

TAKE PICTURES – Start Retailing

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HME businesses are trying to compete in a very competitive and ever-changing market. How can you stay ahead and capture more revenue? You don't have to start with expensive strategic planning and market analyses. You can start with one simple step. Get out your camera. Take photos. Snap the outside of your building, front door, outdoor displays (scooters in front of your store) and window displays. Walk through your front door. Snap the entry, the first impact, the department views. Notice if your salesperson approaches (or are they at the back of the store sitting at a desk?) Snap a customer at the register and the interaction with your staff.

How do you look? Now take pictures of your competitors. Now how do you look? Would you visit or buy more products from your own store or a competitor's?

If you have a location where any consumer, caregiver or referral source will walk through your door, you are a retailer. In this demanding, unsteady environment, cash sales and your unique retail experience can provide added revenue streams. But your location and retail marketing efforts must be comparable to the top companies in our industry and the better retailers in your community. Why? Because your prospects and customers expect it.

We all have very good excuses for not making changes or learning new tools. Costs, unpredictable market, ROI, time, staff, etc. But with creativity, customer ideas, employee ideas and keen observation you can make distinctive changes in your retailing and improve sales.

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Keep in mind the basics and the retail experience. You can have a great looking store but weak sales people, or a shabby store and great sales people. You want to serve and sell more to your current customers as well as attract new customers. While each HME retailer has their own spin, product mix, budget and/or digital savvy, the successful ones are always on track with effective marketing, scheduled promotional activities and anticipating

customer needs.

What works for HME retailers around the country sifts down to retail basics unique for HME. Here's what the successful ones do:

- Plan their store layout and shopping flow (often using manufacturer planograms)
- Post their mission statement, store hours and policies and professional signs
- Set-up lifestyle signs and modern displays
- Offer products in room settings (bathroom display, bedroom display, den display) or modular departments
- Have outdoor monument lighted signs
- Always show a merchandised, clean store window with displays that are changed regularly (monthly or bimonthly)
- Offer front "feature or promotion" end caps or displays
- Have readily available educational material, neatly & clearly displayed (and online)
- Display dust-free, clean products on shelves and show floor with hang tags and prices
- Provide specifically trained retail sales personnel (greeting, cross selling, product depth)
- Schedule themed promotions, educational presentations and seminars
- Provide regular advertising, traditional and online
- Offer customer relationship communication such as email, direct mail and Facebook
- Keep their website updated with information, videos, FAQs, special offers and more.

HME retailers see their sales pick up from initial, modest changes that include in-store merchandising, advertising, promotion and effective personal sales. They start paying attention and add and upgrade their product lines, promotions, digital programs and personnel.

So get out your digital camera. There is no time to lose. Everyone else wants to get your customers and your baby boomer caregivers to sell more to them. The private pay market continues to expand. With a retail showroom that demonstrates products and sells cash items to complement equipment categories, success is right around the corner. Don't wait for your competitor to beat you to it!



Colette Weil is the Managing Director of Summit Marketing. Ms Weil works with HME suppliers to help them increase business through effective marketing strategies and tools. Go to www.summitmktg.com or e-mail Ms. Weil at cweil@summitmktg.com.





From the Director's Desk

Mary Nicholas, MHA
Executive Director

What to do....What to do?

Just like picking up the daily newspaper and reading of news that would be considered less than upbeat, coming in to work on Monday mornings and reading the weekly trade publications can start the weeks off with your head spinning. It is as if we, in the home medical equipment industry, are caught in our own turmoil, fighting instability and trying to find order where there is sometimes very little.

There are obviously many things we can each do in order to fortify our positions, but one of the ways to maintain and strengthen our industry, I believe, is to stay connected. Thus the first edition of the Champion Chat is being sent from HQAA to you. No doubt there are plenty first rate publications that do keep us all connected, but we feel that we have a unique opportunity to develop and nurture connectivity as well. There is always room for reinforcement in our industry, yes?

With reinforcement we can pull strength from one another. Not the kind that necessarily creates 'muscle' but the kind that offers support and says, "I understand, I know, I care". Reinforcement is abundant

in our industry, and this mode of communication, we hope, is another resource for not only reinforcement, but informative, quality information. It is only with good information that good decisions can be made. We are committed to being a part of your 'good information' source.

We also want to ensure that this communication source is meaningful to you. As always, please let us know if you have unmet needs in this newsletter, or if you would like to contribute to this publication. We will happily hear your suggestions and act upon them as space permits.

So it is with pride that our first edition of the "Champion Chat" has been created and sent. We see this e-newsletter as a communications source for your accreditation needs, and a way to stay connected. Firmly believing that Quality should be shared, this publication will do just that. Knowing that we as a whole are as strong as our weakest link, we will work toward industry strength with you as the focus. Let us know how we can best serve your needs to ensure that together,....we Keep Quality Continuous! 🙌

HQAA On the Road

Come visit us at:

MESA 9/2

(Dallas)

WAMES 9/23

(Lake Geneva)

MAMES 10/6-10/8

(Des Moines)

KMESA 10/19-20

(Lexington)

Medtrade 11/16-18

(Atlanta)

Calling All Consultants

Want to learn more about HQAA?

An Afternoon Just For You at Medtrade!

When: Mon 11/15
2-4pm EST

Where: Atlanta
Marriott
Marquis

Mark Your Calendar!

To sign up to receive **Champion Chat** directly, click **here** or contact us at 866-909-HQAA and ask us to add you to our mailing list



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STRATEGY + PROGRAMS + PERFORMANCE

AUGUST

Disaster & Emergency Preparedness Plans

SEPTEMBER

Grievances/Adverse Event Management

OCTOBER

Patient Intake Process

NOVEMBER

Transfers, Terminations, Discharges & Denials

DECEMBER

Delivery Process Review

2011

JANUARY

Materials Management

FEBRUARY

The 3 R's: Recalls, Returns, Repairs

MARCH

Physical Locations

APRIL

Personnel Files

MAY

Emergency - Disaster Preparedness

JUNE

Infection Control & Safety

ACT (Accreditation Continuation Toolkit) is the program offered to HQAA accredited providers to assist them in maintaining and updating their high quality standards and accreditation requirements on an ongoing, on-line basis so that accreditation renewal is smooth and seamless.

Each month, providers enrolled in **ACT** work with a small component of standards and ensure that they are reviewing and updating their processes as needed. By addressing accreditation compliance requirements in small, "bite-sized" components, last-minute renewal work is eliminated and what can be extensive work is accomplished in small, incremental steps. Monthly topics featured assist providers in conducting audits and updating information. Providers who subscribe to **ACT** receive the plans, tools and access to experts in one easy-to-use website, saving both time and money.

In this issue we are highlighting the **ACT** topics for August, September and October and listing some of the questions posed for subscribers to review to ensure that they are meeting their accreditation standard requirements.

August- Disaster and Emergency Preparedness

Corresponding HQAA Standards- ICS 7 Disaster Plan, ICS 8 Emergency Preparedness

Can your staff describe the processes your organization has in place to ensure continuity of care for your clients in the event of a weather related disaster, such as a tornado, hurricane or flood? Who is your Safety Officer and has he/she conducted all appropriate drills and evaluations each year? Do you have items such as a telephone tree with updated names and phone numbers?

September- Management of Grievances and Adverse Events

Corresponding HQAA Standards- PS 9 Grievances and Complaints, QM 2 Adverse/Sentinel Events, QM 3 Reporting Requirements, ICS 6 Injury/Exposure/Incident Program

Are you documenting any incidents, accidents or adverse events properly? Are you reviewing this data each quarter? Are you documenting all of the required items on both your complaint form and in your complaint log? Are you following Medicare guidelines regarding acknowledging a complaint with a customer?

October- Patient Intake Process

Corresponding HQAA Standards- PRO 3 Business Practices, PS 1 Client Acceptance/ Services, PS 2 Physician Orders & Coordination of Care, PS 3 Plan of Service, PS 4 Client/ Caregiver Education, Training and Safety, PS 5 After Hours

Does your intake process work effectively? Have you reviewed your delivery processes lately? Do you need to re-evaluate how your delivery drivers obtain all required signatures and orient your customers to your organization? Is there efficiency and accuracy in your verification of eligibility for benefits? Are your educational materials up to date? Is your After-Hours program working well?

Haven't signed up for ACT?
Contact Gabriel Nicholas,
HQAA Business Development Manager
Gabe.Nicholas@hqa.org
866.490.7980

Here's what one of our current ACT subscribers has to say:

"I really appreciate HQAA offering the ACT program. I love how it provides you with week by week instruction on what needs to be accomplished. I really depend on my ACT Book to keep me organized and up to date."
Tonya D. Russell, Reimbursement Specialist
Burkes Main Street Pharmacy



HQAA

Recently Accredited Quality Champions

Please join us in congratulating
these recently accredited providers.

RP Medical Supply	4/1/2010
Palmetto Medical Services, Inc.	4/5/2010
MetroCare Home Medical Equipment, Inc.	4/5/2010
Ciscura, Inc	4/6/2010
Mountain Home Medical LLC	4/8/2010
Esonet Medical Equipment & Medical Supplies, Inc.	4/8/2010
Sego`s Home Medical Equipment	4/12/2010
Hometown Pharmacy LLC	4/13/2010
Diabetes Care Club, LLC	4/13/2010
American Sleep Association, LLC	4/13/2010
North Texas CardioPulmonary, Inc.	4/13/2010
C & D Services of IN Inc.	4/14/2010
Ards LLC	4/14/2010
OxyLife Respiratory Services, LLC	4/15/2010
A Hug Away Medical Supplies, Inc	4/15/2010
ENT Medical Services Sleep Supply, LLC	4/19/2010
Palmer Pharmacy Plus	4/20/2010
Mississippi Valley Sleep Supplies, LLC	4/20/2010
Hypnos Medical Equipments	4/20/2010
Ad Medical Supply INC	4/20/2010
Jordan Medical, LLC	4/20/2010
Central Mississippi Medical Equipment, LLC	4/21/2010
Franklynn, Inc	4/21/2010
St. Benedicts Family Medical Center	4/22/2010
Clayton Health Systems	4/27/2010
MMS Equipment of Fort Worth, Inc.	4/27/2010

South Florida Mobility, Inc.	4/27/2010
Focus Care of Utah, Inc	4/29/2010
Breathe Easy Medical Inc.	4/29/2010
ASAP Home Oxygen, Inc.	5/3/2010
Physicians Choice Respiratory Services, Inc.	5/3/2010
American Preferred Home Medical	5/3/2010
Cardio Pulmonary Resources, Inc.	5/3/2010
Canters Pharmacy	5/3/2010
Hammer Incorporated	5/3/2010
Agc Medical Supply Inc.	5/4/2010
Affordable Medical Supply, Inc	5/6/2010
Easy Life Medical Equipment, Inc.	5/10/2010
American Home Care, LLC	5/11/2010
A & G Spinal Solutions LLC	5/12/2010
A.M. Home Diagnostics, Inc.	5/17/2010
Brilliant! Medical Boutique	5/17/2010
Rapid Recovery Medical Service, Inc.	5/17/2010
The Wheelchair Store	5/17/2010
Medx Dme, Inc.	5/18/2010
Inland Medical Supplies	5/19/2010
Medical Sales Inc.	5/20/2010
Rx Discount of Berea PLLC	5/21/2010
On Call Medical Equipment, INC	5/24/2010
Special Needs Network, Inc.	5/24/2010
Medical Park Homecare, Inc	5/24/2010
HCA of Palm Beach, Inc.	5/24/2010

We look forward to listing your company as one of our Quarterly Champions! Come join our family!

HQAA
Recently Accredited
Quality Champions



ISU, Inc.	5/24/2010	Brand Health Care M.S. Inc	6/15/2010
Life Quality Home Health Care Inc	5/24/2010	Orthopedic Supply Inc	6/15/2010
Miriam and Associates Inc.	5/24/2010	New Visions Medical Equipment, Inc.	6/16/2010
The Tarpy Group	5/25/2010	Assured Home Respiratory & Medical Equipment, Inc.	6/16/2010
ACG Medical Supply Inc.	5/25/2010	Metroplex Medical Supply	6/17/2010
Mitchell Oxygen LLC	5/26/2010	Star pharmacy Inc.	6/17/2010
MedCo, LLC	5/27/2010	Geri Kare, LLC	6/17/2010
CardioSom LLC	5/28/2010	Breath of Life Home Oxygen, Ltd.	6/17/2010
A-1 Medical Supplies LLC	5/28/2010	Progressive Mobility and Medical, Inc.	6/17/2010
Charleston Neuroscience Institute	6/1/2010	Medical Supply Depot Inc.	6/21/2010
Care Services Inc	6/1/2010	Super D Drugs	6/22/2010
Medallion Medical Equipment L.L.C.	6/2/2010	Sylvia's Home Medical Supply, Inc.	6/22/2010
Quality Pharmacy, LP	6/2/2010	Mountain Air, LLC	6/22/2010
Greenville Home Town Medical Equipment Inc	6/2/2010	Skoro Enterprises LLC	6/22/2010
Luv MedGroup, LLC	6/2/2010	Three B Financial Service Inc.	6/22/2010
Mark E. Wandel	6/2/2010	Menorah Park Center for Senior Living	6/22/2010
United Group Medical Supplies Inc.	6/7/2010	Medco Rentals Inc	6/23/2010
XMED Oxygen and Medical Equipment, L.P.	6/8/2010	Downtown Medical Equipment Inc.	6/24/2010
Star Medical Equipment Rental, Inc.	6/9/2010	AER, Inc.	6/28/2010
Delta Medical Fire & Safety Supply, Inc	6/10/2010	Yost Pharmacy Inc	6/28/2010
Delta DME	6/10/2010	Family Pharmacy of Statesville	6/28/2010
N H Med Services, LLC	6/10/2010	FHMS INC	6/29/2010
M & S Medical, Inc.	6/10/2010	Respira Medical, L.P.	6/29/2010
Richand Inc.	6/10/2010	Mobility Medical Equipment, Inc.	6/29/2010
T. D. Medical Inc.	6/14/2010	Patients Care Medical Supply Inc.	6/29/2010
Palmetto Oxygen LLC	6/14/2010	ModernCare Medical Equipment & Supply, LLC	6/30/2010
		Advanced In-Home Respiratory 24, L.L.C.	6/30/2010



Champion Chat's Regulatory Update is provided by Mary Ellen Conway. Mary Ellen can be reached at 301.896.0193 or maryellen@capitalhealthcaregroup.com

Regulatory Update

*Mary Ellen Conway, President
Capital Healthcare Group*

There is so much happening in the regulatory environment for DMEPOS providers these days, from Competitive Bidding to Z-PIC and RAC audits. But one item that affects ALL providers is the PECOS program.

Last year, CMS announced their new PECOS system, which requires that Medicare participating physicians who prescribe DMEPOS items must be registered in their PECOS system. It's not enough that the physician has a current license and NPI, he/she must also have this separate registration. Although it is a requirement for physicians, DMEPOS providers will not have their claims for Part B items paid beginning January 1, 2011 if the physician is not registered in PECOS. This burden of registration has been placed solely on the shoulders of the DMEPOS provider community.

But, while this is a serious concern for all Part B providers, the January deadline is not the only date to worry about. As of July 6, 2010, the listing of PECOS enrolled practitioners is available on-line and providers should be constantly checking that their prescribers are on this list. Until January 1, providers will receive warning letters if the physician on the claim is not enrolled, but the claim will be paid.

What is most concerning is that in the future, when audits are performed for claims that are paid during these next six months, CMS will not guarantee that these claims would not be subject to recoupment. Providers may be subject to re-pay these payments

when they fill orders from non-PECOS enrolled physicians over the next six months.

AAHomecare has been working with CMS on PECOS-related issues and is deeply chagrined that CMS has not taken a position on these critical issues. The association issued a statement on July 14, 2010 stating "HME providers are at risk, and in addition, we believe more than 30,000 physicians have enrolled in PECOS but their applications have not been processed. Continuity of care is going to be seriously disrupted. This is a train wreck and CMS knows it." In informal surveys of members, the association learned that 23 to 30 percent of submitted claims are receiving PECOS warning messages.

What can you do right now? You must create a process to check EVERY prescriber that signs your customers orders is enrolled. If they are not, educate their office staff to the critical nature of this enrollment and consider whether you can continue to receive orders from the provider until they have enrolled. If the provider has any questions, ask them to contact CMS for clarification right away.

Keep informed through your state and national associations and work with your legislators to make sure that they hold CMS accountable to "do the right thing" with respect to audits. HQAA will help you stay informed through this newsletter as well. Don't think this doesn't affect your business until next year and take steps you need to take right now.

Infusion Accreditation



Now that the 'crush' of DME surveys has passed, HQAA wants to remind you that Infusion Accreditation is also available. Why work with separate accreditors when you can coordinate both accreditation products through HQAA? HQAA uses the same 'bite-size' approach with its web-based standards management system and assigns the accreditation coach as your resource for all questions. Stay on track with HQAA. Reduce your risks and liability while protecting your bottom line and your reputation! www.HQAA.org

Call: 866.490.7980 and ask for Gabriel



Compliance Corner

Curtis McLees
Director of Compliance

Each month, Champion Chat features information provided by Curtis McLees, HQAA's Director of Compliance, that highlights common problematic areas of compliance

Human Resource Files –

A Few Tips / Reasons to Stay Current

The most cited deficiencies on HQAA surveys are the standards involving the Human Resource (HR) files. The HR files are often overlooked because owners and managers justify that their time is better spent providing products/services to patients and carefully watching profit margins rather than paying attention to “the small stuff”.

Businesses maintain up-to-date HR files is to minimize risk. Risk should be considered with every business decision that is made. Risk is defined as, “The danger that injury, damage, or loss will occur; or that somebody or someone is likely to cause injury, damage or loss.”

Maintaining and updating the HR files helps reduce company risk and liability. Lack of documentation in the supplier’s HR files can leave the company without proof that the employee is:

- Properly trained and receives ongoing training and evaluations
- Properly vetted to work with a vulnerable population with such items as reference and background checks and validation of information provided on the original application
- Regularly tested to ensure that he/she is competent in performing their duties

If a legal situation develops between an employer and employee, or

with a customer, having current HR files can prove that the supplier has met the legal requirements and has made good faith efforts in providing safe and quality customer service.

At least once per year, review HR policies to make sure that what you are actually doing is reflected accurately in your P&P. If the company finds itself in court as a defendant and an employee has been trained to perform their task differently than what is stated in your P&P, then the company’s vulnerability increases.

If you hire contract workers (IRS form 1099), you are still responsible for the work they perform for your company. Did you train them so they understand the P&P manual? Have their credential’s expired?

It is also important to keep up with staff education:

- Make sure your education calendar is prepared and scheduled with programs that are needed for your staff, adhered to and not just an exercise in paperwork. Don’t let it lapse.
- Provide opportunities for your staff to stay current with the latest laws & regulations, best practices that fit your organization, and information to protect both the employee and patients from hazards.
- Current job descriptions that are reviewed annually. Employment law cases have gone badly for the employer when responsibilities are not clearly defined in job descriptions.

Re-Application Process

The Workroom portion of the HQAA process is thought of as a “shared” policy and procedure manual. After uploading all required documents, HQAA then has a record of your methods to meet the standards ‘on paper’. These are the records that your surveyor will review prior to your on-site visit, laying a foundation for you current accreditation award.

The re-application process begins with the home page button, “Click Here to Apply”. Even if it is not your first time, you will see a page asking if the intent is to re-apply. The HQAA ID# is needed to begin an efficient process of completing the application. All current information about your company will be available to edit and update, saving you time in completing a whole new application.

Once in your Workroom, a coach will

continue to be assigned as your personal resource. Your task is to review all documents on file, update and upload those that have changed, and keep on file those that have not. YOU are in control of keeping or updating documents. Simple. Efficient. Personal.

It is our recommendation that you re-apply with HQAA at least 6 – 9 months prior to the expiration of your accreditation. The expectation is to leave a **4 month window** from the point of workroom completion to survey, post-survey activity and then accreditation. Consideration needs to be given to how much time can be dedicated to completion of the Workroom activity. HQAA does send letters via USPS as a courtesy reminder to give consideration to your time frames. Expiration dates are noted and documented by the NSC; do not risk extending your work past your date.



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Ask the Surveyor

your questions answered...

Steve DeGenaro, RRT

Director of Survey Services



Q: How do I perform competency assessments on my clinical RT? I only have one RT and no one else at my company would know how to assess that person's competence.

A: You are correct in thinking that the person performing the assessment of a clinician's competence must themselves be a clinician. An owner who is not a clinician may or may not know how clinical respiratory is done but would not be appropriate person to utilize for the competency assessment. The solution for your problem may be "outside the box", or outside of your organization. Note that the standard does not specify that the person assessing competency has to be within the organization. Companies in your situation find an outside source who knows the proper techniques and how a specific procedure SHOULD be done, and then utilizes their expertise. Additionally, companies can utilize the sales reps from the manufacturer that provides the equipment and tap into their expertise. Another great solution that we've seen is that the company may call a referral source (for instance, ask the RT from the local hospital) to do an observational "ride along" with the company's RT and complete the competency assessment. The key is that the person performing the competency assessment --whether they are from within a company or from the outside--must be a similarly

licensed clinician (and is currently licensed) who is competent to evaluate the skills, tasks, or services. Be sure to make a copy of that person's license and attach it to the back of any competency forms completed and filed. That will be all the documentation you'll need.

Q: Does HQAA require me to have an HME license, a bedding license, a pharmacy license, or any other kind of license?

A: Accreditors like HQAA, require that you have every license that you are required to hold. You need to be aware of the requirements in your county and state and you need to ensure that these licenses are active and current. HQAA reinforces those laws and regulations within the various states. Thus, if your business is in Wyoming, and Wyoming requires you to have a bedding license, a business license and a DMEPOS supplier license, HQAA will check to make sure you are compliant with your state's requirements. If you don't have the appropriate license, your organization would be cited deficient on survey and the deficiency is scored under our **ORG 2 Compliance with Permits, Licenses and Supplier/Provider Agreements** standard.

Submit your questions by clicking ["Ask the Surveyor"](#)

Forwarding Service Requested



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