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## ACCREDITATION

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### Time to Choose Your Accreditation Path

by **Roberta Domos, RRT**



The long-awaited deadline for all HME businesses that bill Medicare for reimbursement has finally been announced. Providers must successfully obtain accreditation by September 2009—a scant 18 months away. And if the first round of competitive bidding is any indicator, providers in the next 70 MSAs for competitive bidding will have a deadline closer to 6 to 8 months from now to complete accreditation.

As a consultant, I speak with providers every day on the topic of accreditation, and I know that many dread the work that is required to prepare for a successful accreditation survey. Others are apprehensive about it because they don't know quite what to expect from the process.

First, know that obtaining accreditation does take a determined effort over a period of months, but in many cases the process comes down to documenting a lot of what a good, quality provider is already doing. There is a learning curve to understanding what activities must be documented and how they must be documented. And it takes time to get those processes in place if they did not previously exist. But keep in mind that many providers have voluntarily gone through the accreditation process, long before it was mandated by CMS, for the sole purpose of improving business practices.

Now more than ever, with reimbursement pressures escalating on a continual basis, we as an industry are truly faced with the prospect of "survival of the fittest." Decades of work in the industry have convinced me that quality truly does drive revenue in the medical equipment business, and following accreditation standards is a blueprint for running an efficient business that puts an emphasis on quality care.

Another bright spot to the accreditation mandate is that it will clean out providers who are not concerned with basic quality standards—standards that most in the industry have long held to even before the mandate was in place. The vast majority of HME providers choose to work in this challenging industry because it offers the opportunity to make a living through helping others. There really is no good reason that the industry should have a black eye because of the few that cut corners and fail to offer basic quality services.

While it may take a few years to shake out the riffraff, the industry as a whole will be more respected once mandatory accreditation has weeded out those that quality providers never should have had to compete against in the first place. In the end, it will only mean more market share for the quality providers in the industry, and that is a win/win for everyone.

#### ADJUSTING TO STANDARDS

CMS has recognized 10 accrediting bodies that are approved to meet the Medicare mandate. Many of these are suitable choices for full-service HME providers, while a few are geared toward specialty providers that focus on certain products. All of the approved accrediting bodies were required to incorporate CMS' minimum quality standards into their existing standards to be approved by CMS, but most go further than that with additional standards of their own.

Should most providers simply seek out the accrediting body with the fewest additional standards? Not necessarily. Providers should keep in mind that commercial insurance payors tend to adopt Medicare's standards as their own as time goes on, and the accreditation mandate will be no exception. The industry has already seen this in states such as California, Texas, and Florida.



**Roberta Domos**

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The more established accrediting bodies have done decades of work to be recognized by a large cross section of commercial insurance payors, and it may take time before some of the newer accreditation organizations can compete on that scale. While it is quite possible that some insurance companies that plan to require accreditation will accept an accreditation company based on Medicare's acceptance, it is wise to check with major commercial insurance companies to make sure the accrediting body will be recognized by them.

Full-service HME providers should also consider that accreditation organizations with an established track record have more experienced surveyors who tend to have a good understanding of the practical applications of the required standards. Ask the accrediting body that you are considering about the experience they require of their surveyors. By the same token, CMS-approved accrediting bodies that are geared toward specialty or niche providers (orthotics and prosthetics, mail order companies, rehabilitation, or pharmacies) may be a better choice if you are one of those providers.

Many providers with no background in accreditation want to know how difficult the process is, and the simple answer is that it depends on multiple factors such as your current business practices, your ability to read the standards and assess how they can be applied in a practical manner to your business, and what resources you are willing to invest to simplify the process. Accreditation preparation seminars, teaching materials sold by the accrediting bodies themselves, and experienced consulting assistance can all ease the learning curve and help you get it right the first time.

A large consideration that every business owner needs to start thinking about soon is the amount of time it will take for your organization to come into compliance with accreditation standards. Waiting too long to get started will result in undue stress on your employees, and disrupt business practices to the point of negatively impacting profit margins and cash flow. It is simply not realistic to think your employees will be able to drop their regular duties to focus on accreditation preparation at the last minute. Competent consulting assistance can decrease the preparation time by as much as half, because the focus can then shift from the development of policies, processes, and procedures, to the implementation of tried and true processes.

A full-service provider should plan on beginning preparation at least 8 to 12 months prior to the deadline they are seeking to meet—if they devote 4 to 6 hours per week on the preparation. Providers that have multiple locations will need closer to 12 to 18 months at the same pace to implement accreditation standards throughout their business.

Therefore, most providers that plan to bid in the second round of the competitive acquisition program should already be in the process of accreditation preparation. Providers that focus mainly on medical supplies and mail order can typically complete the process in 6 months, so they have a bit more breathing room. However, if the bulk of your business focuses on equipment rentals and sales, the time to start is now.

When it comes to accreditation, do not be chased out of the business by the CMS accreditation mandate. Yes, it will take time to meet the standards, and yes, it will cost money to do it, but the horror stories about the cost and the time involved are often greatly exaggerated. Even if you plan to sell your business in response to the new mandate, realize that an accredited company will be more attractive to a potential buyer than a company that has not begun the process.

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