

2011 OIG Work Plan

Wayne H. van Halem, AHFI, CFE
President, The van Halem Group, LLC



Each year, the Office of Inspector General (OIG) drafts a "Work Plan" report which provides brief descriptions of the activities that they plan to initiate or continue throughout the fiscal year. This information is important because, in many instances, these activities will be the focus of audits by the OIG, CMS, and/or its contractors. Suppliers should be aware of this plan so that they can determine where to focus their own internal controls in order to better prepare themselves for a potential audit in these areas. As it relates to durable medical equipment suppliers, the 2011 Work Plan identifies the following areas of focus:

- Compliance of suppliers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) with Medicare requirements for frequently replaced DME supplies. Suppliers should be contacting patients in accordance with the guidance provided as opposed to automatically shipping supplies. This contact must be clearly documented in your files.
- Part B payments to DME suppliers of power mobility devices (e.g., scooters), hospital beds and accessories, oxygen concentrators, and enteral/parenteral nutrition will be reviewed to determine that they are reasonable and necessary.
- Documentation for payments to DME suppliers for standard and complex rehabilitation power wheelchairs to determine whether the claims were medically necessary.
- Appropriateness of Medicare Part B payments to DME suppliers that submitted claims with modifiers. For example, claims submitted with a "KX" modifier indicate that the patient's medical record contains information to support that they qualify for coverage of a particular item.
- The process CMS used to conduct competitive bidding and subsequent pricing determinations for certain DMEPOS items and services in selected competitive bidding areas under Rounds 1 and 2 of the Competitive Bidding Program.
- DME claims to determine the extent to which suppliers participating in the Competitive Bidding Program are soliciting physicians to prescribe certain brands or modes of delivery of covered items that are more profitable to suppliers.
- The fee schedule for parenteral nutrition, compared with fees paid by other sources of reimbursement. This is being reviewed because previous OIG work found that Medicare allowances for major parenteral nutrition codes averaged 45 percent higher

than Medicaid prices, 78 percent higher than prices available to Medicare risk-contract health maintenance organizations, and 11 times higher than some manufacturers' contract prices.

- Part B payments for home blood glucose test strips and lancet supplies to determine that they are reasonable and necessary.
- A study on the Medicare market shares of mail-order diabetic testing strips. CMS may use the results of this study in future rounds of competitive bidding for mail-order diabetic testing strips to ensure that suppliers that submit winning bids are able to provide beneficiaries' preferred types of testing strips.
- The Medicare contractors' processes for enrolling and monitoring suppliers of DMEPOS.
- The extent to which Medicare claims for orthotics and prosthetics were paid to unqualified practitioners in 2009 and an assessment of whether CMS provided guidance to State licensing boards and the industry on how to define a "qualified practitioner" of orthotics and prosthetics.
- Medicare payments for lower-limb prostheses in 2009

IN THIS ISSUE

- ✓ From the Director's Desk.....2
- ✓ This Month in ACT.....3
- ✓ HQAA Recently Accredited Companies.....4-5
- ✓ Regulatory Update.....6
- ✓ Compliance Corner.....7
- ✓ Ask the Surveyor.....8
- ✓ Ask the Coaches.....9

For more specific details, review the entire report at http://oig.hhs.gov/publications/workplan/2011/WP01-Medicare_A+B.pdf



Wayne van Halem is an author, consultant, and President of The van Halem Group, LLC in Atlanta, GA, and a former auditor and National Appeals Director with Medicare. Since 2006, his company has helped countless providers navigate complex issues related to Medicare and Medicaid audits, appeals, and compliance.



From the Director's Desk

Mary Nicholas, MHA
Executive Director

Don't Just Look Forward!

It is very rare for me to start off a request or a direction with the word "don't". I am more of a "do" person and always have held on to that half full glass of water. In the January "Quality Quips" newsletter, which is our internal monthly publication, I requested too that staff not *look* forward, but to **ACT** forward when thinking of the new year 2011.

To *look* can be a very passive term. No one in our industry, or in health care for that matter, should be a passive on-looker. My encouragement is to **ACT** forward in 2011. My request and expectation internally was that everyone **ACT** upon those instincts, reactions, and maxims that make us a stand-out accreditation organization, and today I make that request of you.

Take stock of your mission and the hallmarks that make your company unique and hold each other accountable to **ACT** upon them at all times. An example is that one of HQAA's hallmarks is beyond-exceptional customer service. This is not an attribute one can just simply *look* forward to...it is an action, and thus something that we can **ACT** upon.

Another example that I can give is to identify just how important the loyalty of HQAA customers is to us. We truly respect that loyalty is earned and we hope to **ACT** upon that every day, every time you need us.

HQAA wants to thank all current customers in our **ACT** program for the loyalty and commitment to continuous improvement in your organization. HQAA wants you to know that we recognize that taking action is much more demanding than being an on-looker. Beginning in January of 2011, if a current **ACT** subscriber renews their application with us, HQAA will reduce the Workroom fees to the low **ACT** subscription price.

Providing the reduced fee was an idea that came out of our internal Synergy Team meetings in examining how to recognize loyalty. When you add together the team discussion and a way to **ACT** it forward, the team asked to reduce the cost for our customers. We moved forward with the idea. What are ways that you can **ACT** it forward for your customers? ✓

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



- Proactive internal audits
- Medical review and audit support
- Appeal preparation
- Compliance programs
- Education and training and more

Proven Experience. Sound Counsel.
www.vanHalemGroup.com
404|343|1815

HQAA
On the Road
Come visit us at:

CAMPS

3/1-2
(Irvine, CA)

MESA

3/15-16
(Dallas, TX)

MAMES

3/25-26
(Omaha, NE)

FOOCUS

3/24-25
(San Diego, CA)

NHIA

4/4-7
(Orlando, FL)

PAMES

4/6-7
(Portland, OR)

IAMES

4/7-8
(TBD)

Medtrade Spring

4/11-14
(Las Vegas)

GAMES

4/25-27
(Macon, GA)

PAMS

4/28-29
(State College, PA)

NYMEP

5/2-3
(White Plains, NY)

FEBRUARY

The 3 R's: Recalls, Returns, Repairs

MARCH

Physical Locations

APRIL

Personnel Files

MAY

Emergency - Disaster Preparedness

JUNE

Infection Control & Safety

JULY

Compliance

AUGUST

Retail

SEPTEMBER

Client Medical Records

OCTOBER

Staff Education, Training and Competency

NOVEMBER

Transfers, Terminations, Discharges & Denials

DECEMBER

Delivery Process Review

JANUARY 2012

Materials Management

ACT (Accreditation Continuation Toolkit) is the program offered to HQAA accredited providers after their successful accreditation 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 “bite-sized” component of standards to 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 efficient, incremental steps. Featured monthly topics 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 February, March and April and listing some of the questions posed for subscribers to review to ensure that they are meeting their accreditation standard requirements.

February- Recalls, Returns and Repairs

Are your staff members aware of your policy for recalls? Are all lot and serial numbers up to date in order to locate recalled items? Who checks the FDA website routinely for recalls? Is your return policy posted? Is the information provided to your customers for returns correct? For the staff who repair items, are their HR files complete with competency assessments that include repair training?

March- Physical Locations

Is each location equipped to handle infection control and safety issues? Are all of your current permits, licenses and certifications posted? Are your MSDS copies up to date? Are items in your retail space clearly marked with prices?

April- Personnel Files

Are your files maintained in a secure area? Are they up to date? Are you ensuring that all newly hired staff are completing your orientation? Do your job descriptions need updating? Who has access to personnel files and how is this enforced?

Haven't signed up for

ACT?

Contact

Gabriel Nicholas,

HQAA Business

Development Manager

and ask how you can get

3 months FREE!

gabe.nicholas@hqaa.org

866.490.7980

**Here's what some
of our current
ACT subscribers
are saying:**

“The ACT Program is great. It keeps us organized giving us the freedom to work at our leisure and provides the security that we are up-to-date with accreditation and prepared for the resurvey well in advance.”

***Amarji Ghuman, Owner
Midwest D.M.E. Supply, Inc.***

“I have really appreciated the structure and practicality of the ACT Toolkit and Action Plan. As the compliance officer, it has definitely made my preparation easier and has given me a great plan to follow for the future.”

***Andrew Schindler, Operations Manager
Jencyn Medical***



HQAA Recently Accredited Quality Champions

**Please join us in congratulating
these recently accredited providers.**

A- Plus Medical Equipment	12/15/2010	CPAP Store	07/20/2010
A&B Medical Supply Of Crowley LLC	11/04/2010	DAP INC	12/14/2010
A.S.H. Medical Supply,LLC	07/20/2010	Delmarva Medical Equipment Inc	11/17/2010
Abeltd Enterprises, Inc.	10/20/2010	Edward V. Beam Pharmacy, Inc.	11/29/2010
Advanced Pharmacy Inc	12/07/2010	Follansbee Pharmacy, Inc.	12/28/2010
American Clinical Supplies, Inc.	11/02/2010	GBT Medical Supply, LP	07/13/2010
Anchor Medical Equipment Inc.	07/22/2010	Glory Medical Supply	07/15/2010
Arete Sleep Therapy	07/07/2010	Helget Medical Supply	07/13/2010
B&E Medical Supply And Equipment,LLC	10/26/2010	High Point Medical LLC	12/21/2010
Baseline Medical Company	10/07/2010	Homecare Medical Aids ,Inc	10/12/2010
Bellevue Medicine Shoppe	12/15/2010	Houston Stat Medical Supply & Equipment, Inc.	07/15/2010
Best Care Medical Equipment, LLC	12/21/2010	I.V. Specialty, Ltd	07/20/2010
Blount Discount Pharmacy	12/06/2010	Infusion Solutions, Inc	07/06/2010
Braemar Consultants, Inc.	07/15/2010	JCMH Home Health Products	12/07/2010
Bray Pharmacy	10/27/2010	Jerseyville Pain Management Center	07/06/2010
BrightChoice Medical, Inc.	11/22/2010	Kingdom Medical Equipment, LLC	10/20/2010
Carter`s Drug Store, Inc.	12/27/2010	Knott's Medical Supply Inc.	11/30/2010
CCFR, LLC	12/30/2010	La Caridad Pharmacy, Inc	07/23/2010
Central IL Medical Equipment, Inc.	11/30/2010	Lam & M Medical Equipment Corp.	07/20/2010
City Pharmacy, LLC	10/19/2010	Lexington Medical Supply	11/16/2010
CL Cressler Inc	10/18/2010	Lifestyle Scooters inc	10/04/2010
Coastal Care Home Medical, Inc.	10/14/2010	Lindberg-Turner Medical Equipment LLC	12/01/2010

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

HQAA
Recently Accredited
Quality Champions



Loving Care Medical Supply	07/23/2010	Reliable Medical Supply, Inc.	07/19/2010
Manish Somani Inc	11/30/2010	Ridley's Clinic Pharmacy	11/15/2010
Medical Facilities of America Supply Services, LLC	07/08/2010	Rockville Medical and Disc Center LLC	10/25/2010
Neuro Resource Group, Inc	07/20/2010	Saint-Mark Enterprises #106 LLC	07/06/2010
Nizhoni Medical Supply Inc	07/14/2010	Shasta Medical Equipment	10/21/2010
NRF, Inc.	11/18/2010	Shelby Memorial Hospital	11/29/2010
Optimistic Medical Equipment Supply Services LLC	10/07/2010	Sleep Diagnostics, Inc.	10/12/2010
Pacific Biomedical Inc.	10/12/2010	Sleepcair, Inc.	07/07/2010
Pacific Island Medical, Inc.	10/25/2010	SMN INC	11/23/2010
Padgett's Home Care & Ostomy Center, Inc.	07/21/2010	Southern Pharmacy Services	07/19/2010
Patriot Medical Supplies, LLC	10/25/2010	Specialty Wheelchairs LLC	10/11/2010
Performance Modalities, Inc	11/08/2010	Suncoast Medicare Supply Company Inc.	11/16/2010
Personal Medical Equipment & Services, Inc.	10/19/2010	Superior Care Medical Supplies, Inc.	11/10/2010
Pharmaca Integrative Pharmacy	10/13/2010	Tebar Medical Supplies & Equipment, Inc.	12/02/2010
Pharmacy Plus & Surgical Supplies LLC.	12/16/2010	Tim Mitchell Medical Inc	10/18/2010
Pharmedcare	12/22/2010	Transition Pharmacy LLC	11/09/2010
Physical Medicine Clinic of Granite City LTD	12/02/2010	Transworld Imports LLC.	11/01/2010
Precision Drugs LLC	10/04/2010	United Oxygen and Medical Equipment, Inc.	11/09/2010
Preferred Pharmacy Tellico Greens, LLC	07/14/2010	USA Rehab, Inc.	12/13/2010
Preston Mobility Plus, Inc	07/20/2010	We Care Medical Supplies Inc	10/05/2010
Rapid Medical Services, Inc.	07/01/2010	White Oak Estates Inc	07/19/2010
Reagan's Rx Compounding Pharmacy & Home Care, LLC	10/26/2010	WinCare, Inc	07/12/2010
		Windham Drug	12/29/2010



Champion Chat's Regulatory Update
is provided by industry consultant
Mary Ellen Conway. Mary Ellen can be
reached at 301.896.0193 or [maryellen@](mailto:maryellen@capitalhealthcaregroup.com)
capitalhealthcaregroup.com

Regulatory Update

Mary Ellen Conway, President
Capital Healthcare Group

DME suppliers have become very aware over the past few years that they must keep up with all of the current business and regulatory changes that affect their business. This Champion Chat is just one publication that provides updates to you through the articles and specialty columns. Subscribing to industry periodicals and publications, enrolling in the Medicare "list-serves", attending state and national conferences and participating in teleconferences are just some of the ways industry members keep up-to-date with all of the new and changed regulations. All of these measures can assist the supplier to keep key items on their business dashboard---those items that are monitored daily, weekly and monthly.

What's on your business dashboard?

You certainly have your business financial information at your fingertips through such items as monthly and quarterly P&L reports, weekly and bi-weekly payroll reports, individual receivables reporting and daily cash flow. But what about some of the "outside" factors?

All things Medicare

There are many ways to stay in the Medicare "loop". Medicare offers monthly "Open Door Forum" teleconferences generally on the 3rd Wednesday of each month. These teleconferences have short presentations and the agenda is distributed a week or two in advance. Be aware that they don't always stick to the agenda, but the calls do happen. You can sign-up for notifications of teleconferences via e-mail at https://subscriptions.cms.hhs.gov/service/subscribe.html?code=USCMS_C115. At the CMS website (www.cms.gov), you can also sign-up to be on any of their "list-serves". Just enter the words list serve in the search box on the site

and you will be directed to the list of all of the groups Medicare has available or go to www.cms.gov/opendoorforums.

Additionally, Medicare publishes "MLN Matters" articles—MLN stands for Medicare Learning Network. These articles are published typically to clarify information or explain requirements. Enter MLN Matters in the search box to review all of the **MLN Matters** articles published or go to www.cms.gov/MLNmattersarticles.

Your Medicare billing contractor, or DME MAC, also has a list serve. Make sure you are enrolled with your correct e-mail address to receive all of their communications.

HIPAA HITECH

Effective November 30, 2009 there were updates published to the HIPAA regulations providers must follow, known as the HIPAA Enforcement Interim Final Rule. These are also known as the HITECH updates. These new requirements speak to what measures you must now employ to reduce the chances of breaches of your protected PHI and the monetary penalties that are in place as of February 18, 2009. For more information, visit the HIPAA website at www.hhs.gov/ocr/privacy/index.html.

Other Info

Wayne's article on the cover offers the contact info for the OIG. Additionally, to subscribe to the free Monday updates from the industry publications go to: www.homecaremonday.com and www.hmenews.com.

And for more information, stay tuned to your quarterly Champion Chat!

Infusion Accreditation

Watch for the ad on the right that will be appearing in industry publications this Spring.

Now that the "crush" of DME surveys has passed, HQAA is making an effort to remind providers of our Infusion Accreditation Program. HQAA offers Infusion Accreditation as both a supplement to your accredited DME product line as well as for free-standing ambulatory infusion providers.

Come visit us at NHIA in Orlando and watch for more HQAA Infusion Program ads in trade publications over the next few months. For more information about accrediting your infusion program, give your coach a call!

Will **infusion accreditation** make
my pharmacy **more competitive**?



Visit www.HQAA.org

Call: 866.909.4722 | E-mail: info@HQAA.org



Compliance Corner

Curtis McLees
Director of Compliance

Each quarter, Champion Chat features information provided by Curtis McLees, that highlights common problematic areas of compliance

Documentation is becoming more important every day in the DME industry. I think we all know this isn't new news because the documentation fight has been going on for decades, but these days the detail of paperwork scrutiny and the payment delays to providers are at an all time high and will be going even higher. Region A is continuing a widespread review with this news release issued on December 2nd – "In the review, 478 services were reviewed with 376 being denied; based on the outcome of the review, NHIC will continue with a widespread complex review on claims billed with HCPCS E0431, E1390 and E0439." This constitutes a 78% denial rate!

You might think that CMS may be unfairly targeting the DME industry, but truly, all areas of healthcare are experiencing the same sorts of reviews. And it doesn't help DME to have large settlements and recoveries in the news week after week. Here are a few recent announcements:

- **Former Georgia Resident Charged with Medicare Fraud**
U.S. Attorney for the Southern District of Georgia announced on January 5, 2011, that Samuel Curtis, III, 37 who formerly resided in Brunswick, Georgia, but who now resides in Houston, Texas, was indicted by a federal grand jury and was charged with attempting to steal more than \$500,000 from Medicare through two medical equipment suppliers located in Brunswick, Georgia, and Houston, Texas.

- **Houston Doctor Sentenced to 41 Months in Prison**
On January 4, 2011, the U.S. Department of Justice announced that Houston-area residents Dr. Howard Grant, Obisike Nwankwo and John Lachman were sentenced to 41 months in prison, 21 months in prison, and 26 months in prison, respectively, for their roles in a multi-million dollar durable medical equipment (DME) Medicare fraud scheme.
- **DME Owner Indicted**
On January 10, 2011, United States Attorney the Southern District of Texas José Angel Moreno and Texas Attorney General Greg Abbott announced a 31-count sealed indictment charging a durable medical equipment company (DME) owner with conspiracy, health care fraud, wire fraud and money laundering in a scheme to defraud Medicare of nearly \$5 million.

These flashy court cases and recoveries only help to fuel the fire with the impression that the DME industry is rife with fraud and that audits need to be conducted vigorously. They do very little to support the supplier who is conducting business ethically.

Continue to scrutinize your billing processes by selecting several key areas and audit the results. Remember, while proper documentation has always been an issue, it is now more important than ever and is an integral part of your quality improvement program.

HQAA Champions In the News



Greenwood Drug, Inc.

We are pleased to congratulate pharmacist Robert (Bob) Greenwood of HQAA Accredited **Greenwood Pharmacy** who was recently named the new President of the Board of Directors for the National Community Pharmacy Association (NCPA).

Bob began his pharmacy career here in Waterloo, Iowa, when he purchased Hurdle Drug Company in 1987. He bought a second pharmacy in 2000 in Denver, Iowa, and two years later opened the Professional Compounding Center of Iowa (also in Waterloo).

Bob is a member of the Waterloo City Council and is a

graduate of Creighton University School of Pharmacy in Omaha, Nebraska.

"I am excited to begin my tenure thanks, in no small part, to my fellow officers and Executive Committee colleagues, our outstanding staff at NCPA headquarters and, most importantly, the engaged independent community pharmacy community," said Greenwood. "By working collectively we can ensure a brighter future in which independent community pharmacies are indispensable to our health care system, creating better outcomes and reducing overall costs for patients."



Ask the Surveyor

your questions answered...

Steve DeGenaro

Director of Survey Services

In each issue we address questions our customers send to our surveyor team

Q: How does a company ensure that they have acceptable physician orders that meet the standard?

A: Physician orders are arguably the most important part of a patient file and certainly something that surveyors will spend a good amount of time reviewing and checking. Correct orders also protect your company from liability and risk and are a vital component of your compliance program.

HQAA's Standard PS 2, Physician Orders and Coordination of Care, requires that you have all of the elements of a valid and complete order. This can mean various information or data depending on the type of medical equipment or supply that is ordered.

For oxygen, a complete order must contain liter flow, the method of administration and duration (how many hours the oxygen is to be administered). "OXYGEN AT 2 LITERS/MIN VIA N.C. CONTINUOUS" is an acceptable order. "OXYGEN CONTINUOUS" is not, as it does not state how much (liter flow) and how the oxygen is to be administered--- how long the patient should receive oxygen each day. Oxygen orders must also comply with billing requirements. For a Medicare patient, that means a complete Oxygen Certificate of Medical Necessity (CMN) must be obtained from the prescribing physician. The CMN contains medical history and information, and parameters of what the maximum liter flow can be, but is not a valid order in and of itself. If your organization plans to use the CMN as the physician order, you must have the exact order written in Section C, the "blank box" located in the lower quarter of the form.

CPAP devices require a pressure setting in each order. That setting is typically expressed in centimeters of water pressure (often abbreviated "CWP"). Humidification devices must be dispensed if ordered, but can also be provided to patients at their request without an order. Keep in mind that a third party payer may require an order to pay for the humidification device.

Other durable medical equipment, such as wheelchairs and hospital beds, require an order from a payer—be it Medicare, Medicaid, or private insurance— and each has specific requirements that must be followed. For additional reference on Medicare requirements, check with your DME MAC for their physician order requirements for each item you provide.

Remember that any "hands on" or clinical services such as pulse oximetry and other care and assessments must have an accompanying order. Accrediting bodies often are questioned about this requirement. The standard is in place because of liability. If the company performs some kind of clinical monitoring, testing, or assessment, there must be an order for it. The order for "care" (as opposed to equipment) is often contained in a signed physician treatment plan. The treatment plan could contain a list or description of assessments or tests that should be performed, along with any parameters to follow. An example of this might be an order to test pulse oximetry weekly and notify the physician if it falls below "X". Having orders from the physician that define the treatment plan ensures that the company is not practicing medicine and is operating under the direction of the licensed physician who can legally prescribe care and treatment.

Issues of non-compliance with the standard PS 2 can ripple through other groups of standards since many are interrelated. Additionally, issues of problems with orders for clinical care are also scored under HQAA's Clinical Respiratory Services (CRS) standards. Issues where orders are missing a required billing component can also be scored under Billing and Collections (BC) standards in addition to PS 2.

Assuring that you are maintaining accurate and complete physician orders is an important component of your company's accreditation survey and helps protect your company from unnecessary risk as well.

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

Ask the Coaches

Here we feature questions often asked of our coaches

Q: Can you highlight some of the standards companies could focus more attention to?

A: While ALL of the standards are important, we find that we need to remind our customers of some items they may not pay enough attention to. These standards are often areas that require more attention and focus:

Standard ORG5 (Compliance Program)

Your organization needs an effective Compliance Program that covers all the elements of compliance and proves that you practice due diligence to effectively prevent, find and fix any problems or deficiencies in your process. Your Compliance Program assures accountability with programs such as HIPAA & OIG and the other federal, state or payer requirements. Develop methods to prevent violations of the law and unethical conduct. Follow up deficiencies with disciplinary actions if needed and always educate your staff as much as possible. Your Compliance Program must be integrated with your QI/PI Process.

Standard QM1 (Quality/Performance Improvement Program)

Your QI Program serves as a report card for tracking and identifying results of all surveys, data collection logs, audit results, action team meetings and recommendations for improvement. This must be a continuous effort. Make sure your QI/PI program collection and reporting activities are happening daily, weekly, monthly and quarterly. Remember it is possible the site surveyor may request to see data collected during your interim years of accreditation.

Standard HR2 (Competency Program)

Your staff is the heart and soul of your business. Drivers and customer service staff are the “face” of your business and often are the only staff member your customer may ever encounter. Ensure that your staff members are competent to perform all services and are capable of educating your patients. Conducting a thorough and complete orientation program for each new hire, providing appropriate supervision and performing required competency evaluations are all important to your success. Ensuring that all HR documentation is complete and on file is a continuous process and should not be treated as something reviewed once a year.

Watch for more highlights of important sections of standards in our “Ask the Coach” column in upcoming newsletters.

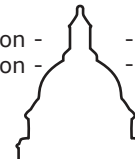


YOUR RESOURCE FOR:
MARKETING • SALES
MEDIA • PUBLIC RELATIONS
COLETTE A. WEIL, MBA, MANAGING DIRECTOR
415.388.5303 | CWEIL@SUMMITMKTG.COM
WWW.SUMMITMKTG.COM



EXPERT CONSULTING SERVICES FOR
DMEPOS | Home | Health Hospice

Accreditation Preparation -
Survey Remediation -
- Regulatory Compliance
- Recruitment and Retention



Capital Healthcare Group
Mary Ellen Conway, President
P.O. Box 34416 • Bethesda, MD 20827
301-896-0193 • www.capitalhealthcaregroup.com
Consultants Available Nationwide

Here's Our Latest News - What's Yours?

*We hope you are enjoying your issues of Champion Chat as much as we enjoy providing them to you. Help us stay in touch with what's happening in your world by keeping us up-to-date. We rely on you to suggest stories, submit questions to our team of experts and give us feedback on the items and articles you are reading. We need you, our industry colleagues and accredited providers, to keep us in your “loop”. If you, a co-worker, supervisor or owner of your company has been recognized in some way, or has done an outstanding job of demonstrating Champion behavior, submit your nominations for HQAA Champions in the News to info@hqaa.org so that we can share your pride in making a difference in your customers lives, your community or in the industry. We appreciate the questions you've sent to **Ask the Surveyor** and **Ask the Coaches** and hope the questions and answers we've featured have been helpful. Your involvement helps us stay informed and in touch. Keep those e-mails coming!*