

SPEECH-LANGUAGE, continued

Prepare For Some Paperwork

You have about a year until your billing status goes live, but you'll need that time to complete the paperwork necessary to participate in the Medicare program. For starters, you must go through the Medicare enrollment process, Lusic says, which involves filling out a CMS-855 form.

For more information on what's involved in this process, see the article "Are You On Your Revalidation Process Game?" in *Eli's Rehab Report Vol. 15, No. 5*. You can also access more information on Medicare provider enrollment, as well as the 855 form, at www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf.

Next step: You'll need to obtain a National Provider Identifier (NPI) number if you don't already have one. This will be your ticket to filing your claims with Medicare. The enrollment window will probably be sometime late next spring so SLPs can start billing July 1, Lusic says.

Good idea: If you've been working in a facility setting and want to open a private practice, make sure you're

up to speed on billing and coding issues — or anything else the facility may have taken care of, Lusic suggests.

More Victories For SLPs, Audiologists

Wish you could participate in PQRI? Wish no more. Private practice status opens the door for SLPs to participate in the Physician Quality Reporting Initiative (PQRI). In addition, the MIPPA legislation allows audiologists to bill under the PQRI, Lusic says. "We're working with CMS on what measures would apply to SLPs and audiologists, and we're pushing for CMS to consider some measures in ASHA's outcomes tool, National Outcomes Measurement System (NOMS), for the purpose of PQRI."

Stay tuned: CMS still has to write regulations and release manual guidance for SLPs in private practice. The agency also updates PQRI guidance in the fall, so be on the lookout for both.

For information now on getting started in Medicare provider enrollment, ASHA has developed a Web site to address basic questions at www.asha.org/members/issues/reimbursement/medicare/medicarefaqslprivateprac.htm. ■

COMPLIANCE

3 OSHA Safeguards Outpatient Rehab Clinics Overlook

► *Owning an OSHA guidebook doesn't mean you're in OSHA compliance.*

Is your binder of OSHA guidelines collecting dust? Do you even have a binder of OSHA guidelines in your clinic? In the event that an accident or injury occurs, you don't want to get slammed with OSHA fines — or in the worst-case scenario, a lawsuit. Make sure you're up to speed in the following safety areas, or risk paying for it later.

1. Personal Protective Equipment

You may not think you need an impervious gown on hand, but you'd be surprised. The maintenance of personal protective equipment (PPE) is an area that is typically deficient in rehab settings, says **Mary Daulong, PT, CHC**, with **Business & Clinical Management Services Inc.** in Spring, TX. This means having basic protection such as gloves, eye shields and impervious gowns readily available. At a minimum, you should have gloves available in each major treatment area. Things such as gowns and eye-wear could be stored in a supply closet, depending on your facility's need.

Don't miss: Although not PPE per se, you should also have spill kits on hand so that in the event of a hazardous chemical or a biohazard spill, employers could safely clean the spill. This is another OSHA compliance area that is often not comprehensive in rehab settings, Daulong says.

2. Bloodborne Pathogen Exposure Control Plan

If you think bloodborne pathogen standards don't apply to you if your clinic doesn't do open wound care, think again. Suppose someone getting ready for aquatic therapy slips and falls at the poolside, or suppose a patient who is gait training falls and hits her head on a corner.

Want to start getting your issues of *Eli's Rehab Report* "hot off the press" several weeks before your paper copy arrives in the mail? Email the editor at lindseyr@eliresearch.com with "electronic issue" in the subject line, and provide us the email address where you'd like to receive your PDF copy.

COMPLIANCE, continued

Either of these situations could result in an open wound, and your employees must know how to protect themselves.

Solution: “OSHA requires you to have a copy of the bloodborne pathogen standards in your clinic, as well as an exposure control plan,” Daulong says. An exposure control plan is a set of policies and processes you’ve tailored for your clinic, based on the bloodborne pathogen standards. Part of your plan should include having spill kits and personal protective equipment, such as gloves, readily available.

But there’s more to bloodborne pathogen compliance than just having the tools to deal with accidents; you’re required to take preventative measures too. “One big area of deficiency is educating employees on Hepatitis B,” Daulong points out. You’re required to educate employees with potential exposure to Hepatitis B on the dangers of the disease and to offer them the vaccination series free of charge.

The kicker: You cannot bill the vaccine to insurance — and if the person doesn’t respond to the vaccine, you’re required to offer the series again, Daulong says.

But you don’t have to worry about getting every employee vaccinated. You’re responsible for educating and giving the option for a vaccination series, but you can’t require the employee to get inoculated, Daulong clarifies.

3. Hazard Communication

If you’re already in compliance with the bloodborne pathogen standards, don’t stop there. One area therapists take for granted is safely handling hazardous materials.

“You are required to orient employees who handle any hazardous products prior to using them,” Daulong says.

But don’t be so sure you’re off the hook just because your facility doesn’t have a pool and handle heavy pool chemicals. “We often don’t think about a disinfectant being hazardous, but it is — especially since therapists may have contact with this chemical multiple times per day,” Daulong says.

What to do: Make sure labels on all hazardous products clearly state what the chemical is and any PPE you may need for handling. Some pool chemicals, for example, require a respirator. Also, be sure that each chemical has a current Material Safety Data Sheet, or MSDS, available.

“Sometimes clinicians are particularly lax about labeling when they transfer something like a disinfectant to smaller containers for the treatment tables,” Daulong points out. “Make sure they are also properly labeled to comply with OSHA.

Overwhelmed yet? “I tell my PT offices to focus their efforts on the standards that apply to them directly but also to be aware of what else is out there,” says **Raffi Semerdjian**, provider services representative for **PTPN**, an independent rehab provider network in Calabasas, CA. “However, there are some OSHA rules that are universal across the board, no matter what type of healthcare setting it is.”

Note: Check out the next issue of *Eli’s Rehab Report* to explore lifting and transferring patients as an occupational hazard — and how OSHA is getting involved to educate therapists. ■

Practice Pointers

Keep Your Compliance In Top Shape: Here’s How

Clearly there’s a lot to cover in OSHA compliance even in an outpatient rehab setting — which is why holding a yearly safety meeting is a must. First, OSHA requires that you do, and second, it’s the best way to keep everyone up to speed on safety policies. “The best thing you can do to implement OSHA guidelines is to have at least a yearly meeting about OSHA, patient safety, first aid, and emergency and fire procedures,” says **Raffi Semerdjian**, provider services representative for **PTPN**, an independent rehab provider network in Calabasas, CA. “And always document your meetings: the topics you discussed, who was in attendance — and take minutes.”

Good idea: Promote a staff member to be your facility’s OSHA compliance officer, Semerdjian suggests. Also, have a point person your employees can approach to address concerns.

More: “You’re required to have a safety committee if you have more than 10 employees,” says **Pati Trites, MPA, CHBC, CHCC, CHCO, CPC, EMS, CHP, CMP(H)**, CEO of **Compliance Resources** in Augusta, MI. “The committee must meet and make sure information is conveyed to all employees about the different workplace hazards.”

Takeaway: “You have to go much further than simply having an OSHA manual,” Semerdjian says. “You have to implement those policies within your practice and make sure that you and your staff follow them.” ■