



The Accreditation Process

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Executive Director**



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



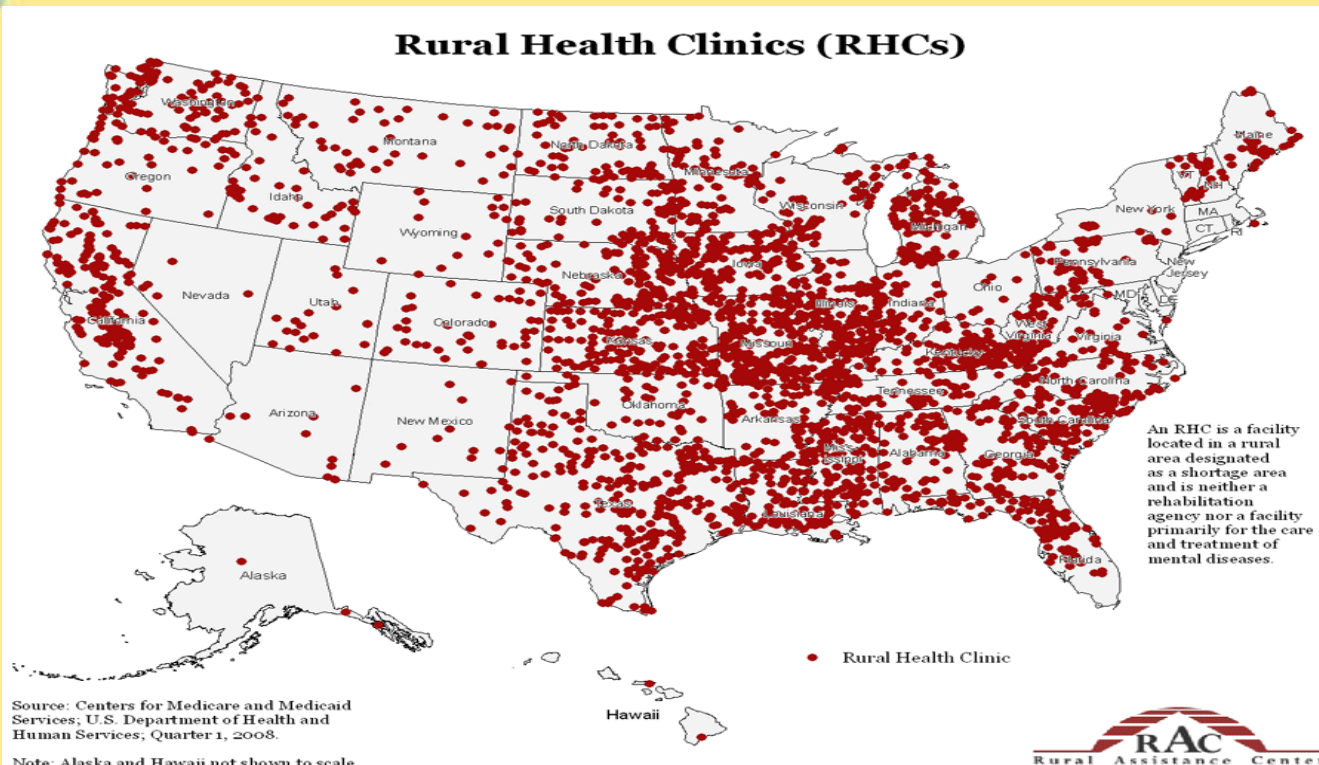
Why AAAASF?

- 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

RHC Accreditation

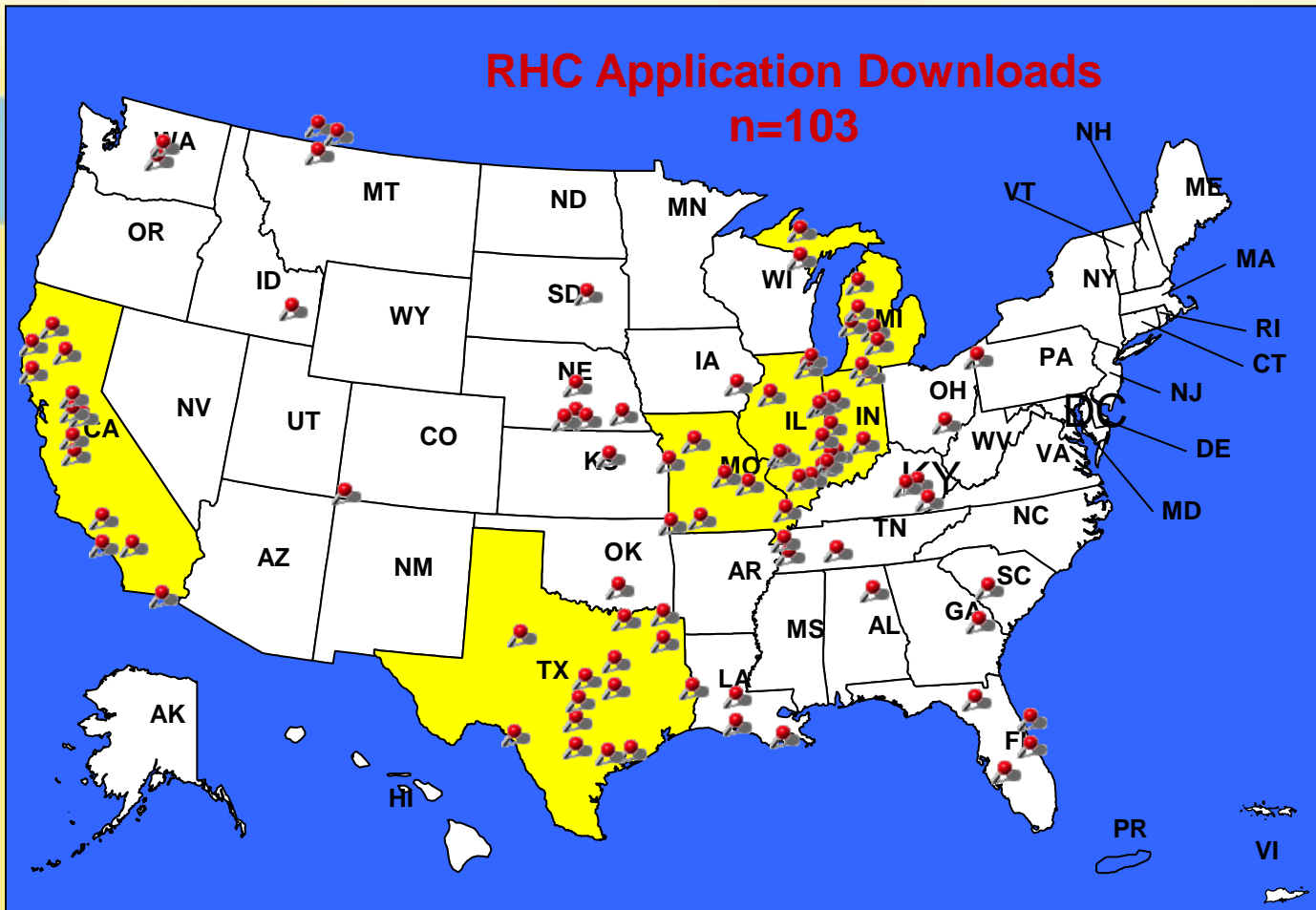
A Rural Health Clinic Accreditation Program Developed By AAAASF

Responsive



RHC Accreditation

A Rural Health Clinic Accreditation Program Developed By AAAASF





CMS Deeming Process

- Criteria to demonstrate ability to Accredit RHCs
 - Satisfactory surveyor training program
 - Accredite 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



About RHC Accreditation

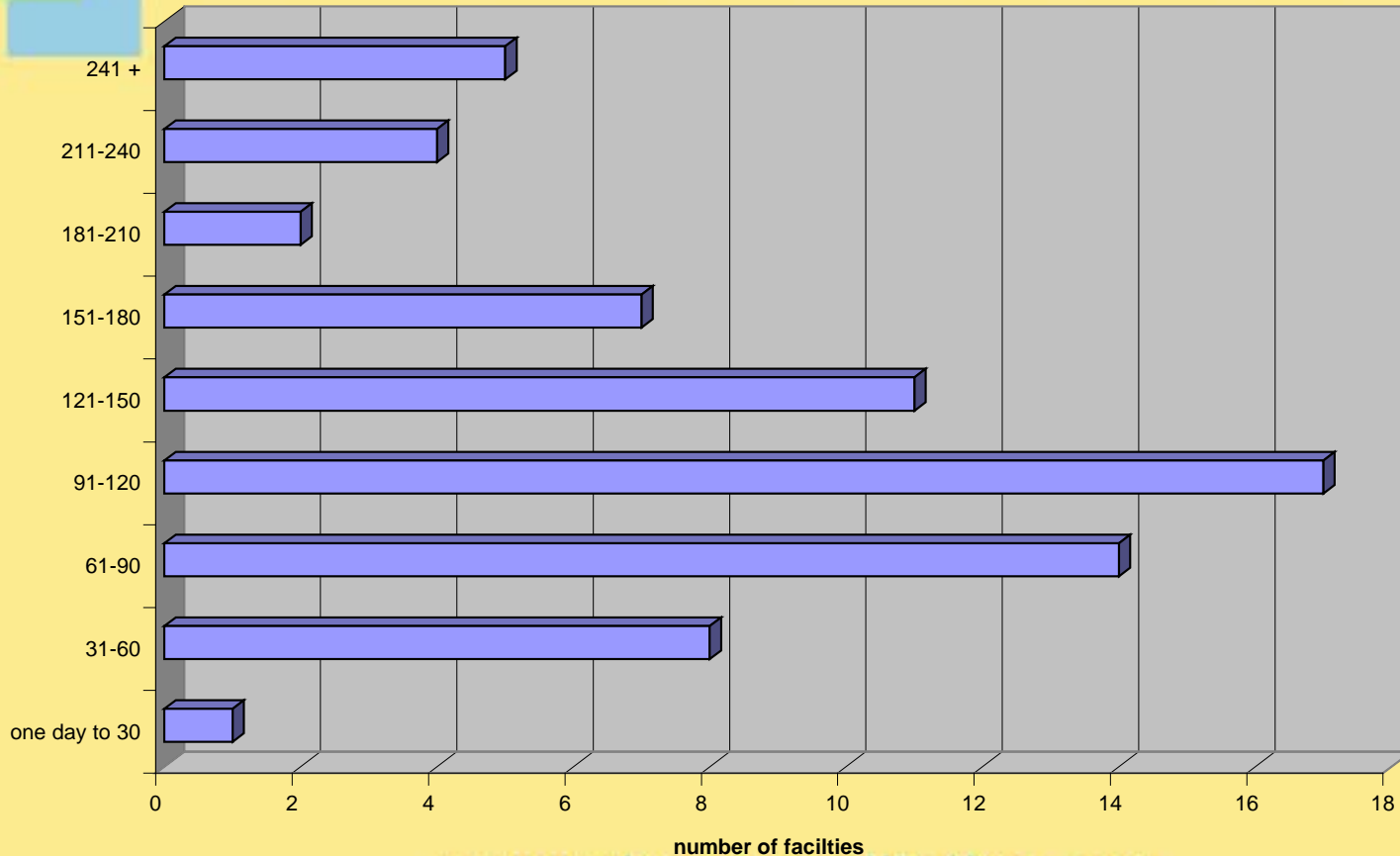
- 3 Year Accreditation Cycle
 - Initial On-site Survey
 - 2nd Year and 3rd Year Self Evaluation
 - On-site Re-Certification Survey
- No reciprocal surveys
- No concurrent surveys

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

Quicker Enrollment

Application to Accreditation in Days

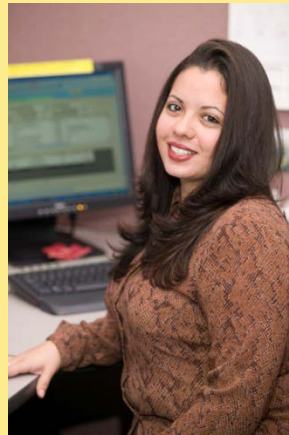




Why RHC Accreditation?

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

Accreditation Assistance



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



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



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



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?

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- Jeff Percy 262-424-0950