

suppliers. The OIG indicated that prior investigations found that inappropriate payments were made to multiple suppliers for test strips and lancets dispensed to the same beneficiaries with overlapping service dates. The difference for the 2016 plan is the explanation the OIG has provided as basis to continue review of these system edits. Specifically, *“The LCDs issued by the pertinent claims processing contractors state that medical equipment suppliers may not dispense test strips and lancets until beneficiaries have nearly exhausted the previously dispensed supplies. The LCDs also require that beneficiaries or their caregivers specifically request refills before the suppliers dispense them.”*

Recent audits by the DME MACs and the SMRC have shown a focus on the technical aspects of the LCD, specifically the refill requirements. At The van Halem Group, we have seen that the auditors are focusing on the written record of the phone conversation/contact between the beneficiary and the supplier. Focus has also been on the proof of delivery (POD).

What’s New?

The **increase in billing for ventilators** is on the OIG’s radar for 2016, and they have provided several points of focus on the topic. The OIG will describe billing trends for ventilators, Respiratory Assist Devices (RAD), and Continuous Positive Airway Pressure (CPAP) devices from 2011-2014, as well as examine factors associated with the increase in ventilator claims. This is in direct response to CMS and its contractors expressing concerns about the increase in billing for ventilators, specifically HCPCS code E0464.

From 2013 to 2014, there has been a 127 percent increase in allowed amounts for E0464. The number of beneficiaries receiving a pressure support ventilator increased from 8,633 in 2013 to 19,085 in 2014. According to the OIG, suppliers may be inappropriately billing for ventilators for beneficiaries with non-life-threatening conditions, which would not meet the medical necessity criteria for ventilators and might instead be more appropriately billed to codes for RADs or CPAPs. The OIG goes on to list the covered conditions listed in the NCD, and then goes on to clarify that ventilators would not be considered reasonable and necessary to treat

Chris was great! She walked us through the survey process, and helped keep it stress free. She was very thorough, and offered positive recommendations that we are looking to incorporate into our business practices.

People First Mobility, LLC
Buffalo, New York



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any of the conditions described in the LCDs for either CPAPs or RADs. The impact of the Competitive Bidding Program on ventilator billing trends will also be part of the OIG’s investigation.

If you are a supplier billing Medicare for a ventilator, the addition of this to the 2016 Work Plan should come as no surprise to you. The van Halem Group has worked collaboratively with suppliers,

Our surveyor was the best. He was very informative about the things we needed to improve on. He was there to help us not just grill us and find faults. He was very professional. We would so recommend Corey Carroll.

Rays Pharmacy
Ball, Louisiana

manufacturers, state and national associations as we all navigate the murky waters of coverage for this equipment. Recent months have shown increased audits by the DME MACs on the E0464 and most recently, the RACs. Given the product category and generous reimbursement, you can guarantee that the OIG, CMS, and its contractors will keep ventilator audits going.

Orthotic braces are a new addition to the 2016 Work Plan, this year in two different aspects; **supplier compliance with payment requirements and reasonableness of Medicare payments compared to payments by other payers.** Regarding the comparison in payments made for orthotic braces to amounts paid by non-Medicare payers such as private insurance companies, the OIG will seek to identify potentially wasteful spending; in part, by estimating the financial impact on Medicare and beneficiaries of aligning the fee schedule for orthotic braces with those of non-Medicare payers.

While it is new for orthotics, **compliance with payment requirements** is not a new concept for the Work Plan. In the case of

Continued on next page

orthotics, however, prior OIG work indicated that some suppliers were billing for services that were not medically necessary or were not documented in accordance with Medicare requirements. Additionally, the Plan includes the following verbiage: "Further, LCDs issued by the four Medicare contractors that process DMEPOS claims include utilization guidelines and documentation requirements for orthotic braces."

Both the increase in direct-to-beneficiary marketing of orthotics both on television and online and an influx in mail order suppliers have contributed to an increase in the billing of orthotics, and as a result the audits have increased. While the DME MACs have been auditing orthotics for some time, the ZPICs have most recently gotten in on the act, with more devastating results. Translation? Extrapolated overpayments resulting from ZPIC audits of orthotics are becoming increasingly common.

In early 2015 (in February to be exact), a joint DME MAC article was published as a coverage reminder when billing osteogenesis stimulators, resulting from CERT reviews. The OIG took notice and has added them to this year's Plan. Specifically, they will examine the lump-sum purchase versus rental option to determine whether potential savings can be achieved if osteogenesis stimulators are rented over a 13-month period rather than acquired through a lump-sum purchase.

As always, being compliant in your billing practices includes having the appropriate documentation (as defined in the LCD). This can result in lesser scrutiny to your business, particularly in an audit. Being proactive in your processes, not only by ensuring your documentation meets policy requirements, but also through awareness of the services being reviewed by the OIG and other audit bodies allows you to prepare your beneficiaries files and your office staff. If you find the services you bill to Medicare appear on this list, or if you just want to be more prepared as we begin 2016, contact us.



Jim was extremely helpful and knowledgeable. We really enjoyed the process, he made it all much less stressful and much more educational. His insight into the industry made it a great experience. The process from the workroom through to site survey was very thorough and helpful. Thank you very much for everything.

DMEZ LLC
Orem, Utah

This is my sixth accreditation. Corey was the best surveyor we have had. Not to say the others were not good, but he was superior!! Our owners appreciated all his wise advice and experiences he shared. He explained every process in easy terms which topped off the whole situation with the workroom being so much easier to navigate and understand this time around. I was contacted to see if there was a time that would not work for a surveyor visit, which we appreciated so much since our warehouse person was on vacation and we were opening a new pharmacy. So overall it was a very painless, informative, helpful accreditation!!!

Providentia, LLC
Tulsa, Oklahoma

Champion Chat Featured Authors Speaking at Medtrade Spring 2016

Mary Ellen Conway
President, Capital Healthcare Group

The Top 10 Operational Efficiencies You Need To Know (Tue, Mar 1, 2016)

Wayne van Halem
President, The van Halem Group

Audit and Appeals Strategy (Mon, Feb 29, 2016)
Help is Here! Audit Tracking and Data Compilation Tools (Mon, Feb 29, 2016)

Kelly Grahovac
Sr. Consultant, The van Halem Group

New Year, Fresh Start (Mon, Feb 29, 2016)

Miriam Lieber
President, Lieber Consulting LLC

Best Operational Practices in HME Today (Mon, Feb 29, 2016)
Management by Denial --Bridging the gap between operations and A/R (Tue, Mar 1, 2016)



From Mary's Desk

Mary Nicholas, MHA
President, CEO

Taking Stock

If someone were to ask 1,000 business owners/leaders, “What is your #1 asset?”, my best educated assumption would be that the large majority of the answers would be “People,” which constitutes both employees and customers. I am in 100% agreement with that response.

We are just finishing up the data collection and reviewing our risk assessment, and it dawned on me that we have identified that the greatest risks to HQAA center around people. One of the biggest challenges in this day where electronic communications, data collections, data storage, and security risks exist, is the protection of employees and customer information as well as the security of electronic systems.

The tools of the job these days mostly hinge upon the electronics used to manage, store, and transmit information. I'd like to suggest a few bullet points to keep at the top of your list that focus on the protection of people, both your employees and customers, when you assess the potential risks to your business.

Areas to consistently review and manage include (but, of course, are not limited to):

- Physical building/office security – Are you equipped with fire alarms, several levels of locking systems for desks, workstations, files, and possibly even visual detection systems? Are they all in good working order? How often are alarms tested and do all staff know what to do in case of an emergency? Are all employees locking their desktop screens when not in use or away from the desktop? Are all policies up to date with company expectations?
- Hardware security – Are all desktops, servers, routers, etc. identified on an inventory log? Are they specifically

It has been a great experience. My coach was so helpful and patient and always called us if we had questions. HQAA is great company to work with and I would recommend them anytime. Thank you.

Grant County Medical Equipment, LLC
Ulysses, Kansas

Gio was very professional during our survey. He made the whole process very comfortable and convenient to fit into our schedule for the day. It was a pleasure working with him.

KEAN DC PC
Washington, North Carolina

assigned to one individual? Are they kept up to date; do they have backups in the event that the electricity goes out? How often are hardware items replaced, and what is the process to ensure that the old items being disposed of hold no data that would be considered secure or private? Are all processes enforced and communicated to all personnel? Is that communication documented?

- Software security – What types of systems are in place to ensure the security of the programs that are used by employees (those that presumably contain private information from customers)? How is software updated for potential protection from viral infestations? What type of firewall protections are in place and how often are they updated? An extremely critical component of this is your password policies and who has access to what. How are passwords controlled within your organization? How often are they changed? Is there any segmentation in place, meaning are the “rights” to certain pieces of information restricted by end user roles? Who is the “master” of password retention/access?

Other areas to consider would include review of your disaster recovery policies, privacy policies and data back-up practices, to name a few more. After having gone through a server “hack” many years ago and determining that it is critical to do whatever it takes to prevent a reoccurrence, protection of people and systems is a very high priority. Is it for you?



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

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!

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 in an ongoing, on-line basis so that accreditation renewal is smooth and seamless. It is the only such product offered to assist with accreditation renewal in the industry. AMPT (Accreditation Maintenance Program Toolkit) is its counterpart for all accredited providers. AMPT is not for HQAA customers, but for all others who understand the importance of maintaining accreditation standards.

Each month, providers enrolled in ACT or AMPT 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.

Upcoming Topics

FEBRUARY

Managing Your Retail Area

MARCH

Client Medical Records

APRIL

Staff Education, Training and Competency

In this issue we are highlighting the ACT/AMPT 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 - *Managing Your Retail Area*

Are you ensuring that you are maintaining proper infection control guidelines in your retail area? Are you providing all of the required items to your customers in your “packet” such as Patient Rights, home safety information, after hours method of contact and ways to make a complaint?

March - *Client Medical Records*

With the relatively new requirements to have the physician's notes in your record, how do you maintain the confidentiality and integrity of each client's medical record including any protected health and medical information?

April - *Staff Education, Training and Competency*

Ensure that you have current educational calendars for each year and that all education is documented. Make sure that all staff have signed and dated job descriptions when they are hired and when they change jobs during the course of their employment.

Only HQAA offers on-going service to maintain the accreditation you've worked so hard to achieve.

For more information about ACT or AMPT, contact Gabriel Nicholas: gabe.nicholas@hqaa.org or 866.490.7980

I'm new to ACT and I'm finding it very useful and easy to navigate, and my coach Kim is great!

*Home Health Medical Equipment Inc.
Norfolk, Nebraska*

See more testimonials on the HQAA YouTube page by clicking [here](#).



Regulatory Update

Mary Ellen Conway, President
Capital Healthcare Group

CMS Seeks to Bring Medicaid Managed Care in Line with Medicare and Private Insurance

Proposed rule would seek to help beneficiaries, align quality measures and add a rating system.

CMS has proposed to overhaul the oversight and regulation of Medicaid managed care plans. This comes at a time when the adoption of innovative care and reimbursement techniques and enrollment in state Medicaid managed care programs is greater than ever. Driven by financial necessity, state Medicaid reforms generally are being more quickly adopted than federal pilot projects. In the innovating states (Oregon, Vermont and New York), one can find widespread use of such things as patient-centered medical homes, bundled payments and rating systems.

Enrollment in Medicaid, including the more traditional versions of managed care, has increased greatly. According to a CMS fact sheet, in 1992, only 8 percent of Medicaid beneficiaries accessed at least some of their benefits via capitated health plans. In 2011, the participation rate was 58 percent, yet the last time CMS revised Medicaid managed care oversight was in 2002 and 2003.

Acting CMS Administrator Andy Slavitt said that the changes announced are intended to assist beneficiaries who move in and

In addition to the regular column that Mary Ellen Conway provides for the readership of the Champion Chat, she is also a sought-after author for other media. Her latest is the cover article in HomeCare Magazine speaking about the future of services needed for our aging population and the challenges/opportunities they bring.
The View of Post-Acute Services in 2016

out of Medicaid managed care plans as their coverage changes. Aligning Medicaid managed care with the rest of the industry also is a goal. "This proposal takes significant strides in bringing the best practices found in other plan areas, such as Medicare Advantage and the private market, in the delivery of high-quality health care services to beneficiaries," Slavitt said.

He added that the three major changes relate to

1. Boosting transparency and consumer engagement
2. Improving and managing care coordination
3. Enabling delivery system reform

The CMS proposal seeks a number of major changes, according to a fact sheet, including:

- Giving states more flexibility in implementing Medicaid delivery reform
- Mandating that states adopt a quality strategy
- Implementing a quality rating system that would include all of the state's Medicaid health plans and align with what's used in Medicare Advantage and in ACA-created marketplaces.

The proposed rule would apply in a similar fashion to the Children's Health Insurance Program.

In the next 5 years, we're going to see that the way we get paid is going to change dramatically. As I've told you in many previous columns, staying on top of the new payer plans and programs is the key to your survival.

Mary Ellen Conway, RN, BSN, is a nurse health care consultant with over 25 years expertise in management throughout the health care continuum, and the President of Capital Healthcare Group.

Corey was very professional and pleasant. We enjoyed working with him.

*Elrod Sales & Service
Bessemer, Alabama*

My experiences with my Coach and Surveyor were excellent. Kim was very helpful with the workroom; quick responses. Curtis was professional and helpful. He had recommendations that will streamline reporting.

*Medical Compression Systems, Inc.
St. Louis, Missouri*



The Hire Power

Richard Davis, SHRM-SCP, SPHR
McClain Group, LLC

Character Test

We welcome Richard Davis, SHRM-SCP, SPHR, the President of PIPability-Peak Individual Performance as a regular contributor to Champion Chat discussing and commenting on Human Resource Issues. Richard can be reached at 800-448-9907 and at www.PIPability.com.

Over the past 23 years since starting McClain Group, I have been fortunate to work with dozens of companies assisting with human resource support, training, strategic planning, and recruiting. More recently, I have been busy working with companies in the area of human resource compliance. The issues range from I-9 compliance to correct job classifications for all positions. With proposed changes to wage and hour regulations about to take effect in 2016, many companies will be caught by surprise.

My goal with every client is to put them in a position to reduce their potential exposure. In a recent conversation with my wife about these issues, she commented, "but it only really matters if you get caught, right?" Her question was not posed because she thinks that way. She is the most ethical, honest, morale, and kindest person I know. Her point was that just because companies are not

I grew up in the shoe business and my dad had a shoe repair shop. A customer had brought in a very expensive pair of leather shoes that required new soles and heels. During the course of sewing the sole on one of the shoes, my dad accidentally got a piece of the leather caught in the machine and sewed the top of the shoe to the sole. He repaired his mistake and when completed, there was no evidence of the accident. I was standing at the counter when the customer came in and my dad handed him the shoes and said, "That will be no charge." The customer was confused and asked why. My dad explained what he had done, and the customer commented, "But I can't tell where you messed up!" My dad's response was, "But I know." That spoke volumes to me as a kid about integrity, honesty, and character.

John Wooden, the famed basketball coach from UCLA who won 10 NCAA national championships in 12 years, once said, "The true test of a man's character is what he does when no one is watching." Every day we are faced with decisions, some small and others that have a greater impact. We have choices to do the right thing or not. We have moments where that little voice says, "but if I don't get caught. . ." How will you respond?

“That spoke volumes to me as a kid about integrity, honesty, and character.”

following state legislative guidelines (E-Verify for all new hires) or classifying employees as exempt when they should be following overtime guidelines, it will only cost a company if the practices are uncovered by an auditor or investigator from a government agency.

Her question made me think about other instances where "it only matters if you get caught." Let me say up front that most of the instances where my clients are non-compliant are totally unintentional. They are working hard just to take care of their customers and employees. They are focused on what they know and do best... the core of their business. Many of the issues I uncover are not always just common sense. One has to KNOW what is correct.

What about those times we know what we are doing is incorrect or just plain wrong, but we do it anyway? I am not talking about going 74 on the interstate when the speed limit is 65. Most of us do that. I am referring to those larger morale and ethical issues where a decision has to be made to do it right or just take the chance you won't get caught.

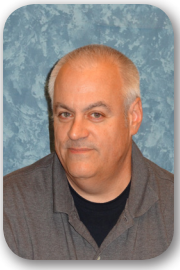
In the past, I have written about lessons I learned from my dad. Here is another story that taught me a valuable lesson on this topic.

John Wooden had another quote that is not as well known. "Be more concerned with your character than your reputation, because your character is what you really are, while your reputation is merely what others think you are."

Now that is something really important to think about!



Richard Davis has over 30 years of experience in executive management and consulting. He founded McClain Group in 1992 focused in executive placement, human resource consulting, and management training and development. Richard was certified in Targeted Selection behavioral interviewing and obtained his Senior Professional in Human Resources (SPHR) from the Human Resource Certification Institute and his Senior Credentialed Professional (SHRM-SCP) from the Society for Human Resource Management. Richard received his bachelor degree in Business Administration from The Citadel.



Ask the Surveyor

your questions answered...

Steve DeGenaro, RRT
Director of Survey Services

In The Driver's Seat

Part 1: Delivery

Some organizations underestimate the role that delivery and your delivery staff play in accreditation during survey. In many cases, the delivery person is the “face of your organization” –often the only person within your organization that the homebound customer actually meets. Thus, it should come as no surprise that their role during survey is crucial. Surveyors will want to spend a significant amount of time with your delivery staff. Preparing this important department for survey is crucial and should be an ongoing, continuous process. In a series of columns, we will review all of the components of ensuring that you review and maintain every important facet of your delivery operations. Let's start with a review of your delivery vehicles to make sure you are adequately prepared.

The Delivery Vehicle

Make sure that the delivery vehicle is clean and orderly—not just for

Our Survey was very educational and thorough. The Surveyor was very knowledgeable and helpful.

*Grant County Medical Equipment, LLC
Ulysses, Kansas*

survey, but all the time. Empty debris every day and make sure the cab and cargo areas are both straightened up. In a cab area, there should be paperwork, hand sanitizer, personal protective equipment (PPE), and a basic first aid kit (without any expired items). It's usually a good idea to have a fire extinguisher on board—it's an absolute requirement if you carry oxygen and oxygen equipment.

The cargo area should have a clear demarcation between “clean” and “dirty” equipment. There should also be a safe process to secure equipment while driving. Bungee cords are not safe as

tethers, straps or “tie downs” are the preferred method of securing equipment during transport. A process for curbside cleaning or decontamination is important. Not only should the vehicle contain items and cleaners necessary for this process, but also the delivery person should be able to articulate when this task is needed and how it is accomplished for the surveyor.

Jim was AWESOME. I was privileged to have him as a surveyor. Pointed out many things to benefit our company along with being fair and consistent. He was personable and friendly with a good thorough explanation of everything that was covered. (And some great idea's moving forward.)

*Starr Medical Supply Inc.
Wamego, Kansas*

Signage should comply with regulations. Oxygen vehicles that carry more than 1000 lbs. should be appropriately placarded and are subject to additional Department of Transportation (DOT) rules.

Use a comprehensive vehicle checklist. Your organization should have policy & procedure that describes the vehicle check and lists

Loretta was wonderful! I feel every organization has anxiety during the accreditation process, but Loretta put me completely at ease and I felt as if I was with a longtime friend! Thank You HQAA for sending me such a knowledgeable and warm person!

*Queen City Home Medical LLC
Blakely, Georgia*

[Continued on next page](#)

I seem to always perceive the recredentialing survey as an adversarial encounter, but it becomes clear during the site visit that the surveyor has our best interest in mind. While I may be disappointed to learn of my company's deficiencies, I have never been in doubt that the surveyor is an advocate for our success.

*Home Health Solutions Inc
Gainesville, Georgia*

[Ask the Surveyor](#) [Continued from previous page](#)

the items (on a checklist) that the delivery staff need to check before leaving the store or warehouse. These checklists should be saved as documentation. The surveyor may want to see them and will certainly ask about how the checks are documented.

Finally, keep in mind that if staff members are using their own personal vehicles to deliver equipment, they need to follow the same standards and regulations with regards to safe transport, separation of clean and dirty equipment, and having the necessary infection control/PPE supplies on board.

In my next columns, we will address the delivery process itself and maintaining the complete HR files for delivery personnel.

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

I am very pleased with the professionalism of the staff. The surveyor provided information and resources to improve the business and provide better customer service.

*A2Z Medical Supplies, Co.
Orland Park, Illinois*



Ask the Coaches

Q. How can our organization avoid repeat deficiencies during our re-accreditation process?

A. When you sign up for the renewal process, you will have access to a copy of your most recent survey report. The report is located on the first page as you log in (Table of Contents) in the center of the upper part of the page. This is provided for your review for continued compliance and maintenance throughout your accreditation period. We highly recommend that you review the report with your staff to avoid repeat deficiencies during your re-accreditation process.



Q. What are the purposes of the Accreditation Services Agreement and Pre-Survey Forms?

A. The Accreditation Services Agreement is a document that states your company agrees to the terms and conditions of the accreditation process. The Pre-Survey Form is used by our Survey Scheduler and the surveyors themselves to assist them in planning your site visit. Both of these documents must be completed and returned prior to your survey being scheduled. If you have misplaced either of these documents, please contact your Coach for another copy.


I find HQAA very helpful and easy to work with, the Coach and the workroom are great. Glad we chose HQAA for our Accreditation process.

Pekin ProHealth, Inc.
Pekin, Illinois

Our first experience with HQAA was three years ago and it was just great. As usual, we all dread Accreditation, but I can definitely say that HQAA and the staff make it as painless as possible. Everyone is so courteous and helpful. I never dread making a phone call to them.

City Medical Supply, LLC
Ripley, Mississippi

Q. How can I review the original policies that were sent and/or filed?

A. Enter the standard page as you had when you originally submitted your documentation. To the left of the  ('send to HQAA' icon) you will see a box with a blue check mark. By clicking on the blue check mark, you will be able to open and view the document that was sent and/or previously filed.



I highly recommend HQAA for your accreditation experience. They are awesome! Mike was a great coach and was so helpful. I was so nervous about the survey but the surveyor was so nice and knowledgeable. They are a great group to work with and I look forward to working with them.

Medical Supply Services, LLC
Cookeville, Tennessee

Lore and all the team have done a great job!

Seating and Mobility Solutions LLC
Woodway, Texas

Got Questions? We've Got Answers

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!