-Center.html](http://www.cms.gov/Newsroom/Newsroom-Center.html), or the Federal Register notice at [www.federalregister.gov/public-inspection](http://www.federalregister.gov/public-inspection).



**HOSPICE** — On August 4th, CMS posted the FY2015 Hospice Wage Index final rule on public inspection with the Federal Register. The official publication is now scheduled for August 22, 2014, with an effective date of October 1, 2014. **Below is a snapshot of the changes hospice providers will be required to make in order to remain in compliance:**

- The hospice Notice of Election (NOE) and Notice of Termination/Revocation (NOTR) must be filed within five calendar days, or consequences could result in non-reimbursable days
- The patient or representative must have the ability to choose their attending physician; any physician change must be indicated on the NOE and the hospice must also provide a “change of attending physician” form for the patient or representative to complete
- Hospice Item Set went in effect July 1, 2014, and the implementation of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey begins in 2015
- Completion of the hospice aggregate cap determinations will be within five months after the end of the cap year, or March 31
- FY2015 rates include an increase of 2.1%, which is slightly higher than the 2.0% in the proposed rule

Learn more at: [www.ofr.gov/OFRUpload/OFRData/2014-18506\\_PI.pdf](http://www.ofr.gov/OFRUpload/OFRData/2014-18506_PI.pdf)



## PRIVATE DUTY

### ACHC Now Offering Private Duty Infusion Nursing (PDIN).

PDIN services involves the administration of parenteral medications via various accesses and ports by a licensed Nurse or pharmacist, as allowed by state regulations, specifically trained in these specialized services. This service can be provided in a variety of settings.

Visit [achc.org/store](http://achc.org/store) to download the PDIN standards today!

**If you are a provider that offers Medicare home health services and Non-Medicare private duty services, the Medicare Conditions of Participation (CoPs) apply to all recipients of your services unless these programs are considered separate entities.** The Medicare regulations do not define what a “separate entity” is, but CMS offers some guidelines to determine if a separate entity exists. Below are some criteria that should be considered when determining if your private duty services are separate from your home health services.

#### Operation of the home health agency:

- Are there separate policies and procedures for the home health agency and the private duty agency?
- Are there separate clinical records for patients receiving home health and private duty services?
- Is the personnel identified as belonging to one program or the other, and are the personnel records separate?
- If staff is shared between the two programs, are they allocated to two different budgets?
- Are there separate budgets for each program?

- If the state requires a license for home health, is the agency separately licensed as a private duty agency or another provider?

#### Consumer Awareness:

- Do the marketing materials or other written material clearly distinguish the difference between the programs?

#### Staff Awareness:

- Can staff identify the difference in services provided by the home health agency and the private duty agency?

Learn more by reading the State Operations Manual, Chapter 2-The Certification Process 2183-Separate Entities.



## BEHAVIORAL HEALTH — ACHC's

Behavioral Health program has developed standards for Behavioral Health Homes (BHHs). BHHs are services designed to treat the “whole person” by providing comprehensive care management of chronic behavioral and physical health conditions, such as mental health, substance abuse, asthma, diabetes, heart disease, obesity, and HIV/AIDS.

“By actively engaging service recipients and managing these types of conditions, BHHs offer a holistic means of addressing the complex needs of service recipients,” said Britt Welch, Behavioral Health Clinical Expert. “This model promises better service recipient experience, outcomes and cost effectiveness.”

ACHC standards support providers in achieving BHH Accreditation by incorporating best practices such as:

- Providing an interdisciplinary array of services
- Having a recovery orientation
- Being service recipient and family-centered
- Using health information technology to gauge and improve effectiveness

**To learn more about Behavioral Health Home Accreditation, contact ACHC at 855-937-2242.**



## SLEEP — ACCREDITATION OF YOUR SLEEP FACILITY:

**When making the decision to proceed with accreditation, providers should research their options as it relates to selecting the right accreditation organization (AO). The following are some suggestions for providers to consider when comparing AOs:**

- Review each AO's accreditation application and standards to assess what is required of your organization when submitting an application and preparing for the on-site survey.
- Carefully examine the intent of the standards to ensure that they support the integration of the sleep specialist, the patient, and the referring physician as a collaborative patient care team that can effectively manage the patient's clinical condition.
- Identify what professional support will be provided by the AO to assist with clarification of questions and submission of the application.
- Examine the performance improvement requirements to ensure that the standards are designed to identify, measure, and improve your services.
- Evaluate the ease of submitting the application for review - what data is required to be submitted with the application prior to acceptance of the application?

ACHC's team of experts is dedicated to providing you and your organization with guidance needed to assist you in achieving accreditation.



## PHARMACY — VERIFY YOUR CLEANROOM CERTIFICATION MEETS USP REQUIREMENTS.

ACHC Surveyors continue to note non-compliance with cleanroom and primary engineering control (PEC) certification requirements. These non-compliances mean that organizations do not have documentation to support that their sterile compounding facilities are operating in a controlled environment. More importantly, this exposes patients to the risk of receiving compounded sterile medications that are potentially contaminated, which, in addition to posing a safety threat, also creates legal and regulatory risks for the organization.

The Controlled Environment Testing Association (CETA) publishes a useful tool that helps your organization ensure that cleanroom certifications are appropriate and complete— the CETA Certification Matrix for Sterile Compounding Facilities CAG-008-2010v2 (available at [www.cetainternational.org](http://www.cetainternational.org)). The lapses Surveyors most often note frequently relate to key items in this document that include:

- **Testing Under Dynamic Conditions:** USP Standards require that cleanrooms be tested under “dynamic conditions” (i.e., working conditions with personnel simulating the typical compounding activities that occur in the room). When testing is not performed under dynamic conditions, the certifier labels the report “at rest.” At rest testing does not comply with USP requirements.
- **Smoke Testing:** USP<797> requires pharmacies to perform an airflow analysis to verify the airflow over critical areas. Smoke testing is sometimes overlooked in the certification process.
- **HEPA filter integrity testing:** HEPA filter leak testing is another important requirement of appropriate cleanroom certification that is occasionally not performed.

The CETA document referenced above includes additional items that should be included in a complete certification. ACHC recommends that pharmacies compare the items on the CETA document with their cleanroom certification reports to ensure that testing is fully compliant with USP<797> requirements.



For questions about ACHC's Program Updates, please contact **Kevin O'Connell—[koconnell@achc.org](mailto:koconnell@achc.org)**.

# MEDICARE CARE CHOICES MODEL

Lisa Meadows, ACHC CLINICAL EDUCATOR FOR HOME HEALTH, HOSPICE, AND PRIVATE DUTY

## HOSPICE

Patients often struggle with the notion that by accepting hospice services they are “throwing in the towel” and giving up on life, their loved ones, themselves, or a cure. This sentiment often leads to delayed admission into hospice, decreasing a patient’s time in the program and benefits received from hospice services. According to the National Hospice and Palliative Care Organization (NHPCO), half of hospice patients receive care for less than three weeks, and approximately 35.5% die or are discharged within seven days of admission.\*

While any amount of time spent in hospice care is beneficial, it is often an insufficient amount of time for the interdisciplinary team to fully assist the patient (and family members/caregivers) in dealing with the spiritual and psychosocial issues associated with death and dying, even if the pain and symptom management needs of the dying patient are met.

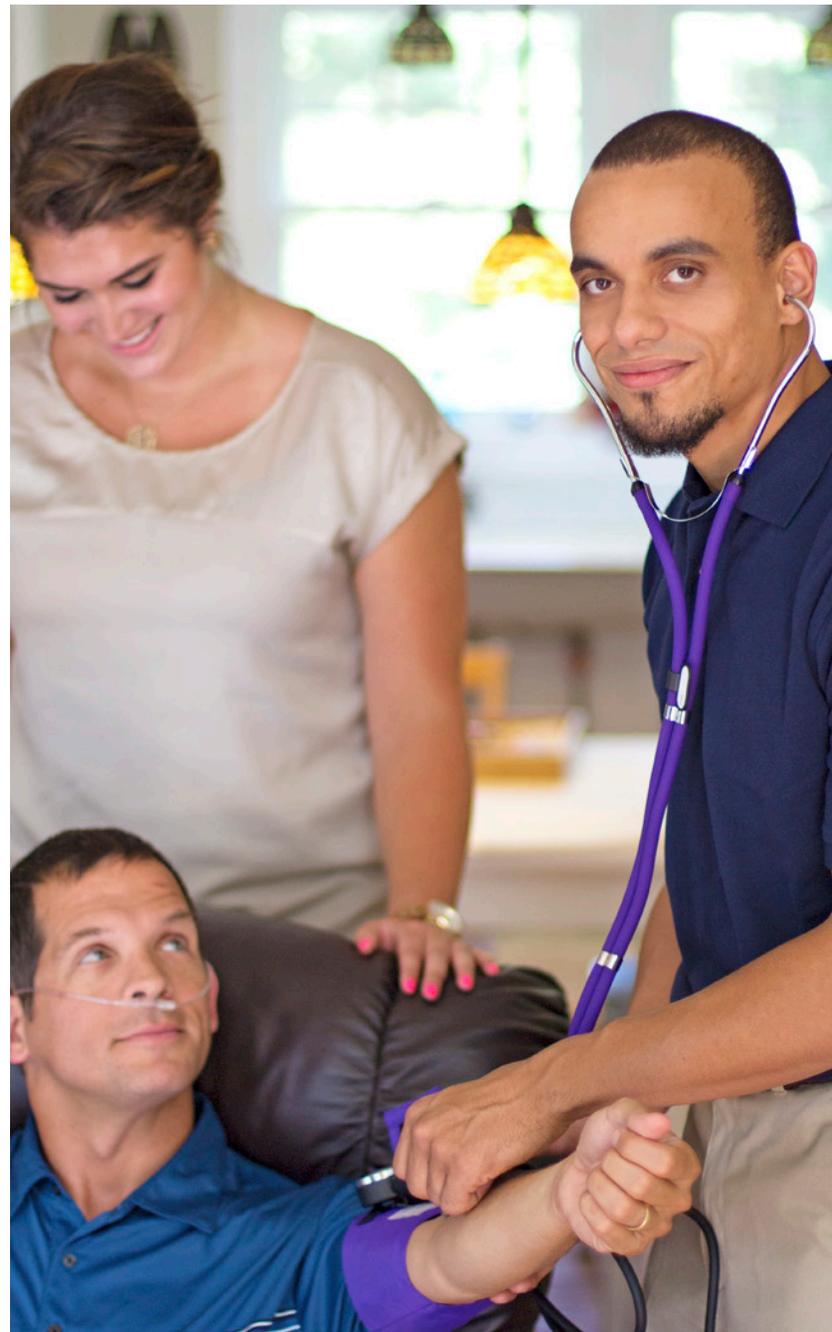
One of the most exciting changes to emerge in end-of-life care is the Medicare Care Choices Model. The Centers for Medicare & Medicaid Services (CMS) will provide a new option for Medicare beneficiaries to receive palliative care services from certain hospice providers, while concurrently receiving services provided by their curative care providers. CMS will evaluate if providing hospice care can improve the quality of life, and if care received by Medicare beneficiaries will increase patient satisfaction and reduce Medicare expenditures.

Today, Medicare beneficiaries are required to forgo curative services if they elect hospice care. Experts, however, have argued that providing both forms of care concurrently improves quality of life and will not raise costs, because patients and their families are more likely to choose hospice care if it includes opportunities for lifesaving treatments.

According to CMS, the program targets eligible Medicare beneficiaries, as well as dual-eligible beneficiaries who are enrolled in traditional Medicare and are eligible for the Medicaid hospice benefit. Both sets of beneficiaries must not have chosen either the Medicare or Medicaid hospice benefit within 30 days of participating in the new program.

Through the implementation of this new initiative, the fear and misconception surrounding hospice care will hopefully dissipate, and those facing terminal care decisions will be more accepting of hospice care, elect hospice care sooner, and ultimately reap all of the benefits that a hospice program can provide to the terminally ill and their families.

\*National Hospice and Palliative Care, Facts and Figures: Hospice Care in America 2013 Edition.



RECOMPETE FOR COMPETITIVE BIDDING ROUND 2 AND NATIONAL MAIL ORDER

# ARE YOU PREPARED?

Greg Stowell, ACHC CLINICAL COMPLIANCE EDUCATOR FOR DMEPOS, PHARMACY, AND SLEEP

DMEPOS industry providers most likely have seen the recent CMS announcement on their plans to recompile the supplier contracts awarded in Round 2 and National Mail-Order.

## ARE YOU AWARE OF SOME OF THE CHANGES FROM THE ORIGINAL ROUND 2?

**Categories** – There are seven categories (compared to eight from the original Round 2):

-  Walkers are included in standard mobility
-  Oxygen, continuous positive airway pressure (CPAP), and respiratory assist devices (RADs) are combined
-  A general HME category is created for hospital beds, support surfaces, commodes, etc.; this includes more HCPC codes, including patient lifts and seat lift mechanisms
-  Transcutaneous Electrical Nerve Stimulation (TENS) units and Nebulizers are new categories

### Here are the categories:

- Enteral nutrients, equipment, and supplies
- General home equipment and related supplies and accessories that include hospital beds and related accessories, Group 1 and 2 support surfaces, commode chairs, patient lifts, and seat lifts
- Nebulizers and related supplies
- Negative Pressure Wound Therapy (NPWT) pumps and related supplies and accessories
- Respiratory equipment and related supplies and accessories (includes oxygen, oxygen equipment and supplies, CPAP devices, RADs, and related supplies and accessories)
- Standard mobility equipment and related accessories (includes walkers, standard power and manual wheelchairs, scooters, and related accessories)
- TENS devices and supplies

Many DMEPOS providers that bid in Round 2 did not know what products were in each of the categories and had their bids rejected because they were not accredited for all of the items listed in that bid category. Remember that accreditation is for specific products and services.

For example, TENS units were in the general DME category, so providers lost the general DME bid because they were not accredited for TENS units. The same thing happened with hospital beds: providers were accredited for electric beds but lost the bid because they were not accredited for manual beds.

### So what should you do now to ensure this doesn't happen to you?

- 1 Review with your accreditation organization the current codes they are submitting to CMS for your organization.
- 2 Review the bid categories carefully and make sure you are accredited for and providing all the items listed in the bid category.
- 3 Add to or correct policies and procedures to make sure you address all products and services you are bidding for.



For more information, please contact Greg Stowell at [gstowell@achc.org](mailto:gstowell@achc.org).



# PARTNER WITH ACHC

Lindsey Holder, BUSINESS DEVELOPMENT REPRESENTATIVE

ACHC's partnership program has allowed our organization to grow with other esteemed organizations and give providers in the healthcare industry opportunities and benefits in various ways by working together. "We are excited to contribute to and be a part of this program's growth. Our customers are of utmost importance, and through these relationships we have been fortunate to see the value that our partners bring to customers" said Matt Hughes, Director, Business Development and Customer Service. These partnerships are essential to the common goal our organizations have of working together to provide the best experience for all. Below are highlights of some of these shared core objectives, and what we have accomplished by working with our partners.

## The menu of benefits continues to grow, but currently includes:

### COLLABORATION

Community Specialty Pharmacy Network (CSPN) is committed to providing our members with true specialty pharmacy opportunities. We cannot do that without more of our members achieving accreditation and performing at a higher level. Our partnership with ACHC is critical in meeting this commitment to our members."

**Raymond Rede**, CSPN  
VICE PRESIDENT



### GROWTH

Independent Medical Co-Op (IMCO) Home Care's mission is to partner with leading manufacturers and resource vendors to deliver a robust portfolio through our network of independent wholesalers across the country to our home care provider members. Our resource partners, like ACHC, are positioned to keep our members ahead of the curve while our product formulary allows the members to stay competitive and expand their product offering."

**Pam Wedow**, IMCO VICE  
PRESIDENT & GENERAL  
MANAGER

### EDUCATION

The Ohio Council for Home Care & Hospice (OCHCH) is excited to partner with an outstanding organization such as ACHC. We appreciate the opportunity for our members to access quality education in pursuit of ACHC accreditation, while receiving an OCHCH member discount."

**Gary Moon**, OCHCH  
DIRECTOR OF EDUCATION



### ADVANCEMENT

The American Sleep and Breathing Academy (ASBA) is honored to be partnered with ACHC. Our multidisciplinary approach to sleep medicine has opened the doors of opportunity for our members to improve patient care in these changing healthcare times. The team approach would not be complete without ACHC's ability to complete sleep center accreditation for our members at such a generously discounted rate. Tim Safely, ACHC Director, DMEPOS, Pharmacy and Sleep, gave a speech to our members at our 2014 Sleep & Wellness conference, and we look forward to hearing from him again in Scottsdale, AZ on April 10th about the importance of accreditation, and the way ACHC can support us through the process. They provide a strong hand-hold in an affordable way so that we continue to provide quality care and continue receiving reimbursements through our third-party payors. We look forward to many years of positive partnership with ACHC."

**Jeanette Robins**, RPSGT, RST,  
ASBA EXECUTIVE DIRECTOR

THANK YOU TO ALL OF ACHC'S CURRENT PARTNERS. WE ARE GRATEFUL FOR THE OPPORTUNITY TO WORK TOGETHER, AND LOOK FORWARD TO THE GROWTH OF EACH RELATIONSHIP.

For more information on ACHC's Partnership Program, please contact **Lindsey Holder**—[lholder@achc.org](mailto:lholder@achc.org).

# ACHC MAINTAINS ISO 9001:2008 QMS CERTIFICATION

Barb Sylvester, DIRECTOR, REGULATORY AFFAIRS & QUALITY

Since 2004, ACHC has been committed to maintaining International Organization for Standardization (ISO) 9001 quality management system (QMS) certification by successfully undergoing an annual on-site survey and evaluation. This attention to maintaining compliance with ISO standards ensures superior performance and the best possible experience for all customers.

ISO 9001 is an international standard that specifies requirements for an organization's QMS. The objective of ISO 9001 is to provide a set of requirements that, when effectively implemented, gives organizations confidence that ACHC can consistently provide services that meet customers' needs/expectations, and that ACHC complies with applicable regulations. **At ACHC, satisfying our customers is not something we focus on merely to pass our annual ISO survey. For ACHC, customer satisfaction is a way of life, and something we monitor regularly (for more information about what this means, see Customer Satisfaction article on page 7).**

ISO is an independent, non-governmental organization that develops international standards through global consensus. Utilizing over 3,000 technical bodies around the world, ISO has published more than 19,500 international standards. These standards provide world-class specifications for products, services and systems to ensure quality, safety and efficiency.

## INTERESTING FACT

Because "International Organization for Standardization" would have different acronyms in different languages (ISO in English, OIN in French for Organisation Internationale de Normalisation), the founder decided to give it the short form ISO. ISO is derived from the Greek isos, meaning equal. Whatever the country, whatever the language, they are always ISO.<sup>1</sup>

<sup>1</sup>Retrieved from [www.iso.org/iso/home/about.htm](http://www.iso.org/iso/home/about.htm) on August 5, 2014.

## ACCREDITATION ADVISOR TIPS



Danny Hupp,  
ACCREDITATION ADVISOR

-  When submitting your Preliminary Evidence Report (PER) checklist, ensure that you sign the form and provide all of the required documents. This enables ACHC to process your request in a timely manner.
-  If you need to update company information with ACHC (company name, brand addition, product code addition or removal, ownership change, etc.) you can download the appropriate forms on Customer Central by clicking on "My Account" and "Edit Company Info." Once you have downloaded the form(s), fill out and sign the form(s), provide documents (if applicable), and email or fax the form(s) back to your Accreditation Advisor.
-  After you submit the application and deposit, your Accreditation Advisor will process the application and provide you with the ACHC contract and Business Associate Agreement (BAA).
-  In order for ACHC to assign your company a Surveyor, you must submit to ACHC an application, deposit, the PER checklist with supporting documents, the signed contract, and the BAA.
-  Customer Central provides comprehensive resources for ongoing compliance after you receive accreditation approval from ACHC. Visit Customer Central and click on "Resources/Continued Compliance" and select Home Health, Hospice, Private Duty, DMEPOS, Pharmacy, Sleep, or Behavioral Health.
-  When you submit a branch, service, or product addition to your Accreditation Advisor, he or she processes the information, and our Regulatory Department reviews it for compliance. Once the change is approved by the Regulatory Department, ACHC informs you by email and provides the approval documents.

# ACCREDITATION UNIVERSITY



ACHC is dedicated to providing customers with a wide variety of educational resources to meet their accreditation and quality improvement needs. ACHC's Accreditation University offers a full educational curriculum that includes service-specific workshops, *ACHC Accreditation Guide to Success* workbooks, audit tools, and compliance checklists to assist providers in the initial and renewal accreditation process. These resources are written by Clinical Compliance Educators and Surveyors who have extensive experience in their respective fields.

ACHC workshops are specifically designed to prepare healthcare organizations for the accreditation process. Each workshop is instructed by ACHC Clinical Compliance Educators who have a comprehensive background in their programs. In addition to learning from the Compliance Educators, participants also are provided with their own take-home version of the *ACHC Accreditation Guide to Success* workbook (\$349 value), which discusses the steps in preparing preliminary documentation, preparing for the on-site survey, and audit tools. Upon completion, all attendees will receive a certificate of completion and \$250 off the cost of accreditation.

For more information on ACHC Accreditation University workshops or the *ACHC Accreditation Guide to Success* workbooks, please visit Customer Central or [achc.org](http://achc.org).

## ACCREDITATION GUIDE TO SUCCESS

Let ACHC help you through the accreditation process with an *ACHC Accreditation Guide to Success* workbook. Each workbook is a program-specific, comprehensive tool that offers guidance for the ACHC Accreditation Standards by providing an explanatory interpretation and a list of requirements for each standard. The workbooks have been developed by program experts and Surveyors to assist organizations in preparing for a successful survey experience. Specifically designed to help providers develop more efficient policies and procedures, the workbooks include compliance hints, sample audit tools, sample Surveyor questions, and suggestions for best practices to help ensure a successful on-site survey.

### Also included are:

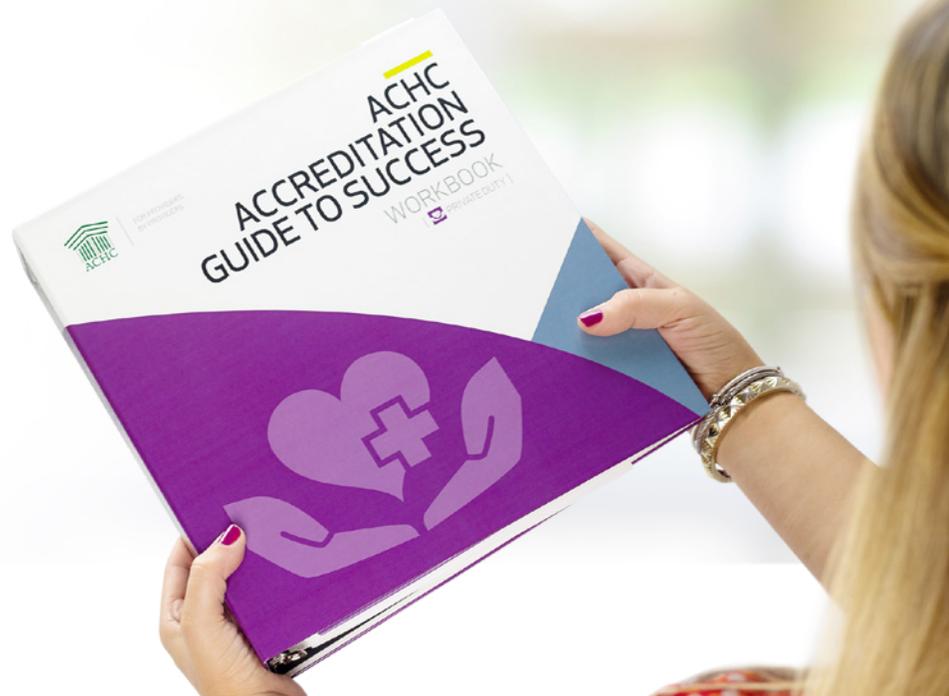
- Step-by-step overview of the accreditation process
- Explanation of each accreditation standard
- Compliance checklists
- Personnel chart audit tools
- Self tests

The *ACHC Accreditation Guide to Success* workbooks are available for Home Health, Private Duty, Hospice, DMEPOS, and Pharmacy. The *ACHC Accreditation Guide to Success* workbook for Sleep will be available in Fall 2014.

**I love these workbooks.**

They are so user friendly and give such good guidance.

Sharron Smitherman,  
SENIOR CLINICAL CONSULTANT,  
HEALTHCARE STRATEGIES





# 2015 SPRING WORKSHOP SCHEDULE

visit [achc.org/events](http://achc.org/events)

## ACHC Workshop benefits include:

- Educate your staff on their roles and responsibilities and establish survey day expectations
- Understand how to develop policies and procedures along with a Preliminary Evidence Report (PER) and Plan of Correction (POC)
- Learn about the most common ACHC survey deficiencies and how to avoid them
- Gain confidence in your preparation for the on-site survey
- Discuss compliance topics with Clinical Compliance Educators and other industry professionals
- Collect templates that can be customized for your organization
- Receive \$250 off accreditation fees and a complimentary *ACHC Accreditation Guide to Success* workbook

### HOME HEALTH

April 16  
 Aurora, CO

### PRIVATE DUTY

March 19  
 Cary, NC

### DMEPOS

April 20  
 Cary, NC

### HOSPICE

February 26  
 Rock Hill, SC

April 17  
 Aurora, CO

### PHARMACY

**Compounding**  
 Feb 10 & 11  
 Cary, NC

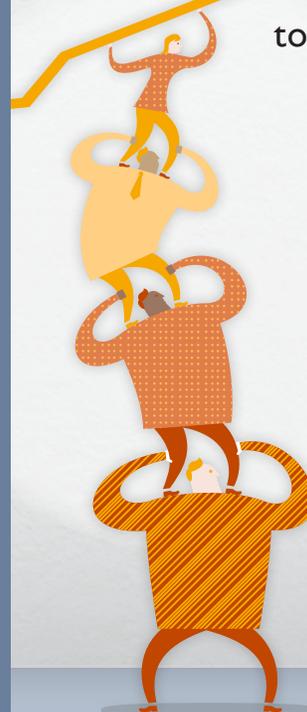
### **Infusion**

April 21 & 22  
 Cary, NC

For more information on Accreditation Workshops, contact ACHC's Marketing Department—[info@achc.org](mailto:info@achc.org).

# CONFIDENCE

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# EDUCATIONAL RESOURCES

[ AT YOUR FINGERTIPS ]

ACCREDITATION  
GUIDE TO SUCCESS

ACHC  
WORKSHOPS

CUSTOMER  
CENTRAL

[achc.org](http://achc.org)

ACCREDITATION COMMISSION *for* HEALTH CARE