The Accreditation Process

Presented by: Jeff Pearcy
Executive Director

www.rhcaccrcreditation.org
About AAAASF

• Established in 1980
• Peer based survey process
• Educational not punitive
• 100% compliance with standards
• Medicare deeming authority for ASC since 1998
• Informed by CMS of gap in accreditation for additional programs
  – Approved - Outpatient Physical Therapy, April 2011
  – Approved - RHC, March 2012

www.rhcaccreditation.org
Why AAAASF?

- CMS informed AAAASF that RHC and OPT were underserved provider populations
- History of responsiveness to provider communities
- Ability to assist facilities in the certification process
- AAAASF engaged the RHC community and subject matter experts to develop familiarity with the program
  - Similar to AAAASF’s growth from Plastic Surgery to other specialties, Oral Surgery, and Rehabilitation
- We certainly still have things to learn about RHC
Responsive

Rural Health Clinics (RHCs)

As an RHC is a facility located in a rural area designated as a shortage area and is neither a rehabilitation agency nor a facility primarily for the care and treatment of mental diseases.

Source: Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, Quarter 1, 2008.

Note: Alaska and Hawaii not shown to scale.

www.rhcaccreditation.org
RHC Application Downloads
n=103
CMS Deeming Process

• Criteria to demonstrate ability to Accredit RHCs
  – Satisfactory surveyor training program
  – Accredit clinics via quality surveys
  – Adequate capacity to administer the program
  – Crosswalk standards with conditions of coverage

• Current standards directly reflect the CMS CFCs
  – Aim to evolve thru partnership with RHC community
About RHC Accreditation

• Peer-based voluntary survey process
  – Some states may no longer survey
• Facilitates enrollment in the Medicare RHC program
• Process may replace routine state certification surveys
• States will continue CMS Validation and Compliant surveys
• States that license RHCs will decide whether to accept Accreditation for licensure
  – Several states accept accreditation for ASC licensure

www.rhcaccreditation.org
About RHC Accreditation

• 3 Year Accreditation Cycle
  – Initial On-site Survey
  – 2\textsuperscript{nd} Year and 3\textsuperscript{rd} Year Self Evaluation
  – On-site Re-Certification Survey

• No reciprocal surveys
• No concurrent surveys

www.rhcaccreditation.org
Why Choose Accreditation?

• New RHCs able to more quickly enroll in CMS program
• Growing emphasis on accountability
• Self-regulation reduces the need for government regulation
• Data indicates accreditation improved outcomes
• Better informed patients demand higher standards of care
• Existing RHCs can also realize the quality and patient safety benefits of accreditation

www.rhcaccreditation.org
Quicker Enrollment

Application to Accreditation in Days

- 241 +
- 211-240
- 181-210
- 151-180
- 121-150
- 91-120
- 61-90
- 31-60
- one day to 30

number of facilities

www.rhcaccreditation.org
Why RHC Accreditation?

- Responsive
- Peer based
- Timely
- Consistent Standards
- Focus on Patient Safety
- Through NARHC – opportunity to shape the standards
- Personal attention and support

www.rhcaccreditation.org
Accreditation Assistance

www.rhcaccreditation.org
CMS RHC Enrollment Process

• Determine site eligibility (state agency)
  – Non-urbanized area
  – Health care shortage area
• Evaluate financial feasibility of RHC status
• File RHC application and CMS provider enrollment (855A)
• **AAAASF survey and recommendation**
• File projected cost report
  – Accreditation is a reportable cost!
Accreditation Process

• Download application from WEB
• Submit application
• AAAASF staff review Pre-Survey materials
• Secure Surveyor(s)
• Survey
  – Meet with key staff
  – Walk through the facility
  – Review files
  – Interview key staff
  – Summation conference
• Submit report within 48 hours
• Correct deficiencies with AAAASF office
• Confer accreditation and recommend deeming

www.rhcaccreditation.org
Survey Report Processing

• RHC accreditation staff
  – Review the detailed survey report
  – Notify clinic of results within 10 business days
  – Send statement of deficiency report, noting all cited deficiencies to the clinic with instructions for submitting a plan of correction within 10 calendar days to the accreditation office

• Surveyor/s may review the clinic’s plan of correction
• Issue letter of congratulations and certificate
• Notify federal and state agencies of decision

www.rhcaccreditation.org
Standards Organization

- 100 PURPOSE AND SCOPE
- 200 DEFINITIONS
- 300 CERTIFICATION PROCEDURES
- 400 COMPLIANCE WITH FEDERAL, STATE, AND LOCAL LAWS
- 500 LOCATION OF CLINIC
- 600 PHYSICAL PLANT AND ENVIRONMENT
- 700 ORGANIZATIONAL STRUCTURE
- 800 STAFFING AND STAFF RESPONSIBILITIES
- 900 PROVISION OF SERVICES
- 1000 PATIENT HEALTH RECORDS
- 1100 PROGRAM EVALUATION

www.rhcaccreditation.org
Accreditation Costs

• < 2 FTE - $1,655 annual fee
• 2-4 FTE - $2,095 annual fee
• > 4 FTE - $4,000 annual fee
• 10% discount on annual fees for NARHC members
• Every 3 years – Survey fee - $1,400
• Facilities contract for 3 year cycle
Partnership with the RHC Community

- Program evolution through experience
- Feedback is encouraged
- Surveyor and clinic accreditation experience will help shape Standards
- Surveys can be stressful, accreditation is designed to be educational and not punitive
- Accreditation staff provide exemplary customer service in assisting facilities achieve compliance
Value of Accreditation

• AAAASF strives to perform unbiased, fair evaluations
• Peer based surveys and uniform training result in consistent application of standards nationally
• Clinician surveyors provide exceptional sensitivity to the challenges with compliance
  – Surveyors may make suggestions for improvement
  – Clinic director must determine how to achieve compliance
• Plans of correction reviewed by surveyor(s) and approved by the RHC Accreditation Committee Chair
About RHC Participation

- No method for terminating existing RHCs from the program for losing non-urban status
- Provider-based ownership must be clearly evident
- Staff includes
  - One or more physicians (present at least once every 2 weeks)
  - One or more physician’s assistants, nurse practitioners, or certified nurse midwives (available at least 60% of the time)
Need more help?

• Director of Accreditation – Pamela Baker
• Jeff Pearcy 262-424-0950