

In This Case, One Size Does Fit All

Since Medicare is requiring that suppliers become accredited, it may confuse suppliers and have them thinking that these processes are only applicable to Medicare beneficiaries.

Accreditation organizations have been accrediting hospitals, nursing homes, home care, hospice and DMEPOS suppliers since the early 80's. The Community Health Accreditation Program (CHAP) was the first organization to accredit DME's. And Medicare has not limited the selection of accreditation to just one or few organizations, as some payers do. There are ten accreditation organizations, some old and some new, that Medicare recognizes so suppliers can choose any of these to meet the Medicare requirement.

Until now, accreditation has always been a *voluntary* process that suppliers "chose" to do. Over the years, many suppliers felt that they didn't really have a "choice", since managed care contracts and Veteran's Administration contracts limited enrollment to only accredited suppliers. Suppliers who were not accredited could not service these beneficiaries or even be considered for contracts. This was because the groups that accredit the managed care organizations, like URAC and NCQA, have required that the payers use only accredited ancillary providers. So, while this was technically a "voluntary" process, it seemed mandatory for many. The Medicare Modernization Act of 2003 (MMA '03) is requiring all DMEPOS providers billing Medicare to be accredited by October 1, 2009, thus ensuring that this is no longer a voluntary process for most suppliers.

With the Medicare requirement to become accredited, many providers are unclear about the processes. They repeatedly state that they are only required to implement the accreditor's standards for their Medicare beneficiaries. But this is not true and many don't understand why. Does one size really fit for all?

Think about the providers who have been accredited for years. They have implemented policies and procedures to meet their accreditation organization's standards. Let's say, as an example, that the ABC Managed Care Plan requires accreditation for all DME suppliers. Joe's DME decided to become accredited back in 1990 and then, in 1992, became one of the contracted suppliers for ABC. When an ABC customer is referred for DME items such as oxygen, a hospital bed and a walker, Joe's verifies the enrollment of the customer and contacts them to make the delivery. Joe's staff makes the delivery to the customer's home ensuring that their vehicles are compliant, segregating clean and dirty items within the vehicle and the staff uses their personal protective equipment (PPE) maintaining infection control guidelines at all times. The staff member, who has been competency trained to do so, sets up each piece of equipment and trains the beneficiary on each. The staff member orients the customer to Joe's processes. The staff member provides the customer with their rights and responsibilities, how to reach Joe's during and after business hours and how to file a grievance. Joe's includes this customer in the Quality Improvement Program and sends them a customer satisfaction survey.

This is the process Joe's performs for all of their customers, not just those who are ABC beneficiaries. For the customer coming to Joe's who is a Medicare beneficiary, Joe's staff ensures that the staff is performing all of the same processes that they did for the ABC beneficiary. But for this customer, Joe's is also providing the customer with a copy of the 21 (soon to be 25) Supplier Standards (a Medicare requirement) and since the customer got a walker, it is also Joe's policy for Medicare beneficiaries to get an ABN signed and to provide the information on Inexpensive or Routinely Purchased Items.

Medicare beneficiaries in a nursing home do not get different services because they are a Medicare beneficiary and Medicare requires that the facility be accredited. There may be certain length of stay issues, or items that are included in a per diem payment, but the services themselves do not change. Similarly, Joe's doesn't just maintain infection control processes for their ABC customers, or only educate those customers on their equipment because ABC required that Joe's be accredited. Likewise newly accredited suppliers getting accredited because of the Medicare requirement implement and maintain the same processes for all of their customers. One size does fit all.

In many ways it can seem like we are trying to fit a square peg into a round hole. But when a provider reviews accreditation expectations and thinks about the requirements, they soon realize that they would implement their processes for all and treat all customers similarly. Even though many providers are becoming accredited because of the Medicare requirement, they must implement their new processes for all of their patients, not just the Medicare beneficiaries.