



## ACCREDITATION DOCUMENTATION SUMMARY

To be eligible for accreditation:

1. The organization must maintain a physical facility on an appropriate site. The physical facility must contain space for storing business records including the supplier's delivery, maintenance and beneficiary communication records.
2. The organization must maintain a primary business telephone listed under the name of the business locally or toll-free for clients.
3. The supplier must furnish information to clients at the time of delivery of items on how the client can contact the supplier by telephone. The exclusive use of a beeper number, answering service, pager, fax machine, car phone or an answering machine may not be used as the primary business telephone.
4. The organization must have a comprehensive liability insurance policy in the amount of at least \$300,000 insuring both the supplier's place of business and all clients and employees of the supplier. In the case of a supplier that manufactures its own products, this insurance must also cover product liability and completed operations.

Documents to be displayed in each accredited location and clinic:

1. Business license.
2. Occupancy permit, if required by local and/or state regulation.
3. Medicare's 25 Supplier Standards.
4. Certificate of accreditation.
5. Other Federal or State required licenses and permits.
6. Patient Rights Poster. (PM Guidebook, p.27)
7. Office hours and contact information posted on the entry for after hours contact.
8. Copies of individual Certifications.

Operational documents to be maintained on site:

1. Administrative
  - a. Budget: can be a simple ledger or detailed electronic at owner's discretion.
  - b. Articles of Incorporation/Organization: annual state registration form can be used.
  - c. By-laws or operating agreement for a corporation or LLC; use a business purpose statement for sole proprietorship.
  - d. Policy and Procedure Manual. (PM Guidebook)
  - e. Employee Manual/Handbook: can be included in (d.) above. (PM Guidebook)
  - f. Copy of completed Medicare Supplier Enrollment form 855S.
  - g. Personnel file for each caregiver containing at least: a copy of current certifications/licenses, copies of continuing education attendance, copies of performance evaluations, copies of patient complaints, compliments and related actions taken, a copy of the organization's record of

- h. Privileging and a copy of a criminal background check as appropriate. DME businesses with delivery drivers should perform background checks.
- i. A system to match charges to clients for products and services rendered with the invoice for them. This can be a multi-column spreadsheet for use with all clients as part of a billing documentation record.
- j. A system for tracking financial information. This can be done with a spreadsheet, Quicken, QuickBooks or a simple ledger.
- k. A system for reviewing the organization's billing for accuracy and compliance with payor requirements. A spreadsheet for billing and coding can be used to check for submission errors.

## 2. Patient Care Documentation

- a. A client chart containing at least: patient identifier (name, address, contact method, email, Medicare and/or insurance information, medical record number); a compliance prescription, delivery receipt, photographic documentation as necessary; product(s) provided by type, size, description and serial number if available; a progress note for each visit recording, as appropriate, measurements, weight, skin condition/appearance, size and fitter/practitioner observations indicating the effectiveness of patient education; patient comments or feedback about service, process, personal satisfaction or dissatisfaction; any other metrics considered as standard in the care encounter.
- b. Forms for patient signature indicating receipt of product(s), education materials, permission to contact by telephone, HIPAA form and others pertinent to the care encounter. The majority of these forms can be listed on the delivery form and checked as applicable. (PM Guidebook, p.18)
- c. Patient satisfaction survey. Feedback collected here is the most meaningful after the product(s) has/have been worn/used for a reasonable period of time. (PM Guidebook, p.28)
- d. Product warranty information. Reference the attached warranty statement that may be used if warranty issues have been or are problematic.
- e. Established goals and expected outcomes for the patient. Document these in the progress note and reference your discussion with the patient, their input and comments relative to goals and expected outcomes.

## 3. Patient Education and Follow-Up Documentation to Include

- a. Instructions for proper wearing, fit and care of the product(s) provided.
- b. Instructions on recognizing the signs of trouble, such as skin irritation or breakdown, what action(s) to take in such an event, when and how to contact the fitter/practitioner/doctor due to a perceived problem.
- c. Education on the function, care, use, maintenance and precautions of the device.
- d. Ensure that the patient is informed about an appropriate follow-up schedule for their specific device.

## 4. Performance Management Documentation

- a. Patient complaint/ compliment log containing at least: (See attached)
    1. The name, address, telephone number and/or email and HIC# of the patient or caregiver if acting on behalf of the patient.
    2. A summary of the complaint; the date it was received; the name of the person receiving the complaint; and, a summary of actions taken to resolve the complaint. Document any discussion with the patient or caregiver.
    3. If an investigation was not conducted, document the name of the person who resolved the issue and the reason(s) for their decision(s).
    4. Within five (5) calendar days of receiving a patient's complaint the supplier shall notify the patient or caregiver that, using oral, telephone, email, fax or letter format, their complaint has been received and is under investigation. Within fourteen (14) calendar days the supplier shall provide written notification to the patient or caregiver of their investigation and the results. The supplier shall maintain documentation of all complaints received, copies of any investigation(s) and responses to patients and/or caregivers.
  - b. A mechanism to monitor, track and report on client satisfaction with and complaint(s) about product(s) and service(s). (See attached form referenced in 4.a. above.)
  - c. A mechanism to monitor, track and report on the organization's timeliness of response to patient/caregiver questions, problems or concerns. Use form referenced in 4.a. above with date stamping of both receipt and response.
  - d. A mechanism to monitor, track and report on the impact of the supplier's business practices on the adequacy of patient access to equipment, products, services and information. You may use the same Patient Complaint/Compliment form for documentation.
  - e. A mechanism to monitor, track and report on the frequency of billing and coding errors; for example, number of Medicare claims denied or errors the supplier may find in its own records after notification of a claim denial. (Use spreadsheet referenced in 1j above.)
  - f. A mechanism to monitor, track and report on adverse events to patients due to inadequate or malfunctioning equipment, product(s), or services; for example, injuries, accidents, hospitalizations. This may be identified through follow-up with the prescribing physician, other healthcare team members, the patient or caregiver. (PM Guidebook for Incident/Injury Report, p.19)
5. Business Continuity (Emergency Plans) Documentation
    - a. The supplier shall have a contingency plan that enables it to respond to emergencies and disasters or to have arrangements with alternative suppliers in the event that the supplier cannot service its own clients as the result of an emergency or disaster. See attached sample of Alternate Care Provider Policy.
  6. Annual Report Documentation (See PM Guidebook for instructions and/or forms.)

- a. Policy and Procedure review documentation. Page 34.
- b. Performance Management review documentation. Page 10.
- c. Fire and Emergency evacuation drill logs and critique. Page 22.
- d. Facility Safety review documentation. Page 11.
- e. Medicare Supplier Compliance audit report. Page 12.