Time flies. It’s with a combination of excitement and disbelief that we are celebrating our 30th year. I joined Accreditation Commission for Health Care (ACHC) just as we were celebrating our 25th anniversary. The last five years have gone by rather quickly. My predecessors did a great job of establishing a foundation rooted in providing an accreditation solution that is centered around developing standards that are relevant for the community-based services they accredit. This philosophy was the formulation of a few local providers that felt the accreditation options available at the time did not meet their needs, and was the origin of our tag line: “For Providers. By Providers.”

During my tenure at ACHC, we have experienced a dramatic evolution in both how we prioritize our customers and in our results. We are a customer-centric (Continued on next page)
organization. Every decision we make is founded on presenting more value for those who choose ACHC Accreditation and in expanding our services so that we can benefit a greater public. This is my commitment as a not-for-profit organization. In the past two years we have integrated a former competitor (Pharmacy Compounding Accreditation Board [PCAB] Accreditation) and have improved the standards to have a stronger foundation in U.S. Pharmacopeial Convention (USP) guidelines. We have improved our customer service by expanding ACHC’s infrastructure and we have more than doubled the number of PCAB-accredited pharmacies. PCAB is now the premier compounding accreditor in the industry, and the only one that conducts a thorough review of cleanroom operations with highly qualified personnel.

In the past two years, we have expanded our business internationally, first by taking PCAB Accreditation to Canada in April 2015. More recently, ACHC ventured into the United Arab Emirates. In October 2016, we conducted a Home Care workshop in Al Ain, Abu Dhabi, where ACHC Home Care Accreditation has been recognized by Health Authority Abu Dhabi (HAAD).

As part of our standard business approach, we are committed to supporting the interests of providers that seek our services. It has become routine for us to spend time on Capitol Hill in Washington, DC and with the Centers for Medicare & Medicaid Services (CMS), state regulators, payors and PBMs in order to help inform the policy decisions being made and to make sure that ACHC is part of the solution. In the near future we will be taking additional steps to expand our services and to expand our strategic partners in order to give our customers the benefits of a one-stop shop for accreditation of their varied services.

It’s been an exciting five years for me and a proud 30 years for ACHC, and we couldn’t have done it without each and every one of our customers, our dedicated employees, and our Board of Commissioners. I may provide the strategic vision, but their individual dedication to our mission is what makes it all possible and ultimately delivers on our commitment to provide each of our customers with the best possible experience.

Thank you for supporting ACHC throughout our 30-year history and as we continue to expand into the future. The next five years look to be equally as exciting!

Sincerely,

José Domingos
CEO
ACHC HISTORY
A LOOK BACK THROUGH THE YEARS

1985-1989
The North Carolina Accreditation Commission for In-Home Aide Services (NCACIAS) is incorporated.
- Need for a new accrediting program determined for North Carolina.

1990-1994
- Nursing standards for homecare aide organizations are developed.
- The name of the organization is changed to The Accreditation Commission for Home Care, Inc.

1995-1999
- The Accreditation Commission for Home Care, Inc. has surveyed in 17 states from coast-to-coast.
- Hospice and Specialty Pharmacy standards are developed.

2000-2004
- The Accreditation Commission for Home Care, Inc. has accredited 178 sites in 22 states from coast-to-coast.
- ACHC has accredited companies in 45 states with patients being served in all 50 states, Puerto Rico, and Guam.

2005-2009
- ACHC’s QMS is certified to ISO 9001:2008.
- ACHC surpasses 1,000 accredited locations nationwide.

2010-2016
- CMS approves ACHC as deeming authority for Hospice, Home Health, and DMEPOS.
- ACHC moves headquarters to Cary, NC.
- ACHC partners with DNV GL to provide hospitals a system-wide accreditation solution, and Professional Compounding Centers of America (PCCA).

The Accreditation Commission for Home Care, Inc. board approves standards for Home Health, Home Infusion, and Home Medical Equipment.

ACHC elects to become certified to the International Organization for Standardization ISO 9001:2000.
Total Pain Solutions (TPS), LLC, is a non-sterile compounding-only pharmacy located in Alabama. TPS opened in June 2006. Currently TPS employs four part-time pharmacists and five full-time technicians. TPS received ACHC/PCAB Accreditation in October 2014. Accreditation with ACHC has resulted in a positive outcome for our pharmacy. Many of the required USP <795> standards were being followed within the pharmacy but we did not have the documentation in the form of a Standard Operating Procedures (SOPs) manual. Implementation of a Performance Improvement (PI) Committee has allowed us to monitor day-to-day processes within our pharmacy and look for ways to improve any processes that do not meet our desired standards. It was difficult initially to implement all the necessary changes, but once all employees were educated and SOPs were being followed on a daily basis, the outcome was very positive. This has resulted in a pharmacy that operates very smoothly and has very few errors. However, if there is a questionable defect in a process, we now have methods in place to determine the defect and to implement a Plan of Correction (POC) to resolve any issues. Pursuing accreditation has been a very positive experience for our pharmacy.

www.totalpainrx.com

“Aging at Home, LLC

On March 23, 2016, we received approval of accreditation status by ACHC for Private Duty In-Home and In-Facility Care. As a leader of a home care serving the Wake County area of North Carolina, we view this as a crowning achievement in our nine-year history.

Accreditation by ACHC demonstrates our dedication and commitment to meeting the standards that facilitate a higher level of performance and client care. It has made us a better agency and reaffirms our commitment to the seniors and disabled adults we serve on a daily basis. A benefit of the extensive process of becoming accredited is a high level of professionalism now exhibited by the management team, nurses, social workers and the dedicated caregivers we employ. Our referral partners now recognize us as an agency with the ability to meet or exceed the level of standards they have set for themselves.

“IT HAS MADE US A BETTER AGENCY AND REAFFIRMS OUR COMMITMENT TO THE SENIORS AND DISABLED ADULTS WE SERVE ON A DAILY BASIS.”
— TOM ARNOLD, CEO/OWNER

Accreditation standards exceed those set by the Department of Health Service Regulation in North Carolina, thus differentiating us from other providers in our industry. Looking at it from a quality of care perspective it is one of the best decisions we have made to protect the health and welfare of our clients.
ACHC has earned approval for its Quality Management System for the 13th straight year from the International Organization for Standardization (ISO). This news comes as a result of an on-site system audit conducted by TÜV SÜD in June. The objective of the three-day audit was to examine the management system, standard operating procedures, and business practices currently in place at ACHC. A Quality Management System is a set of policies, processes, and procedures used to optimize ACHC’s core business. The purpose of implementing a Quality Management System is to control, measure, and improve business performance throughout the organization.

“ISO certification provides a strategic methodology to build quality and customer focus into our organization,” said Barb Sylvester, ACHC Director, Regulatory Affairs & Quality. “The commitment of staff and leaders to comply with the ISO principles is essential to the provision of superior customer service.”

ACHC is pleased to announce that there were no non-conformities noted by the lead auditor. In addition, the audit report included three positive comments regarding corporate milestones that ACHC achieved. The lead auditor, Gurdeep Mahal, noted the commitment of ACHC’s management team, focus on customer service, and customer inquiry process as commendable strengths. The auditor was very pleased to see ACHC’s customer-oriented operations, even mentioning that he saw it in action during his visit. “Customer focus takes time,” said Mr. Mahal. “ACHC already has that in place. It’s in your DNA.”

ACHC is the first accreditation organization to have its Quality Management System ISO-certified, and has maintained certification since 2004.

"THIS IS A PROUD MOMENT FOR OUR ORGANIZATION," SAID JOSÉ DOMINGOS, ACHC CEO, REFLECTING ON THE RESULTS OF THE AUDIT. “THIS WAS SIMPLY A DEMONSTRATION OF WHAT WE DO EVERY DAY.”
PROGRAM UPDATES

ACHC accreditation assists providers with compliance for the Emergency Preparedness Requirements

In response to the recent natural disasters that have occurred across the United States, The Centers for Medicare and Medicaid Services (CMS) posted the final rule Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers in the Federal Register on September 8, 2016. The regulation took effect on November 16, 2016. Healthcare providers and suppliers affected by this rule must comply and implement all regulations by November 16, 2017.

In a recent press release issued by CMS, Dr. Nicole Lurie, HHS Assistant Secretary for Preparedness and Response, states, “As people with medical needs are cared for in increasingly diverse settings, disaster preparedness is not only a responsibility of hospitals, but of many other providers and suppliers of healthcare services. Whether it’s trauma care, long-term nursing care, or a home health service, patients’ needs for healthcare do not stop when disasters strike. In fact, their needs often increase in the immediate aftermath of a disaster. All parts of the healthcare system must be able to keep providing care through a disaster, both to save lives and to ensure that people can continue to function in their usual setting. Disasters tend to stress the entire healthcare system, and that’s not good for anyone.”

The purpose of this rule is to establish national emergency preparedness requirements that ensure adequate planning for both national and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The following information will apply upon publication of the final rule:

- Requirements will apply to all 17 provider and supplier types
- Providers and suppliers will have their own set of Emergency Preparedness regulations incorporated into conditions or requirements for certification
- Must be compliant with Emergency Preparedness regulations to participate in the Medicare or Medicaid program

ACHC Accreditation Standards require agencies to have written policies and procedures that address a process to organize and mobilize personnel to meet patient needs in a disaster or crisis situation. At a minimum, policies and procedures need to address:

- A system to identify alternative methods for contacting personnel
- Mobilizing resources to meet critical needs
- Alternative methods, resources, and travel options for the provision of care/service
- Safety of personnel
- Identified time frames for initiation of the plan
- Specific measures for anticipated emergencies typical or appropriate for the geographical area served (e.g., hurricanes, tornadoes, floods, earthquakes, chemical spills, and inclement weather)
- Identify and prioritize patients based upon their need so that care/service is ensured for patients whose health and safety might be at risk

THERE ARE 4 CORE-REQUIRED ELEMENTS OF EMERGENCY PREPAREDNESS:

■ Risk Assessment and Emergency Planning (Include but not limited to):
  » Hazards likely in geographic area
  » Care-related emergencies
  » Equipment and power failures
  » Interruption in communications, including cyber attacks
  » Loss of all/portion of facility
  » Loss of all/portion of supplies
  » Plan is to be reviewed and updated at least annually

■ Communication Plan
  » Complies with federal and state laws
  » System to contact staff, including patients, physicians, other necessary persons
  » Well-coordinated within the facility, across health care providers, and with state and local public health departments and emergency management agencies

■ Policies and Procedures
  » Complies with federal and state laws

■ Training and Testing
  » Complies with federal and state laws
  » Maintain and at a minimum update annually
ACHC also requires staff to be oriented and trained annually on the agency’s Emergency Preparedness Plan, as well as, at a minimum, have an annual practice drill to evaluate the adequacy of the plan. Agencies are required to provide patients and caregivers with emergency preparedness information as part of the patient/caregiver education requirement.

In addition, ACHC requires agencies to have written policies and procedures that address their fire safety and emergency power systems, and to educate staff and conduct fire drills and testing of the emergency power systems annually.

While this CMS Emergency Preparedness regulation impacts agencies that participate in the Medicare and Medicaid system, it is best practice for all that care for the sick, disabled and elderly in this country.

ACHC will review and revise current ACHC Accreditation Standards to ensure compliance with the most stringent requirements, and will issue notice to customers regarding revisions and/or additions to the standards in early 2017.

For more information and helpful resources, visit: www.cms.gov/Medicare/ProviderEnrollment-and-Certification/SurveyCertEmergPrep/HealthCareProviderGuidance.html

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**SPECIALTY PHARMACY UPDATE**

The world of the dispensing pharmacy is becoming ever more complicated and intricate. As a consequence of more complex drugs, more targeted therapies, cures for chronic conditions that seemed unlikely five years ago, biosimilars, biologics, and a pipeline that has more medications described as “specialty” than at any other time in history, the role of the pharmacy in managing patient care continues to grow and evolve. Successfully managing adherence is more critical than ever, and the requirements of payors, Pharmacy Benefit Managers (PBMs), and manufacturers alike are becoming more demanding. This makes the role of accreditation organizations like ACHC pivotal in helping these pharmacies achieve success. An unbiased third-party review of the patient management and dispensing process is the key to ensuring that an organization is doing what is necessary to meet these ever-changing requirements. Through the on-site evaluation, ACHC is able to review documentation and practices to determine how a pharmacy is servicing its patients, areas where the pharmacy can improve, and how the pharmacy can develop industry best practices. This survey process coupled with some of the more rigorous requirements of distinction programs specifically targeted to relevant disease states form the foundation for a strong pharmacy practice and successful patient management and outcomes.
PROGRAM UPDATES

DMEPOS UPDATE

CMS has issued changes to the product code addendum effective October 3, 2016. There are some new product codes and changes in the descriptions of other product codes. The following represents the changes to the addendum product codes:

<table>
<thead>
<tr>
<th>CURRENT</th>
<th>NEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>DM12  External Infusion Pumps and Supplies</td>
<td>External Infusion Pumps</td>
</tr>
<tr>
<td>DM13  Insulin Infusion Pumps and Supplies</td>
<td>External Ambulatory Infusion Pump</td>
</tr>
<tr>
<td>DM24  None</td>
<td>External Infusion Supplies</td>
</tr>
<tr>
<td>DM25  None</td>
<td>External Ambulatory Insulin Supplies</td>
</tr>
<tr>
<td>DM26  None</td>
<td>Pressure Reducing Beds/Mattresses/Overlays/Pads – Used</td>
</tr>
</tbody>
</table>

If you are currently accredited for DM12 and/or DM13, ACHC will update your account to include DM24 and/or 25. If you are currently accredited for DM20, Support Surfaces: Pressure Reducing Beds/Mattresses/Overlays/Pads, ACHC will update your account to include DM26.

Also, beginning for dates of service on or after October 3, 2016, system edits will be in place to deny payment for specific Healthcare Common Procedure Coding System (HCPCS) codes if the provider is not accredited for the product category the HCPCS falls under. If you are exempt from accreditation requirements, these edits will not apply. It is important to verify that you are accredited for all product categories containing HCPCS codes for which you plan to bill. You can verify the product codes you are accredited for by logging in to Customer Central at cc.achc.org and accessing your account. Once in your account select “Edit Company Information,” click on “Add/Remove Product Codes,” and under “View Main Office Codes” select the appropriate location to see the product codes for which the location is accredited. Do not hesitate to contact your Account Advisor if you have any questions.

21st CENTURY Health Care Consulting *** ❤  *** Services

As a preferred partner of ACHC, we have assisted more than 2,000 home health care companies attain Private Duty and Medicare accreditation.

Call us at 888-850-6932 for information regarding our comprehensive ACHC reaccreditation support program.
PROGRAM UPDATES

SLEEP UPDATE

ACHC has recently been accepted as a sleep lab accreditor by Wisconsin Physicians Service (WPS), which is the Medicare Administrative Contractor (MAC) for Iowa, Kansas, Missouri, Nebraska, Indiana, and Michigan. With the acceptance of ACHC by WPS, ACHC is now mentioned as an approved sleep lab accreditor in the Local Coverage Determination (LCD) for this MAC, recognizing ACHC as an accreditor with expertise in sleep lab accreditation. In order to obtain acceptance from WPS, three standards, SLC 4-6A, 6B and 6C, were revised to contain language requested by WPS.

Revisions are as follows:

<table>
<thead>
<tr>
<th>SLP4-6A</th>
<th>Clarification that the physician providing oversight of diagnostic sleep testing can be a Doctor of Osteopathic Medicine (DO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identification of credentials for technicians conducting sleep studies</td>
</tr>
<tr>
<td></td>
<td>Clarification that non-licensed/credentialed technicians must work under the direct supervision of a licensed/credentialed professional at all times</td>
</tr>
</tbody>
</table>

| SLP4-6B | Identification of additional boards allowed to provide sleep certification of the interpreting physician |

| SLP4-6C | Clarification that a DO can act as the Medical Director |
|---------| Clarification that the sleep center must be affiliated with a hospital or under the direction and control of a physician (MD/DO), even though the diagnostic test may be performed in the absence of direct physician supervision. |

These revisions will likely not affect your current practice. Standard revisions can be downloaded by logging into your account on Customer Central.

INFUSION PHARMACY

ACHC has been a trusted partner to Home Infusion providers since the early 2000s. Although this industry has witnessed some unsettling challenges over the years it is still an essential component in the delivery of care within the home care market. As the industry continues to transform and with the potential support from Congress of The Medicare Home Infusion Site of Care Act, we may witness a radical change in the delivery care model. The overall cost savings to the health care sector would be of benefit not only to payors but also to the care that can be now delivered in the home. Over the past few years there has been little growth in this industry, with few companies starting up operations. Instead we have seen a shift to larger companies acquiring smaller home infusion operations.

This past year ACHC took proactive steps with its standards to address upcoming changes in USP<797>. Although the possible changes still have a few years before becoming a requirement, ACHC wants to ensure that each of our accredited infusion pharmacies are in compliance with the somewhat varied requirements of state pharmacy boards in all 50 states. We want to make sure that the effort that each of our accredited companies undertakes to demonstrate compliance with our standards is also noted and recognized by each of the state boards. This is even more challenging to our customers while we also adjust to the requirements of USP <800>, which will also become effective in the coming years. ACHC is offering many different workshops to help educate our customers and the boards of the upcoming impact of these USP guidelines. Please feel free to reach out to us with any inquiry that you may have as we (collectively) prepare for these changes.

For more information on ACHC Programs & Services, please contact ACHC’s Account Services Team—customerservice@achc.org.
Chipping in for Charity
SAVE the DATE
MAY 22, 2017
BRIER CREEK COUNTRY CLUB
RALEIGH, NC

3 GREAT WAYS
TO PARTICIPATE:
visit achcgolf.com
PLAY SPONSOR DONATE
In light of intense scrutiny in the pharmacy compounding industry after the meningitis tragedy in 2012, state regulatory bodies are increasingly seeking compliance solutions that ensure the highest quality of patient care and safety for individuals needing sterile and non-sterile compounds. In an effort to provide regulatory bodies an effective solution to the urgent need to inspect each facility with existing resources, ACHC developed ACHC Inspection Services (AIS).

The AIS program includes:

- Surveys performed by registered pharmacists with specific experience in compounding
- Inspections compliant with USP <795> and <797>
- Flexibility that allows states to leverage established AIS criteria or customize to meet their unique requirements
- Cleanroom inclusive inspections
- States can elect to include sampling requirements
- Inspection findings electronically transmitted within 10 days

By partnering with AIS, states recognize the following benefits:

- **Cost Savings**  
  » States are not responsible for the cost of performing inspections.

- **Resource Management**  
  » States are not responsible for maintaining the resources necessary to conduct pharmacy inspections allowing for better resource allocation.

- **Consistency**  
  » AIS provides consistent inspections on a national basis through its network of “compounding qualified” inspectors.

- **Reliability**  
  » AIS utilizes the experience of ACHC Accreditation to establish a proven process for inspections.

Currently, the following states have accepted AIS, PCAB Accreditation, or both as evidence for non-resident pharmacies seeking to ship into the states: Texas, Florida, Ohio, Oklahoma, Maryland, Michigan, South Dakota, and Connecticut. Compounding pharmacies that ship into these states can obtain more information by calling (855) 937-2242 or visiting aisinspections.org.
CMS MORATORIA UPDATE

HOME HEALTH

Extension & Statewide Expansion of CMS Moratoria on New Home Health Agencies in Florida, Illinois, Michigan, and Texas

On July 29, 2016, Centers for Medicare & Medicaid Services (CMS) extended the home health agency moratoria for another six months and expanded it statewide in Florida, Illinois, Michigan, and Texas. This imposes a moratorium on the enrollment of all new home health agencies looking to bill Medicare, Medicaid, or Children’s Health Insurance Program (CHIP).

On August 29, 2016, CMS issued clarification on the extension of the moratoria. ACHC has issued a letter to providers outlining the information received from CMS in the memo to State Survey Agency Directors. That letter can be found on Customer Central (cc.achc.org) under Accreditation Resources.

For ACHC agencies waiting for an initial survey to become a Medicare Certified Home Health Agency, the following option is available:

- Change your request for a survey from Medicare Certified to a non-Medicare Certified Private Duty survey
- Under our Private Duty program you can choose any or all of the following services:
  - Private Duty
  - Nursing
  - Aide
  - Infusion Nursing
  - Companion/Homemaker
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Medical Social Services

Choosing ACHC Private Duty Accreditation will allow your agency to provide services to the non-Medicare/Medicaid population. If you want to discuss this option, or if you have any questions about how your agency might be affected by the moratoria, please contact your Account Advisor or call us at (855) 937-2242.

NEW SRX ONLY

PHARMACY

As the first accreditation organization to offer accreditation for Specialty Pharmacy, ACHC is now offering a Specialty Pharmacy Only accreditation service (SRX Only) for pharmacies that work exclusively within the Specialty Pharmacy practice area, without Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) as a part of their business. This accreditation service will include an announced survey. Previously, pharmacies seeking accreditation in Specialty Pharmacy were subject to an unannounced survey, a requirement of CMS for DMEPOS accreditation. On the heels of our recently launched Distinction in Oncology program, this new SRX Only accreditation is the latest addition to a comprehensive suite of pharmacy accreditation services including Specialty, Ambulatory Infusion Center, Community Retail, Infusion, Long Term Care, Sterile and Non-Sterile Pharmacy Compounding (PCAB), and ACHC Inspection Services. ACHC’s pharmacy services are aimed at helping growth-oriented pharmacies access a broader patient population by demonstrating their compliance with the industry’s most relevant standards across a wide range of service areas.

For more information on ACHC Programs & Services, please contact ACHC’s Account Services Team—customerservice@achc.org.
ACHC’s commitment to partnering with organizations in the healthcare industry is essential to our mission, vision, and future. These partnerships assist in achieving shared business objectives and goals. From on-site trainings and on-demand webinars to ACHC Guide to Success workbooks, we are constantly updating and expanding our resources to help providers achieve success.

There is a constant and continuous need for resources to assist providers. These resources range from guidance on the accreditation process to industry updates and regulations with which they are required to comply. “ACHC is proud to partner with organizations in an effort to provide them with relevant standards, best practices, and educational resources,” said Matt Hughes, ACHC Director, Business Management & Customer Service. “We are eager to work with our valued partners to offer their members even more benefits. In addition, discounts and special pricing on these items are offered to allow providers access to resources at reasonable and affordable costs.”

ACHC’s Partnership Program is continuously evolving, and continues to partner with healthcare organizations while highlighting the distinctions each brings to the table. With different yet complementary strengths, partnering together allows us to bring providers the best resources the industry has to offer. Sharing in the same mission and objectives allows this program to prosper, and providers to reap the benefits.

TOGETHER WE WILL HELP MORE HOME CARE PROVIDERS ACROSS FLORIDA GAIN ACCESS TO THE HIGHEST QUALITY ACCREDITATION, HELP IMPROVE THEIR BUSINESSES, AND HELP PROVIDE EXCELLENT PATIENT CARE. ACHC AND HCAF ARE READY TO HELP PROVIDERS THRIVE UNDER THE EVER-INCREASING DEMANDS OF THE FLORIDA HOME HEALTH INDUSTRY.”
— LEANNA NORR, HCAF DIRECTOR OF COMMUNICATIONS & GOVERNMENT AFFAIRS

THANK YOU TO ALL OF OUR VALUED PARTNERS
Always Best Care
Association for Home & Hospice of NC
California Association for Health Services at Home
Community Oncology Pharmacy Association
Connecticut Association for Healthcare at Home
DNV
Essentially Women
Florida Alliance for Health Care Services
Florida Association of Medical Equipment Services
Grove Medical, Inc.
Home Care Association of Massachusetts
IMCO Home Care
International Academy of Compounding Pharmacists
Managed Health Care Associates, Inc.
Indiana Association for Home & Hospice Care, Inc.
Michigan Association for Home Care
NC Association of Medical Equipment Supply
The MED Group
Ohio Council for Home Care & Hospice
Professional Compounding Centers of America
PersonalMed
Rhode Island Partnership for Home Care
South Carolina Medical Equipment Services Association
Virginia Association for Home Care and Hospice
Texas Association for Home Care & Hospice
Vital Care

For more information on ACHC’s Partnership Program, please contact Lindsey Holder—lholder@achc.org.
Accreditation University (AU), the newest division of ACHC, opened its doors in January of this year. AU was created to offer educational products aimed at assisting providers with the accreditation process. With 30 years of experience partnering with healthcare providers, ACHC recognized the need for healthcare organizations to have access to comprehensive educational resources that increase the quality of patient care, efficient business operations, and complaint practices. AU has developed a suite of services to prepare an organization for ACHC survey.

Over the past few months, we have seen continued growth and an increasing need for our services and consultative approach to accreditation. AU is in the unique position to help an organization at any stage of accreditation preparedness—from a startup company that has not opened its doors to a successful tenured company that wants to improve patient care. AU offers educational products in the form of expanded program-specific ACHC Accreditation Guide to Success workbooks, policy and procedure manuals, and Accreditation Workshops. Additional products and services will support providers where they may experience a gap in expertise, resources, or time.

Additionally, Pharmacy, DMEPOS, and Sleep providers have access to a full line of customized consulting services delivered by ACHC’s highly qualified network of Certified Consultants. By offering a personalized line of consulting solutions for providers, AU can focus on enhancing healthcare organizations by helping to implement sound policies, procedures, and practices. These customized consulting solutions include remote or on-site coaching/training, readiness assessment, gap analysis, and Mock Surveys. Currently, limited consulting products are offered to Home Health, Hospice, and Private Duty providers.

I could not have been more prepared with the support and guidance I was given. The consultant’s attitude was positive and professional. For anyone who truly wants to do the accreditation process right, for the purpose of doing business right and serving patients right, I highly recommend utilizing Accreditation University and ACHC as the accrediting body.”

— Mock Survey Customer, DME
AU WORKSHOPS & MOCK SURVEYS

Consider attending one of AU’s program-specific accreditation workshops for an overall training about ACHC Accreditation. Accreditation workshops provide customers with a comprehensive overview of the accreditation process and a standard-by-standard review of the requirements for survey. Courses are conducted with a personalized approach that delivers valuable insight into the accreditation process. Workshops are held frequently at ACHC headquarters in Cary, NC. For an up-to-date listing of upcoming workshops, visit AccreditationUniversity.com.

For a more personalized approach to accreditation readiness, we suggest providers consider having an on-site Mock Survey. A Mock Survey is a realistic survey experience before the actual survey. An ACHC Consultant performs a comprehensive on-site review and gap analysis. The Mock Survey can be set up to be identical to the actual survey based on the customer’s needs. The Consultant coaches and trains your staff throughout the day as needs are recognized. Once the survey is complete, a detailed gap analysis identifies any deficiencies and offers suggestions on correcting deficiencies in order to comply with ACHC Accreditation Standards. For more information about Mock Surveys, please contact us at (919) 228-6559.

CERTIFIED CONSULTANT PROGRAM

The Certified Consultant training program gives participants insight into the ACHC standards, survey approach, and survey process. The program provides industry professionals with a comprehensive overview of the ACHC Accreditation process.

**ACHC Certified Consultants receive:**

- ACHC Certified Consultant recognition
- Company listing on ACHC’s website
- Access to ACHC Accreditation Standards
- ACHC Accreditation Guide to Success workbook
- Continuous promotion and referral by ACHC at trade shows and events

Contact Accreditation University for additional information about the ACHC Certified Consultant Program and upcoming trainings.
ACCREDITATION UNIVERSITY

With a full range of educational resources, Accreditation University (AU) is a division of ACHC committed to your organization’s success in preparing for and maintaining accreditation.

PRODUCTS
AU products are designed to offer help where you need it most.
- Workbooks
- Readiness Packets
- Extended Policy Reviews
- Policy and Procedure/Standard Operating Procedures

TRAINING
AU training is led by ACHC industry experts and offers an in-depth review of the accreditation process.
- Workshops
- Webinars
- Consultant Training

CONSULTING
AU consulting packages are program-specific and customizable to your needs.
- Readiness Assessment
- Gap Analysis
- Mock Survey
- On-site and remote services available

Contact us today to learn more!  (919) 228-6559 → AccreditationUniversity.com