When people are in distress, Accreditation Commission for Health Care (ACHC) finds a way to pitch in. From heart disease to catastrophic hurricanes, ACHC understands the impact these grim events have on people’s lives and are proud to support associations that make a positive impact.

ACHC has always been dedicated to providing an exceptional experience for its providers, but we also seek to play a role in the success of local and national communities. We strongly support those agencies committed to causes that are crucial to a long, healthy and happy life.

The past year has been full of opportunities to contribute to efforts and organizations who undertake these commitments. We raised money and awareness for the American Heart Association, Direct Relief, Big Brothers Big Sisters of the Triangle, and SAFEchild, all in the past 12 months. It’s an honor to call them our partners. Each charity provides valuable relief to the communities they serve—both locally and nationally.

“MINDFUL CORPORATE CITIZENSHIP: IT’S WHAT WE DO.”

Over the past year, we’ve walked, we’ve golfed, we’ve rolled up our sleeves and gotten involved in the stories of triumph and pain, all in an effort to be a part of a bigger and better world.
CRANKING UP THE CARDIO FOR A CAUSE

Without our health, what do we have? We understand this at ACHC, and our goal is to help promote Wellness any way we can. Last year we utilized both work and play to further our mission.

ACHC employees laced up their track shoes and brought along friends and family for the American Heart Association’s 2017 Triangle Heart Walk at PNC Arena. The Heart Walk is the American Heart Association’s premiere event in the fight against the country’s No. 1 and No. 5 killers, heart disease and stroke. The day was filled with energy, excitement, and hope. The annual event is designed to promote physical activity and heart-healthy living, and the Heart Walk creates an environment that’s both fun and rewarding for the entire family. ACHC raised more than $5,000 toward life-saving scientific research, and we continue to partner with them to leverage their many Wellness resources.

YOU NEVER THINK IT WILL HAPPEN TO YOU

We took stock of those whose everyday lives were drastically impacted by Mother Nature last year. We saw a need among our neighbors after hurricanes Harvey, Irma and Maria devastated their communities across parts of the U.S. and the Caribbean.

ACHC formed a partnership in the fall of 2017 with Direct Relief, a nonprofit designed to help and improve the lives of disaster survivors facing enormous hardship throughout their recovery efforts. Specifically, Direct Relief collaborates with clinics all over the world to equip doctors and nurses with life-saving medicines and supplies to care for these most vulnerable, affected people. Direct Relief’s mission to serve people and be a meaningful partner in providing quality healthcare clearly aligns with ACHC’s mission and values. We donated $10,000 to each storm’s relief efforts to aid in healthcare support for the victims.

ALL TEED UP

This spring, dozens hit the links for Chipping in for Charity, an ACHC-sponsored golf tournament which raised $35,000 for both Big Brothers Big Sisters of the Triangle and SAFEchild.

“Such a great day and an amazing gift!” Raleigh-based SAFEchild posted to ACHC’s Facebook page about the May 21 event at Brier Creek Country Club.

“Thank you for helping us and @SAFEchildNC encourage local youth to achieve success in life!” Big Brothers Big Sisters told us on Facebook.

ACHC is fortunate to be in a position to help support all of these wonderful groups that work on behalf of those in need. We look forward to doing so in the years to come.
ACHC HAS ALWAYS PRIORITIZED RESPONSIVENESS, APPROACHABILITY, AND ADDING VALUE in our interactions with customers and partners. In the service industry, these are basic key characteristics for success. They are not complicated, but unfortunately in today’s world, they are also not common. These have become market differentiators for us. I believe we are second to none when it comes to customer service. Our company is committed to providing a return to those that invest in us.

This has resulted in industry leaders approaching us to propose new programs because in the end, it’s still about people doing business with people. As consumers, we frequent businesses where we feel respected and valued. That doesn’t change because we are in a business environment. As a result, we will soon be releasing two new accreditation programs that were developed at the request of industry leaders. We believe in strategic partnerships that not only expand our reach and improve our brand awareness, but also benefit the industry with the development of new quality standards that positively impact patient care.

Stay tuned for the release of our new programs!

José Domingos
President & CEO
There has been real growth in the world of sleep lab accreditation. Centers for Medicare & Medicaid Services (CMS) has been the catalyst behind mandating accreditation. Most of the Local Coverage Determinations (LCD) have begun mandating that labs and sleep testing facilities become accredited. Similar to its requirement, now in place for more than a decade, that DMEPOS providers become accredited, CMS looked to accrediting bodies to help monitor the quality and accuracy of sleep centers in the US. In conversations with the Medical Directors of the regional carriers, they sought assistance from national accreditors to monitor sleep labs.

ACHC has seen a steady increase in the number of sleep labs seeking accreditation. This has included rural, one-bed sleep facilities as well as larger hospital-based sleep clinics that sought accreditation for the first time. Since accreditation is a new concept for many of the sleep labs, it has been a challenge for some to meet the standards. Accreditation is a comprehensive overview of the lab’s testing practices. While all labs strive to achieve the best possible results from their studies, many have never had to embrace some of the basic requirements of serving Medicare patients. While many private payors have required accreditation for many years, most are just beginning require accreditation.

Accreditation covers not only the patient care, but also the policies and procedures for the entire testing facility. ACHC accreditation consist of seven components:

- Organization and Administration
- Program/Service Operations
- Fiscal Management
- Human Resource Management
- Provision of Care and Record Management
- Quality Outcomes/Performance Improvement
- Risk Management: Infection and Safety Control

While most facilities have this information covered, we found that many do not have the proper documentation to prove that they meet the requirements set forth by CMS and some private payors. The accreditation process helps labs not only meet or exceed regulatory requirements, but also helps to ensure that proper documentation is in place to support audits by payors.
I would urge organizations preparing for accreditation to pay special attention to some key areas. ACHC has surveyed 600+ sleep labs and there are similarities in the types of challenges we’ve observed. The following list not all-inclusive, but it does provide insight into some of the struggles encountered by other newly accredited sleep labs.

- **Nonlicensed personnel without proper oversight conducting sleep study.** Please refer to the LCD and the accreditation standards to ensure that you are meeting these criteria.

- **Nonboarded physicians reading the studies.** Although some accreditation organizations do not require this, please refer to the LCD in your area to verify requirements. This requirement varies by region.

- **Inaccurate billing practices.** What we found is that it was not the intent to bill for two studies over two nights when only one study was done. Some of the older billing software did this unintentionally, but it still is Medicare’s definition of abuse.

- **Audits are just not being done on sleep patients.** This is unfortunate because they are not hard to set up, can save the lab money, and also result in higher quality patient studies.

- **Turnaround times for reporting sleep tests results can vary greatly.** Monitor this regularly and involve the whole medical team in any process improvement to ensure an optimal experience for both the patient and others involved in the patient’s care.

I suggest that you come to an ACHC Accreditation University workshop to learn more about the accreditation process and how to best prepare. Visit AccreditationUniversity.com to view upcoming workshop dates, as well as discover other educational resources and tools.

Contact Tim Safley, Director, DMEPOS, Pharmacy & Sleep at (855) 937-2242 or email tsafley@achc.org for more information.

The ACHC Accreditation Guide to Success workbook for Sleep provides sample audits that you can perform at your facility.

⇒ AccreditationUniversity.com.
HOME HEALTH

CMS has yet to publish final Interpretive Guidelines for the newly revised Home Health Medicare Conditions of Participation (CoPs). The absence of specific guidance has left many home health providers questioning the exact expectations for compliance with many of the CoPs.

In order to be in compliance with (§ 484.60(e)(1, 2, 3, 4, 5) home health providers are expected to provide the patient and caregiver written information outlining:

- Visit schedule, including frequency of visits by Home Health Agency (HHA) personnel and personnel acting on behalf of the HHA
- Patient medication schedule/instructions, including: medication name, dosage and frequency, and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA
- Any treatments to be administered by HHA personnel and personnel acting on behalf of the HHA, including therapy services
- Any other pertinent instruction related to the patient’s care and treatments that the HHA will provide, specific to the patient’s care needs
- Name and contact information of the HHA clinical manager
- The regulations are silent on how or which documents are to be provided to the patient and caregiver. Does this mean providing the plan of care, the medication profile, a visitation calendar, or perhaps all three?

In the absence of such specifics, ACHC recommends that home health providers establish their own internal processes to provide guidance and ensure consistency among staff. If such specifics are provided by CMS, then policies and procedures would need to be revised to include the regulatory requirements.

PRIVATE DUTY

Private duty and home health care providers weighed in on a recent proposal to include non-skilled in-home supports in Medicare Advantage plans in 2019. Some providers call it a “precursor” to expanding home care services to all Medicare patients.

The proposal, which was announced by CMS on February 1, 2018, would potentially add private duty home care as a supplemental benefit to these plans. Industry stakeholders had a chance to comment on the proposal during an open comment period that closed March 5, 2018.

While industry support is clear, there are several remaining questions about how private duty home care providers could become involved in Medicare Advantage programs in 2019. For example, it’s unclear if Medicare Advantage programs will require private duty home care providers to be accredited in order to contract for care and services.

While we do not know the definitive answer as to whether or not accreditation will be required, our private duty customers should consider the value that accreditation adds to their organizations. Accreditation is an objective evaluation of an agency by industry experts. Healthcare organizations that choose to participate demonstrate their ability to meet a predetermined set of criteria and standards based on current regulations and industry best practices. Accreditation demonstrates a commitment to delivering high-quality care and builds trust among patients and referral sources.

Please call us at (855) 937-2242 or email customerservice@achc.org to find out more about ACHC’s programs and services.
CMS proposed in the recently published Federal Register the Hospice FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements that, effective January 1, 2019, physician assistants (PAs) will be recognized as designated hospice attending physicians, in addition to physicians and nurse practitioners. CMS defines a PA as a professional who has graduated from an accredited physician assistant educational program and who performs such services he or she is legally authorized to perform (in the state in which the services are performed) in accordance with state law and who meets the training, education, and experience requirements as the Secretary of the Department of Health and Human Services may prescribe. PAs will be authorized to furnish physician services under their state scope of practice, under the general supervision of a physician.

Effective January 1, 2019, Medicare will pay for medically reasonable and necessary services provided by PAs to Medicare beneficiaries who have elected the hospice benefit and who have selected a PA as their attending physician. Attending physician services provided by PAs may be separately billed to Medicare only if the PA is the beneficiary’s designated attending physician, the services are medically reasonable and necessary, the services would normally be performed by a physician in the absence of the PA, whether or not the PA is directly employed by the hospice, and the services are not related to the certification of terminal illness.

Since PAs are not physicians, they may not act as Medical Directors or physicians of the hospice, certify the beneficiary’s terminal illness, and hospices may not contract with a PA for their attending physician services. All of these provisions apply to PAs without regard to whether they are hospice employees.

The Bipartisan Budget Act of 2018 did not make changes to which practitioners can certify terminal illness for a Medicare beneficiary nor who may perform the face-to-face encounter. No one other than a medical doctor or doctor of osteopathy can certify or re-certify terminal illness. The hospice face-to-face encounter is required per section 1814(a)(7)(D)(i) of the Act, which continues to state that only a hospice physician or a hospice nurse practitioner can perform the encounter. The regulations continue to state that the hospice face-to-face encounter must be performed by a hospice physician or hospice nurse practitioner.
PROGRAM UPDATES

**DMEPOS**

As many DMEPOS suppliers know, CMS has decided to temporarily delay moving forward with the next steps of the Round 2019 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program to allow the new administration further opportunity to review the program. Additionally, CMS has removed all information that was released on January 31, 2017, including information on the CMS.gov website, and the Competitive Bidding Implementation Contractor (CBIC) website.

The DMEPOS Competitive Bidding Program was mandated by Congress through the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). CMS is proposing changes to the bidding program, including the implementation of lead item-pricing based on maximum winning bid amounts. This allows providers to bid only on the lead item in a category instead of having to bid on multiple items. The lead item would be the item in a bid category with the highest total nationwide Medicare allowed charge. The bid for the lead item would then be used to determine prices for other items in the category.

CMS is also terminating all competitive bidding contracts effective January 1, 2019, allowing any willing Medicare-enrolled provider to provide services to Medicare beneficiaries for products that were previously subject to competitive bidding.

ACHC is recommending that their DMEPOS accredited suppliers monitor CMS.gov for updates while competitive bidding remains on hold, with no clear date for future rounds of bidding.

**PHARMACY**

ACHC continues to support the specialty market. We are a strong voice in organizations such as National Association of Specialty Pharmacy (NASP). We have served on the NASP outcomes committee and are working with organizations such as Pharmacy Quality Alliance to bring some consistencies in measures for the specialty market.

The one thing that we can be sure of in specialty pharmacy is constant changes to the requirements to obtain access to many new medications. ACHC has become the largest accreditor of specialty pharmacies (Drug Channels Report 2018) and this has been recognized by many different payors. ACHC accreditation can offer a variety of relevant service combinations to pharmacies, including Infusion, PCAB, and DMEPOS accreditation. Our companies realize the value of our accreditation as we use our standards to promote patient safety, customer service, and good business practices for the day-to-day operation of our accredited partners.

Please call us at (855) 937-2242 or email customerservice@achc.org to find out more about ACHC’s programs and services.
**PCAB UPDATE**

**CHANGE, CHANGE, CHANGE!**

Pharmacies, particularly those involved in compounding, are no strangers to change and adaptation. In 2000, the United States Pharmacopeia (USP) published its first set of practice standards for compounding with the release of chapter <795> Pharmaceutical Compounding – Nonsterile Preparations. In time more USP chapters were published, including chapters <797> Pharmaceutical Compounding – Sterile Preparations and <800> Hazardous Drugs – Handling in Healthcare Settings, and pharmacies began the process of adopting and implementing these chapters.

PCAB accreditation began in the mid-2000s as a way for pharmacies to demonstrate compliance with USP chapters on compounding, and that remains the core of what we do today. **To date, over 650 pharmacies have benefitted from PCAB's consultative approach to a survey**, which often involves uncovering substantial gaps and providing a road map to compliance.

One thing we often stress to pharmacies is to be vigilant in not only maintaining compliance, but looking ahead to what is coming next. USP recently published a timeline (http://www.usp.org/compounding/updates-on-standards) that specifies when pivotal moments in USP chapters are taking place, such as publication dates of revised chapters, comment periods, discussion sessions, and ultimately official dates of new chapters. **We at ACHC encourage all parties to participate in the review and comment period on the drafts, and ask you to be on the lookout for updated PCAB standards that will assist with your USP compliance in the future!**

**AIS UPDATE**

**SURVEY OR INSPECTION? THERE’S A BIG DIFFERENCE!**

Definitions of terms are vitally important, especially in the context of an organization like ACHC. We often hear words like Surveyor and inspector used synonymously. However, in our world they are quite different. For over 30 years ACHC has been accrediting healthcare facilities by providing a survey by a Surveyor. This represents a unique relationship where ACHC partners with an organization to survey it according to a set of standards and award accreditation based on the entity’s ability to demonstrate compliance. This is very much a relationship between the accreditor and accredited facility.

So, where do inspections come in? Several years ago, ACHC recognized that some regulatory bodies had an interest in using other entities to collect data, but had a concern with turning regulatory approval over to an outside agency. Specifically, some state Boards of Pharmacy felt that while outside organizations could perform the function of an inspection, the responsibility for approval of the pharmacy needed to reside with the state and not a third-party organization. ACHC proceeded to fill this gap in 2014 with a new service offering, ACHC Inspection Services (AIS).

In the few short years since its beginning, more and more states are utilizing AIS as a method to meet the growing demand of non-resident inspections for sterile and non-sterile compounding. **Benefits exist all around: Being provider-funded, the inspection occurs at no cost to the state, and utilizes inspectors that are licensed pharmacists.** Being an independent organization, ACHC remains nimble and able to service pharmacies by providing an inspection in a time frame that meets their needs.
KAH Care, LLC dba Right at Home is a locally owned home care franchise serving the greater Durham and Chapel Hill area in North Carolina. The home care company achieved ACHC accreditation for Private Duty Aide Services and Private Duty Companion/Homemaker Services effective on March 28, 2018.

Accreditation by ACHC reflects the agency’s dedication and commitment to meeting standards that facilitate a higher level of performance and patient care. What does all this mean for the clients and communities Right at Home serves? Ken Helmuth, the owner of Right at Home of Durham and Chapel Hill said, “It further validates home care providers like Right at Home of Durham and Chapel Hill and ensures we maintain the highest standard & quality of care for the clients we serve.” Helmuth went on to say, “We welcome this level of accountability put forth by achieving this important milestone.” It should be noted that the majority of licensed home care providers in NC are not accredited, nor do they subject themselves to this level of scrutiny. Although North Carolina is a licensure state, private duty home care accreditation is not required by the state Department of Health and Human Services.

Right at Home of Durham and Chapel Hill agency has unquestionably benefited as a home care agency from the ACHC accreditation process and will translate to a higher level of care for the clients, communities, and families served. The accreditation will support the continuity of care, which is especially important when clients transition from the hospital to home safely.

For more information about Right at Home of Durham and Chapel Hill, please visit www.rahdch.com, or contact us at kh@rahdch.com or (919) 237-2333.

-KEN HELMUTH, OWNER/PRESIDENT

ACHC is committed to providing the best possible experience.

98% of our customers regard their experience with ACHC as positive.

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

-DMEPOS PROVIDER, RALEIGH, NC

98% of our customers would recommend ACHC.

“Our Account Advisor really takes care of us!”

-HOME HEALTH AGENCY, ENGLEWOOD, CO
It has been 16 months since ACHC International conducted its first Home Care survey in the United Arab Emirates (UAE). The journey has been incredible, and the feedback we have received indicates the accredited agencies’ overall performance has improved since implementing ACHC International standards (which were customized for the UAE). As part of the value of choosing ACHC International, a mid-cycle workshop will be held in early 2019 for all of our accredited facilities. The workshop will ensure continued compliance and offer best practice suggestions in preparation for their upcoming renewal in 2020. Some of the key topics that will be discussed include ensuring proper documentation is maintained, that each patient record contains all necessary information and signatures, and if training requirements have been maintained for all staff. Look for more information on this mid-cycle workshop in the coming months.

Since the successful release of our international Home Care program, ACHC International has been inundated with opportunities to take this program to other countries along with other programs of interest. During the fall of 2018, the ACHC team will be traveling to roughly six to seven different countries to meet with officials who have an interest in ACHC International becoming the accreditation solution for their region. Stay tuned for more information as these are very exciting times! ACHC is proud to bring the continued success of our accreditation process domestically and internationally.

SAVE THE DATE

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Establishing and maintaining well-written policies and procedures are essential to guiding your staff and organization in the delivery of consistent, high-quality care. Your agency's policies and procedures should be the marriage of all applicable rules and regulations your organization must follow in order to be in compliance, and must also reflect the most stringent interpretation of those requirements. Often the most stringent requirement is a state specific requirement or it may be an agency-determined best practice.

**POLICY VS. PROCEDURE**

A commonly asked question is: What's the difference between a policy and a procedure or process?

Policies should identify what is required for compliance with a specific regulation or requirement. The policy statement provides broad direction for appropriate actions and decision-making. Policy statements are often direct objectives related to the regulation or requirement, and are often free from process.

The procedure/process is the internal steps your organization develops and follows to implement the regulation or requirement. A procedure or process describes the detailed steps of how the policy is performed.

**POLICY, PROCEDURE, OR PROCESS?**

Another common question is: Will my organization be held to the policy or to the procedure or process?

The answer is both.

The policy is the requirement or regulation and the procedure or process that your organization implements to demonstrate how your staff will meet the expectation defined by the policy.

When developing the specific procedure or process, be careful not to be so restrictive with the expectations such that following the procedure or process becomes unnecessarily difficult.

To establish or revise policies and procedures, assemble all applicable federal, state, and local regulations pertaining to your organization's service line, as well as discipline-specific scopes of practice and ACHC standards.

Remember, the strictest regulation/standard must be implemented in order to be in compliance. Often, it is helpful to develop a crosswalk.

**ORGANIZING**

Next, decide how to organize your policies and procedures.

Most organizations decide that multiple manuals are required: An administrative manual, a clinical manual, and a human resources manual. Within each manual, subgroups/chapters are often needed. You may choose to organize the information by department or by topic. For simplicity, many organizations use the ACHC section headings as a way to organize their policy manuals.

It is recommended that all policies and procedures follow a standard format to ensure consistency and to ensure that all relevant information is included.
For instance, the header of the policy should include:

- The name of your organization
- The title of your policy and procedure
- An identifier for the policy and procedure
- The effective date of the implementation of the policy and procedure

The body of the policy and procedure should identify the scope and to which department or program the policy applies. That way it is clear to the reader who the policy and procedure applies to and also reduces redundancy for organizations with multiple programs or services.

The policy statement must address the specific regulation or requirement to which it adheres.

The procedure or process that follows should identify the specific steps or tasks needed to comply with the regulation or requirement.

It is also helpful to include the regulatory reference or resource that validates the policy. Having this information is extremely helpful when revisions are made to regulations or ACHC standards and allows an organization to revise the corresponding policy easily.

It is also recommended that policies and procedures include the author of the department responsible for the content as well as a creation date and any revision dates to the policy and procedure.

If you have any questions regarding policies and procedures, please contact your Account Advisor.

**ADVANCE HOME MEDICAL SUPPLIES**

Advance Home Medical Supplies is a DME/HME provider currently serving the Chicago area. In this unprecedented era of change in the healthcare industry, ACHC has helped to strengthen the infrastructure for providers. It’s not only the compliance or standard requirements, it’s about providing the highest quality of service by observing best practices.

Collectively, we are creating a sustainable future for all healthcare providers

Our Surveyor was a helpful resource in guiding us to become supportive leaders for the families and clients we serve.

Advance Home Medical Supplies would like to thank ACHC for their professional dedication in helping us achieve accreditation.

-JEELANI BALOCH, PRESIDENT
Thank you to all of our 2018 sponsors for helping make our tournament a success!

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ACHC Accreditation University (AU) is dedicated to providing the education and tools our customers need for accreditation success. AU offers a full educational curriculum that includes service-specific workshops, ACHC Accreditation Guide to Success workbooks, audit tools, Performance Improvement (PI) tools, webinars, Readiness Packets, and Policy and Procedure Manuals to help providers in the initial or renewal accreditation process.

We also provide hands-on resources such as mock surveys, workshops, and remote or on-site consulting. Clinical Compliance Educators and ACHC Surveyors with extensive experience in their respective fields provide these resources.

Let AU help you through the accreditation process with a customized plan for success. For more information about our products and services, visit accreditationuniversity.com.

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Patients Choice was looking to create a list of questions we felt the ACHC Surveyor would ask our employees. We were going to develop an audit tool to make it easier to get the documents and ensure we could easily retrieve what we needed during a survey. By providing your "Potential Staff Interview Questions" template and your "Practice Run Audit Tool" in the ACHC Accreditation Guide to Success workbooks, you have saved this organization at least six months it would have taken us to develop these tools ourselves."

—Lee Guay, Patients Choice Medical

To learn more, visit AccreditationUniversity.com.
Accreditation University workshops are specifically designed to prepare healthcare organizations for the initial or renewal accreditation process. Upon completion, all attendees will receive a free digital copy of the ACHC Accreditation Guide to Success workbook, a Certificate of Completion, and $250 off the cost of accreditation.

Unless otherwise noted, workshops are held at ACHC's Corporate Headquarters in Cary, NC.