

The Consultant Who Can Make You Rich...

Louis Feuer, MA, MSW

President, Dynamic Seminars & Consulting

...first, no, it's not me! I wish I could and it's not that I haven't tried!

There are business consultants, reimbursement consultants, sales consultants, operations consultants, IT consultants and the list goes on. Our industry offers an interesting conglomerate of professionals who can make a difference in your business, but they are only secondary to the ones that count the most - the customer! I have played many roles in this industry, from social worker, case manager, hospital administrator, to home care manager - and also a patient. I believe I know who counts the most and I know you do as well.

With all that in mind, I realize the consultants that count the most are your **customers**- the patient and the referral source. When you think you have fixed everything in the company that needs to be modernized and upgraded and you find your business is still not growing, it may be too late to reach out to the consultant of choice - the **customer**. Take time to do it now!

Listening to customers, while required for accreditation, seems to gather only minimal attention from business owners. All too often, few surveys are gathered and when they are, they are often left gathering dust in a box, never discussed at staff meetings and rarely impact on a performance improvement program.

It is time to place a poster in your company that states, "Without customers we have no business." When the patient or referral source decides to take their business elsewhere, you will feel the pain rather quickly. Your sophisticated billing system, newly decorated office space and redesigned retail store will make little difference if the referral source says, "It takes them hours to respond to a call", and then repeats that to other referral sources in their office.

Becoming educated from consumers can be an easy task and there is so much to learn. It is **not** and **should not** be solely about meeting an accreditation requirement. It must be about surviving as a business. I know personally that companies using my MedComment Center have uncovered interesting customer issues, such as deliveries that never showed up, a referral source who was threatening to make sure no one in the facility ever used the company again and a family who said the company saved their life! It doesn't matter what method you choose to gather data, from pen and pencil to calling every customer, no program or system is the sole answer to listening to customers. When there is no formalized way to hear and respond to their voice, their voice will remain and yours will be gone!

All of those survey forms sitting in the box or online are absolutely useless unless you move to the next step - reviewing and analyzing

the data to include what you learn into your Performance Improvement (PI) Program. I am afraid no one else can take this step for you. Your professional commitment to learning what the most important consultants in your business have to say about your business is your responsibility.



Don't be fooled believing that competitive bidding is the sole means that will destroy you. While we may find profits dwindling, it is not the single item responsible for loss of business. What I can promise you, after almost 34 years in the industry, is that an angry customer never goes away. They also take your money with them. Consistent talk about an unresponsive and uncaring company will destroy your once wonderful reputation.

Be sure to cherish every word and comment in your surveys, as they come from your patients and referral sources - the most important consultant you have ever connected with! Save the surveys, summarize the data, share findings with all staff and learn from the comments and suggestions. Without them you will not only lose money, but you can lose the business you have worked so hard to develop. You do not want to end up accredited and lonely - I am not sure I have a solution for that!

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Louis Feuer, MA, MSW, is president of Dynamic Seminars & Consulting and founder of MedComment Center, an online program for surveying patients and referral sources. He can be reached at 954-838-7504 or via www.medcommentcenter.com.



From Mary's Desk

Mary Nicholas, MHA
President, CEO

Our Newest Offering: Third Party Billing Accreditation

Recently, in my article for our staff and surveyor newsletter, I wrote about how much I love Quality. I was a little sarcastic in pretending that folks around here didn't already know that, but I was very serious about how I love all the aspects of quality. I've always said that quality strategies and practices should be the very fabric of an organization and maybe there is a link between my love for quality and my love for sewing and the fabric arts. They both involve paying attention to the details so that the end result is better than the sum of its parts.

In the spirit of our mission and in our goal to bring quality to all aspects of your business, last year we began a journey to plan, design, evaluate and implement an accreditation product for Third Party Billing providers. We developed "3PB" (as we call it) due to observations made in the field by our surveyors during the thousands of surveys conducted over a 5-year period. In our experience, we saw DME companies who were "bamboozled" by billing companies who preyed upon less experienced providers. It didn't happen often, but it happened often enough that we were concerned.

Billing is simply one of those areas where the concept of "zero defects" (Phillip Crosby) is of the utmost importance and no one knows that better than you. It is only natural to work toward strengthening the chain in the healthcare continuum between you and your payer sources.

With all of the outside entities that are available to conduct audits and reviews, we knew that the "bamboozlers" were not at the center of responsibility, but that the DME companies carry the onus. Now enter our determination for implementing quality improvement strategies in organizations and our desire to do what is right by DME companies. Thus, accreditation for 3PB has come to fruition.

Since accreditation for this portion of the healthcare sector is voluntary and not mandated, it is going to attract only those billing companies that are also dedicated to quality, guided by integrity and strengthened by trust. These are the type of companies who are going to participate in this voluntary accreditation process. We believe this a strengthening of the shared level of quality between these links in the healthcare chain and we hope you do too.

I want to give a special shout out to those companies who agreed to beta test this 3PB Accreditation Program with us. Over the last year, we shared a journey of mutual learning and the experience has given us a sense of pride to see the dedication demonstrated. We thank these pioneers who ventured into this "un-mandated" area and willingly chose a path of improvement. They are:

Sarah Lott, Texas Star Medical Billing

Sylvia Toscano, Professional Medical Administrators

Sarah Hanna, ECS Billing

We thank these Charter Customers and appreciate their hard work and voluntary efforts. Congratulations to each on your company award as the first of the HQAA 3PB Accreditation Award Recipients! 🎉



Sarah Hanna from ECS Billing & Consulting spent some time in the HQAA Booth at Medtrade Spring



For more info visit www.hqaa.org/billing

HQAA
On the Road
Come visit us at:

MESA
5/17
(Dallas, TX)

KMESA
5/22
(Louisville, KY)

VGM Heartland
6/5-6/7
(Waterloo, IA)

NCAMES
6/14
(Wrightsville Beach, NC)

ADMEA
8/2-8/3
(Pensacola Beach, FL)

AZMESA
8/9
(Phoenix, AZ)

GET CONNECTED

follow us on **twitter**

twitter.com/HQAA

Follow @HQAA on Twitter, where Mary tweets a tip (#twip) everyday that relates to the standards, quality or efficient business practices for your company. To sign in and start an account (HQAA follows many DME businesses on Twitter) go to www.twitter.com. This is yet another good place for informative resources.

You should see what your fellow DMEs are saying and doing!



Find us on **Facebook**



Follow Us On

LinkedIn

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

MAY
**Transfers, Terminations,
Discharges & Denials**

JUNE
Delivery Process Review

JULY
Materials Management

AUGUST
The 3 R's: Recalls, Returns,
Repairs

SEPTEMBER
Physical Locations

OCTOBER
Personnel Files

NOVEMBER
Emergency-Disaster
Preparedness

DECEMBER
Infection Control & Safety

JANUARY 2012
Forms Review

FEBRUARY
Disaster Plan and Emergency
Preparedness Plan

MARCH
Grievances/Adverse Event
Management

APRIL
Patient Intake Process

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 May, June and July and listing some of the questions posed for subscribers to review to ensure that they are meeting their accreditation standard requirements.

May - Transfers, Terminations, Discharges & Denials

How does your staff process changes/transitions in care delivery, such as transfers and discharges? Do your patients have a continuity of care upon discharge? Is your Community Resource document up-to-date?

June - Delivery Process Review

Have you reviewed all aspects of your delivery process? Have you validated all of your driver's licenses this year? Do you review the infection control practices in your vehicles on a routine basis? Are the maintenance requirements routinely being met on your vehicles?

July - Materials Management

Is your cleaning process effective? Are you monitoring your clean and contaminated areas to ensure items are not co-mingled? Can you find any item in your inventory at any time? Are your repair processes effective or are you stockpiling items that need to be repaired?

Only HQAA offers on-going service to maintain the accreditation you've worked so hard to achieve. For more information about **ACT, contact Gabriel Nicholas: gabe.nicholas@hqaa.org 866.490.7980**

Here's what a current customer has to say about HQAA:

"We are beyond satisfied with the service we received from HQAA and our surveyor. He was very professional. He took his time and was able to clarify and answer any questions that we had.

HQAA has taken the entire accreditation process and broken it down into manageable steps that help make the process as smooth as possible. We have experienced great customer service from the coaches in the Workroom too."

**Crystal Chaffin, Compliance Officer
Russell Medical Inc.**



HQAA

Recently Accredited Quality Champions

Please join us in congratulating
these recently accredited providers.

A & A Home Health Equipment Inc.	January 23, 2012	Belleview Community Pharmacy	January 24, 2012
Abson Health, LLC	March 27, 2012	BESTMED RESPIRATORY	February 20, 2012
Access Durable Medical Equipment, LLC	February 14, 2012	Bluegrass Brace Shop, LLC	March 20, 2012
Access Medical LLC	February 27, 2012	BLUEGRASS ORTHOTICS, LLC	December 12, 2011
Access Medical, LLC	January 03, 2012	Bond Enterprises, Inc	January 09, 2012
ACE Medical Homecare, Inc.	January 18, 2012	BRANDT L BAKER JR	March 23, 2012
Active Mobility of Ohio, Inc.	March 06, 2012	Brett W. Hanna	January 11, 2012
Acute Wound Care, LLC	March 27, 2012	Bundy Management, Inc.	March 05, 2012
Adams Pharmacy and Home Care, Inc.	March 29, 2012	C & L Drug Co. of Cullman, Inc.	February 10, 2012
Advanced Rehab Technologies	January 24, 2012	C'ville Doc's, Inc	January 12, 2012
Aitkin Community Hospital, Inc.	February 29, 2012	Cayce's Pharmacy, Inc.	January 18, 2012
Alabama Healthcare Equipment, Inc.	February 27, 2012	Chastain's Inc.	February 21, 2012
ALL STARS, LLC	February 13, 2012	Chem Rx Pharmacy Services, LLC	March 20, 2012
ALLMED MOBILITY	February 14, 2012	Christian Unity Hospital Corporation	February 23, 2012
ALPHA OMEGA MEDICAL SERVICES LLC	March 06, 2012	Christopher Geronsin Inc.	March 16, 2012
Alpha Oxy-Med LLC	February 27, 2012	Christy Brown - Sarah Ellen Scott	February 22, 2012
Amando Pena Jr	February 07, 2012	Cloud City Medical, Inc.	January 09, 2012
Ambercare Medical Supply Co.	March 26, 2012	Clover Care, LLC	March 07, 2012
American National DME	January 23, 2012	Cornerstone Ventures, Inc.	March 26, 2012
AmeriMed Home Equipment, LLC	February 15, 2012	Cranial Technologies Inc.	March 26, 2012
AmiCare Pharmacy, Inc.	January 25, 2012	Crowley's Pharmacy	February 13, 2012
Amira Medical Supply Inc	March 08, 2012	Custom Rehabilitation Specialties, Inc.	January 31, 2012
Atkinson's Mart, Inc.	February 06, 2012	Danhauer Drugs & Health Equipment	January 05, 2012
Avritt Medical Equipment, Inc.	January 31, 2012	Dav-Way Investments, Inc	March 05, 2012
B & D Customized Service Solutions LLC	February 28, 2012	DB Medical Supply, LLC	January 31, 2012
B-A LLC	January 09, 2012	Debra Lynn Sutter	February 21, 2012
Beaufort Medical Equipment, Inc.	March 05, 2012		

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

HQAA
Recently Accredited
Quality Champions



Deekun Enterprise, Inc.	March 05, 2012	Global Medical Equipment and Supplies, Inc.	March 01, 2012
DEEMS S RIDDLE III	March 27, 2012	Good Air, Inc.	February 13, 2012
DelFin Healthcare, Inc.	March 28, 2012	Good Samaritan Hospital Association	January 10, 2012
Desert Ridge Rehabilitation & Health Center, LLC	February 02, 2012	Green Bay Home Medical Equipment Division Of La Sante WI Inc	February 23, 2012
Diabetes-Health Services	March 08, 2012	Guttenberg Pharmacy, Inc	March 19, 2012
Diabetic and Prescription Center, Inc	March 06, 2012	Habakkuk Enterprises Inc.	February 20, 2012
DME DEPOT LTD	January 30, 2012	Havasu Medical Supply	March 07, 2012
DME Specialists LP	March 26, 2012	Hays Drug Store Inc.	March 14, 2012
Donohoe & Associates	February 23, 2012	Healthcare Products Delivery, Inc.	March 13, 2012
Durable Medical Equipment South, LLC	January 09, 2012	Heartfelt Homecare Corp	February 07, 2012
Dynamic Health and Pain Management, PLLC	February 22, 2012	HEB Grocery Company, LP.	February 27, 2012
Empire Pharmacy Inc	January 31, 2012	Hedgemark Brentwood Pharmacy, Inc	March 01, 2012
Ernie`s Drug, Inc.	January 10, 2012	Hicksville Pharmacy & Home Medical Inc	January 30, 2012
Express Medical Products, Inc.	January 04, 2012	HMG Services, LLC	January 16, 2012
Extreme Mobility Inc.	February 01, 2012	Holistic Pharmacy Services, INC	January 31, 2012
Family Home Medical Services, Inc.	March 13, 2012	Home Care Medical Aids of Ninety Six	January 19, 2012
First Choice DME, Inc.	January 25, 2012	Home Care Pharmacy Of Palm Coast Inc.	October 27, 2011
Foster Family Medical Equipment, Inc	February 06, 2012	HOME MEDICAL LEADERS ,INC	January 18, 2012
FRANKLIN HEALTH CARE, INC	March 08, 2012	Home Medical Supplies & Equipment Inc.	March 01, 2012
Fredericksburg Medical Equipment Inc	February 09, 2012	Home Sweet Home in Home Medical	January 23, 2012
Freedom Home Medical LLC	March 07, 2012	HomeCare America LLC	February 20, 2012
Freedom Medical Supply LLC	February 28, 2012	HomeCare Medical Equipment	February 28, 2012
Gaylon W Cochran	February 13, 2012	Hometown Healthcare Inc.	January 17, 2012
Genesis Healthcare Services, Inc.	February 06, 2012	Icon Pharmaceuticals, Inc.	March 28, 2012
Gibsonburg Pharmacy Inc.	January 17, 2012	Inspired Solutions, Inc.	February 08, 2012
GLADYS GARCIA	January 23, 2012	Jayhawk Pharmacy And Patient Supply	January 18, 2012



HQAA

Recently Accredited Quality Champions

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these recently accredited providers.

JC MEDICAL SUPPLIES INC	February 22, 2012	Mary's Medico Rental and Sales, Inc.	March 29, 2012
JCARE HOME MEDICAL SUPPLIES INC	March 13, 2012	MATS MEDICAL SUPPLY	January 17, 2012
Jeff's Surgical Supply Inc.	March 19, 2012	Mazolewski OC Medical PC	February 29, 2012
Jerkins, Inc.	February 21, 2012	McClellan Enterprises Inc.	March 05, 2012
JEWETT CITY PHARMACY,INC.	January 31, 2012	McGlothlin Medical Supply & Uniforms	January 12, 2012
John W. Frantom	March 27, 2012	Medical Center Pharmacy,LLC	February 10, 2012
JSB Enterprises Inc.	February 27, 2012	Medical Equipment of Jackson, Inc	February 15, 2012
JW Medical, Inc	January 05, 2012	Medical Equipment Specialists,LLC	March 19, 2012
Kachis Pharmacy Inc	February 03, 2012	Medical Mobility Solutions, Inc.	March 21, 2012
King's Discount Pharmacy	March 26, 2012	Mediquip, Inc	March 12, 2012
KKB Corporation	February 22, 2012	Mercy Hospital	February 21, 2012
Kwik Kare Inc	November 14, 2011	Midstate Med-Care, Inc.	January 06, 2012
L M B MGMT CORP	January 26, 2012	Neidig Health Care, LTD	March 15, 2012
Lafayette Health Ventures Inc.	March 05, 2012	New England Therapeutics, Inc	March 14, 2012
Lawton Consulting Inc.	March 15, 2012	New Frontier Medical and Equipment Company, LLC	February 21, 2012
Lee Medical Inc.	February 14, 2012	Nor Lea Hospital District	March 06, 2012
Live Well Medical Supplies	March 15, 2012	Nord's Pharmacy & Gifts	March 12, 2012
Louisville Care Center	February 21, 2012	North Coast Home Care, Inc.	January 24, 2012
Low Country Medical Equipment LLC	January 26, 2012	North Florida Medical Sales and Rentals	March 15, 2012
Lowery Medical Supply, Inc	January 05, 2012	North Florida Pharmacy of Branford	February 20, 2012
LUKE'S FAMILY PHARMACY, LLC	March 13, 2012	NORTH FLORIDA PHARMACY, INC	January 11, 2012
Machias Friendly Pharmacy	March 09, 2012	OLYMPIA RESPIRATORY SERVICES.LLC	March 19, 2012
Madison Medical LLC	January 30, 2012	Oxypro, Inc.	February 27, 2012
MAIN PHARMACY	January 19, 2012	Oxypros, Inc	January 09, 2012
Mantel Home Health Center Inc.	January 30, 2012	Palmer Lutheran Health Center, Inc	January 25, 2012
Martins Mark It Pharmacy, Inc	January 03, 2012	PASADENA CITY PHARMACY	March 16, 2012

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**HQAA
Recently Accredited
Quality Champions**



People`s Preferred Pharmacy	February 27, 2012	Setzer Pharmacy, Inc.	February 21, 2012
Pharm.D of Eastern Carolina, Inc.	January 12, 2012	SleepLinks, LLC	January 11, 2012
Phelps Memorial Hospital Association	January 13, 2012	Southeastern Medequip, Inc	March 08, 2012
Polk`s Crossgates Discount Drugs, Inc.	March 05, 2012	Spectrum Pharmacy	January 03, 2012
Pondera Medical Center	March 05, 2012	Staats Pharmacy & Health Care Inc.	January 23, 2012
POSZ INC	January 03, 2012	Stangel Pharmacy, Inc	February 20, 2012
Preventive Plus Inc	February 16, 2012	STAT Medical Supplies Inc	March 12, 2012
Prime Source DME, LLC	March 28, 2012	SUN VALLEY MEDICAL LLC	January 05, 2012
Princeton Mobility and Medical Products	March 01, 2012	Supreme Medical Equipment, Inc.	January 19, 2012
Professional Specialized Pharmacies, LLC	March 26, 2012	The Hospice Store and Supplies	February 15, 2012
Pulmocare Respiratory Services, Inc.	March 05, 2012	The Prescription Shop, Inc	February 13, 2012
PUTNAM DRUG INC	January 30, 2012	The Standing Company	January 19, 2012
RCS Pharmacy, LLC	January 10, 2012	Thompson Enterprises Inc.	March 27, 2012
Red Cross Pharmacy, Inc.	February 20, 2012	Topko of Denison Inc	February 16, 2012
REGIONAL HEALTHCARE, LLC	February 07, 2012	Tucker-Dahl, LLC	March 07, 2012
Rehab Solutions Specialists Inc	March 13, 2012	United Medical Providers Inc	March 15, 2012
Rehabilitation Designs, Inc.	February 23, 2012	Valley Pharmacy, Inc.	March 07, 2012
Reliance Medical, Inc.	February 07, 2012	Van Driel`s Medical Support Wear	March 09, 2012
Respira, Inc.	February 07, 2012	Van`s Medical Equipment of Lakeland LLC	January 31, 2012
Respiratory Resource Mangagement, llp	March 07, 2012	VDV, Inc	February 14, 2012
Respiratory Specialties	February 29, 2012	VON MAUR, INC.	April 16, 2012
Rider Pharmacy Inc.	February 21, 2012	WCG Henderson Home Care Supply, LLC	January 11, 2012
Robert Moser Inc.	March 13, 2012	West End Drug Co	January 09, 2012
Rosauers Supermarkets Inc.	February 06, 2012	Wheelchair Dynamics, Inc.	February 28, 2012
Scott Medical Health Center, P.C.	January 17, 2012	WhiteMarshHealthcarePhysicalMedicineLLC	June 17, 2011
Service Drug, Inc.	February 13, 2012	Whittier Spine Center, Inc.	March 01, 2012



Compliance Corner

Curtis McLees
Director of Compliance

Keeping Deficiencies from Occurring

This year, HQAA is proud to be working with many companies who are renewing their accreditation for the first time. In reviewing the renewal survey information, we have found that there are certain deficiencies that seem to be cited regularly that, with minimal effort, a supplier could easily avoid.

One common deficiency is the completion of the required six hours of annual education. Often it is not a matter of conducting the education, but properly documenting that it occurred. Taking a few minutes to document the educational content, any instructional materials provided along with the sign-in sheet listing the subject, date and attendees is all that is needed to verify that the education occurred. This simple step should be a routine process with every educational program you conduct.

Another example is documenting annual competencies and employee reviews. These certainly take time, but are necessary. Both competencies and evaluations can be very valuable tools to use to provide feedback for both the employee and management. Management can take these two tasks and turn them into strengths of the organization.

An easy way to manage accreditation compliance is to use the technology right in front of us. I do this with my own requirements. I know that I cannot remember all of the tasks I need to accomplish and the dates due. I rely on Microsoft Outlook® to provide these much needed reminders and you can too. Tasks such as when to conduct a quick walk-through

of the building for the safety checks, when to look at vehicle inspection reports and compare them with the actual condition of the vehicle, the timeframe to get reviews and competencies completed, etc. can be programmed at a pace that YOU can easily control.

One of the biggest advantages of using Microsoft Outlook® is that I can schedule tasks far enough apart as to allow enough time for my primary daily responsibilities. Another big advantage is to schedule a task over several days, such as a billing audit, which can not be conducted in one day. This bite-size approach accomplishes two things for me.

1. I don't have to worry that I am forgetting something really important.
2. I pace all of the tasks I am responsible to conduct into a manageable schedule.

Being proactive has also helped me reduce the feeling that I am constantly "putting out fires". This system works beautifully for me, but there are others systems out there that are just as effective.

In today's DME environment, every little edge a supplier can find to be more productive and efficient should be utilized. Look for a scheduling program like Microsoft Outlook®, or any other easily used product, and use it to help keep compliant with the accreditation standards requirements. This type of assistance can easily keep you on track with requirements and minimize deficiencies at re-survey.

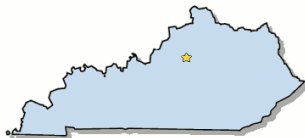
State Matters

Updates for Stakeholders

Florida – For all DME customers from the state of FL, when HQAA sends accreditation letters and certificates, we now also include a separate document for you to use when you renew your AHCA license. Please keep this document on hand to use when you renew your license. It includes your specific information that is needed by AHCA and provides other required renewal information. Having this document readily accessible will save you time at your licensure renewal.



Kentucky – HQAA has just learned an important item for all suppliers serving Medicaid beneficiaries in KY. The state office informed us that they need to have your accreditation documents submitted to them 6-8 weeks before your accreditation expiration date, due to time they need to upload your documents in their system. The KY Medicaid office informed us that the only way for the billing to remain seamless, is for you to send those documents no less than 6 weeks prior to your expiration date. This action reinforces our request for you to ensure that you are signed up for your HQAA renewal no less than 6 months prior to your expiration date in order to meet this payer requirement.



Introducing
the new
symbol of trust in
3rd-party billing.



In this industry, trust is everything. As a billing company, there is now a clear way to prove your company's integrity and earn the trust of DMEs: **HQAA accreditation.**

We've specifically designed an accreditation program just for **third-party billing** organizations. So you can earn more trust. And more business.

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Regulatory Update

Mary Ellen Conway, President
Capital Healthcare Group

Record Retention and the Proposed 60-Day Overpayment Rule

There is potentially a new reason that you must consider retaining your records for longer than seven (7) years.

We know that CMS is always developing new initiatives and rules to root out fraud and identify waste and abuse. In this light, CMS has announced a proposed rule that on the surface may look reasonable, but in fact, promotes major concerns for our industry.

The proposed rule¹ implements the section of the Patient Protection and Affordable Care Act (ACA), which requires providers and suppliers to report and refund an overpayment to the payer and to provide an explanation for why the overpayment occurred.

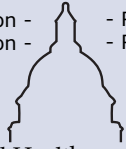
In ACA, an overpayment is defined as “any funds received under Title XVIII . . . to which the person, after applicable reconciliation, is not entitled under such title.”² A provider or supplier has 60 days after the date an overpayment is identified to report and refund the overpayment to the appropriate entity. Importantly, providers who fail to report and refund overpayments within the 60-day deadline would face liability for false claims.

Application of the 60-day refund requirement to overpaid claims is rather straightforward. The provider must refund the overpayment within 60 days of the date that the overpayment was identified. On balance, this appears reasonable, but there are many concerns for its potential scope.

- The regulation uses a broad definition of when an overpayment is “identified” and imposes an unreasonably long “look back” period (10 years) for determining whether a provider-identified overpayment is subject to the rule. These provisions open the door to the DMEPOS “second-guessing” a provider’s determination of whether an actual overpayment exists, creating exposure to significant liabilities for providers who have otherwise acted in good faith.
- Providers who conduct an internal investigation consistent with their company policies and procedures should not be subjected to the government second-guessing their determinations on the basis that they were not sufficiently “diligent” or “reasonable” as the proposed rule suggests. This scenario gives rise to a number of grey areas that CMS has not adequately addressed in the proposed rule and whose outcome can have important consequences for otherwise well-meaning and honest providers, especially in light of the 10-year look back period included in the rule.
- The definition of “identified” under the proposed rule is too broad, unfairly exposing providers to liability for false claims based on purely subjective second-guessing of conduct that does not involve fraud or other misconduct.

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- Providers should not be obligated to refund disputed amounts. A provider should not have an obligation to make a refund triggered as of the date a provider learns of a *possible* overpayment. For example, there may be unresolved legal issues that call into question the existence of an overpayment, especially in situations involving government audits. In these cases, the fact that the disputed legal is not resolved in the provider’s favor does not mean that the provider acted in “reckless disregard” or “deliberate ignorance” of the overpayment.
- An overpayment resulting from an audit can include hundreds of beneficiaries and dates of service and requires volumes of documentation to support the medical necessity of each claim. The broad definition for when an overpayment is “identified” is, again, the source of these concerns. It is nearly impossible to investigate and resolve all of these allegedly overpaid claims within a 60-day window.
- The proposed look-back period is ten (10) years. This presents a major problem, as CMS requires that records be retained for seven (7) years and that currently a “look-back period” cannot exceed 6 years. The look back period for refunding overpayments should be consistent with the rules governing claim re-openings and be limited to six (6) years.

The American Association of Homecare has sent a letter to CMS Acting Director Marilyn Tavener to review the challenges brought on by the enforcement of this rule and the 10-year look back period. In the meantime, stay tuned for further updates.

For now, DO NOT destroy any of your old patient records from 2002 going forward until we hear otherwise. You may have already done so. But this is a proposed rule, open for comment at this time. If the rule becomes final, we will let you know.

1 Medicare Program; Reporting and Returning of Overpayments AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS ACTION: Proposed Rule [CMS-6037-P] RIN 0938-AQ58.1, 1 77 Fed. Reg. 9179 (February 16, 2012)

2 Patient Protection and Affordable Care Act, Section 6402

Ask the Coaches

Q: I noticed there is now an “Archives” link under the comment field in the Workroom. What is the purpose of this?

A: This link is new to the Workroom! By clicking on the link you will now be able to read any previous comments made during your prior accreditation. This includes any correspondence you (or the person who previously submitted documents in your Workroom) had with the previous Coach. You may find the previous communication helpful and there also may be times when your current Coach will review it or recommend that you read it as a refresher. Also, if you are utilizing the ACT Service to submit policies to the Workroom prior to your actual renewal, you can utilize the comment field to make notations to yourself. Once you are in the renewal process you can view those notations. This should help you keep track of the documents you may have already updated prior to your renewal.

Q: When I signed up for renewal, I noticed that my virtual timeline now includes the Mail Order standard. I didn't have this during my first accreditation; has something changed?

A: Yes! Previously the Mail Order standard addressed only a new patient who has equipment, education, and documentation mailed or shipped to them for the first time. The definition was recently revised to include any item being mailed or shipped to a patient **at any time**. This includes **any** supplies mailed/sent to a patient, including mailing to a “Snowbird”. As a result, the Mail Order standard is now considered one of our core standards along with the Administrative standards and HME standards. If you never mail equipment or supplies, simply click the N/A link and a statement indicating this is non-applicable will be uploaded for you.

Q: Do you have any specific tools you would recommend using to help me prepare for my renewal survey?

A: Yes. When you log into your Workroom on the Table of Contents page, there are individual audit tools for each section (ie: Administrative, HME, DEL, etc.). The audit tool appears as a tablet with a pencil and is located just to the right of the printer icon. This can be very useful in checking compliance with your policies & procedures. We also suggest using your past survey report which identifies any deficiencies or recommendations made by the Surveyor.



Do You Provide NPWT?

CMS Releases Interpretive Guidelines on NPWT (Negative Pressure Wound Therapy)

All accreditors were notified on April 26th of a release of new requirements for suppliers providing NPWT items. The new NPWT Interpretive Guidelines is a list of new requirements that suppliers providing these items must follow, effective immediately. This requirement is similar to the requirements to follow the Final Quality Standards. CMS did not revise the Final Quality Standards, but released these requirements in the format of the Final Standards. The accreditors are required to monitor compliance through accreditation. The new requirements address such issues as:

Under Intake and Assessment:

- Ensure the physician order contains all of the documentation requirements in the LCD, including the pump type and necessary supplies.
- Identify and document in the patient's record the home health care provider by contacting the physician, if there is a home health agency involved in the patient's care.

Under Delivery and Set-up:

- Coordinate the delivery of the equipment with the home health care providers' home visit, if there is a home health agency involved in the patient's care.
- Deliver the NPWT pump, dressings and supplies prior to a beneficiary's discharge from the hospital, if the patient is being discharged from an acute care facility.

These new guidelines can be found on the HQAA Homepage under Resources. If you provide these items, please be sure you have read these requirements and integrate these new responsibilities into your operations as needed.

HQAA Champions In the News



Terry Flatt, Executive Vice President of Hammer Medical in Des Moines, Iowa, accepted the award for MAMES Provider of the Year at the MAMES Spring Convention in March. We're proud to have Hammer Medical as part of our Family of Quality Champions!

Congratulations, Terry!

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Ask the Surveyor

Jim Moyer

Assistant Director of Survey Services

We routinely receive questions regarding the Infection Control and Safety standards for “Disaster Plan” and “Emergency Preparedness” and the difference between them.

Even though they are two separate requirements, disaster planning and emergency preparedness go hand in hand as you prepare your organization, your staff and your patients/customers for sudden issues.

Emergency Preparedness:

We define an “emergency” as an unexpected circumstance that calls for immediate action. Your emergency preparedness plan describes how you prepare your staff for a sudden situation such as:

- A fire in the building – where do you meet to ensure all staff and customers are accounted for?
- A person is shocked or injured by an electrical outlet or cord in a warehouse – how do you handle it?
- A hazardous chemical spill happens at your facility – what do you do and where do you go?
- Your company vehicle is rear-ended on the road by another vehicle – what does your driver do?

These are examples of items you must consider as you create your plan for an emergency or a situation that needs your immediate attention. How do you prepare your staff? How would you inform your patients and customers how to deal with these types of situations? This is your emergency preparedness program.

Disaster Plan:

We define a “disaster” as a sudden devastating event that brings loss, excessive damage or destruction. Disaster planning is based on global events that may affect a great multitude of people. Such examples include:

- A tornado goes through your town and takes out power, buildings, and lives are changed
- A hurricane is due to hit your area of service
- A wildfire has destroyed a number of your patient’s homes

- A heavy snowstorm occurs and you and your staff cannot report to work

Preparation:

How have you and your staff prepared for these types of events? You need a plan for each type of event before the situation is at hand, knowing:

- How professionally and quickly can your staff evacuate your facility?
- Where does your staff meet if your organization is destroyed or you cannot get to that location?
- How is your back-up data stored offsite and accessed in an emergency/disaster?
- What alternate site do you have in the event you need to set up a temporary area to service your patients?
- How do your patients/customers reach you in the event that your phone system is temporarily non-functioning?
- How much oxygen reserve do you have in the event of a major electrical failure and where does that back-up come from?
- Who are your high priority patients? Who contacts these patients and how often?
- How do you obtain gas to run your vehicles, generators, etc..?

These are all examples of preparing your organization, your staff, your customers and your patients in the event of an emergency, disaster or catastrophe. Having a working plan in place before you need it, training your staff in advance and reviewing/testing the plan on an annual basis will help your organization. You may never have to use it, but if you do, you will have a more positive result in a potentially difficult time.

I’ve always lived by the phrase: “You get what you *inspect*, not what you *expect*.” Plan ahead for an emergency or disaster, prepare and test your plans, recognize where your shortcomings are and correct them as you place your plans into effect.

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

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@hqa.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 emails coming!*