

The Compliance Team, Inc.
CMS Approved Accreditation for DMEPOS
OVERVIEW

Corporate Headquarters

The Compliance Team, Inc.

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Exemplary Provider™ Accreditation Programs

Statement of Purpose

The Compliance Team, Inc. (circa 1994) is an independent, privately owned, healthcare evaluation firm located in suburban Philadelphia, Pennsylvania. Our continuing mission is to promote healthcare delivery excellence through the implementation of sustainable quality improvement measures that simplify healthcare accreditation and establish **SAFETY, HONESTY AND CARING™** as core patient relationship goals.

National Recognition

In Fall 2006, The Compliance Team was formally designated by the federal government's Centers for Medicare and Medicaid Services (CMS) as an officially approved accrediting body for all type of durable medical equipment, prosthetics, orthotics supplies (DMEPOS) providers. The first Exemplary Provider™ Accreditation Programs for DMEPOS, Physicians, Healthcare Institutions and Specialty Providers were launched in 1998. Based on the belief that *Every Patient Deserves Exemplary CareSM*, these all-inclusive measured continuous quality improvement programs are service and product-line specific and driven by easily understood, plain language quality standards. Today, the Compliance Team's DMEPOS program enjoys widespread acceptance by managed care entities and state Medicaid agencies throughout the USA in addition to being recommended for its fraud and abuse awareness measures by the National Supplier Clearinghouse (NSC), (The program standards for DMEPOS are available FREE in PDF form on the Internet via exemplaryprovider.com.)

Accreditation Process

Providers are guided to healthcare delivery excellence while going through a dramatically simplified accreditation process that focuses on their everyday business operations. First time applicants enroll for two-years plus an orientation period that typically lasts 4-6 months. Once formally enrolled, providers receive a Preparation CD that includes examples of all written documents that are required to be on file for accreditation validation. Participants are also assigned an Accreditation Advisor who conducts a series of Orientation teleconferences that focus on program requirements regarding Corporate Compliance, Human Resources, Risk Management, Infection Control, Equipment Management, Patient Services and Government Regulatory matters among others. Advisors are also available for on-going phone and e-mail queries. Once providers have in place documentation that reflects a minimum of three-months compliance to the program's quality standards, an unannounced On-site Evaluation takes place. (Note: On-site Evaluations are performed annually.) A score of 90% or better is needed to achieve The Compliance Team's Certificate of Accreditation. As a mandatory requirement for participation in the Medicare program, formal notice of accreditation is then forwarded to CMS. Patient Outcomes data are required to be submitted following the first successful On-site Evaluation, The Compliance Team aggregates the data and issues quarterly Analysis Reports thereafter. At the end of the initial two-year enrollment period, the program renews annually,