

E-App Checklist

Before you begin completing the new electronic Application for Accreditation (E-App), we encourage you to go through the following checklist. ***Please note that not every category will apply to your organization, so just select those that do, and make sure you have that information available.***

Helpful hints before you start the new E-App:

- Due to the new fields that are being collected in the application, the first time navigating through the new E-App requires you to complete the pages/tabs in sequential order (Guided Navigation). It is important to note that this is only required for the first submission. During subsequent submissions, you will be able to move freely throughout the application and make appropriate updates.
- In order to assist with having a smooth on-site survey, there is specific information that requires an attestation. The attestation ensures that you have read the requirements pertinent to the survey process. Attestations are displayed on the following tabs within the application:
 - Tab 2: Laboratory questions
 - Tab 3: Deeming eligibility requirements
 - Tab 4: Initial and Early survey requirements
 - Tab 6: Hours of Operation
 - Tab 7: Application Accreditation Manual
 - Tab 9: Notification of Changes (only applicable to existing Joint Commission customers submitting the new E-App for the first time)
- There are various resources available to help you with completing the new E-App, such as FAQs, helpful hints, and an improved glossary. Stay on the look-out for these resources on the right-hand side of the screen as you complete the new E-App.
- A video tutorial is available to help you transition as seamlessly as possible to the new E-App. The tutorial provides an overview of the new features and functionality of the E-App, and provides some helpful hints on navigating through the application. The video can be accessed the following ways:
 - The Joint Commission website
 - The Joint Commission Connect extranet
 - Site Information tab (tab 5)
 - E-App Dashboard

Now you are ready to start gathering the rest of your E-App data! This E-App Checklist is designed to help you organize your information. As you receive or locate an item, check it off the list.

☐ **Your Organization (Tab 1)****Demographic Information:**

Providing this information is only required if you are brand new to The Joint Commission accreditation process, completing an E-App for the very first time. The demographic information for existing customers has been converted to the new E-App.

You will need the following information:

- ☐ Organization Name
- ☐ Organization Street Address
- ☐ Organization Main Phone Number
- ☐ Organization Fax Number
- ☐ Organization Website

Ownership Information:

As with the demographic information, providing this information is only required if you are brand new to The Joint Commission accreditation process, completing an E-App for the very first time. The ownership information for existing customers has been converted to the new E-App. **For existing customers, you will not have the ability to edit your ownership information. You must notify your Account Executive in writing for any changes needed to your ownership information.**

You will need the following information:

- ☐ Owner name
- ☐ Owner Street Address
- ☐ Owner Phone number
- ☐ Owner Fax number
- ☐ Primary/secondary owner contact

☐ **Programs/Services Information (Tab 2)**

Program/Service information is collected on Tab 2 of the application. It is very important that this information is completed accurately. The program(s) selected on Tab 2 impacts the information that is collected on subsequent tabs. For existing Joint Commission customers, the program(s) being provided by your organization is preselected in the new E-App; however, you will be required to answer “No” for each of the program(s) that you are not providing. For customers brand new to the Joint Commission accreditation process, completing an E-App for the first time, you will be required to answer “Yes” or “No” to each of the following programs, to indicate if the programs that are being provided by your organization:

- Ambulatory Health Care (***Please note: Do not select Ambulatory Health Care on tab 2 if your clinics are hospital sponsored***)
- Behavioral Health Care
- Critical Access Hospital
- Home Care
- Hospital
- Laboratory
- Long Term Care
- Office Based Surgery

☐ **Federal/State Information (Tab 3)**

Federal/State information is collected on Tab 3 and provides federal and state compliance information, CMS certification, and deemed status eligibility requirements. Please note that the information collected will vary depending on the program(s)/service(s) being provided by an organization. For existing Joint Commission customers, most of the information noted below has been converted to the E-App. You will need the following information:

Ambulatory Health Care, Critical Access Hospital, Home Care, Hospital:

- ☐ If a deemed status survey is requested, you will be required to attest to your understanding of the eligibility requirements. Please note if you have completed the previous application and used the Joint Commission for deeming, you will not be required to attest to the eligibility requirements.
- ☐ If applicable, your organization's Medicare Certification Number (CCN). Please note if you have completed the previous application and provided a CCN number, this information converted to the new E-App and you will not be required to re-enter this number.
- ☐ Date of your last Medicare Certification Survey (If your last Medicare Certification survey was conducted by The Joint Commission, enter the last date of your previous Joint Commission onsite survey).

Advanced Diagnostic Imaging:

- ☐ Selection of "Yes" or "No" required to indicate whether your organization provides the technical component of advanced diagnostic imaging and bills Medicare Part B for reimbursement for one of the following modalities: Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Nuclear Medicine, Positron Emission Tomography (PET).
- ☐ Selections of "Yes" or "No" required to indicate whether your organization is requesting accreditation from The Joint Commission to satisfy Medicare requirements

Home Medical Equipment:

- ☐ Selection of "Yes" or "No" required to indicate whether your organization is requesting a DMEPOS recognition survey.

Long Term Care:

- ☐ It will be required for your organization to indicate if a Long Term Care deemed status survey is being requested. If yes, you will be required to provide your state license renewal date.
- ☐ It will also be required for your organization to indicate if your organization's Long Term Care services are reported under the Hospital CCN, Medicare/Medicaid Certified Skilled Nursing Facility/Unit, and/or Private or Third Party Payor
- ☐ Certification Number (CCN) for your Skilled Nursing Facility/Unit

☐ **Initial/Early Survey requirements (Tab 4)**

The initial/early survey requirements are provided on Tab 4. Tab 4 is only applicable to customers brand new to The Joint Commission accreditation process, completing the E-App for the first time and will be required to attest to their understanding of the initial/early survey requirements. You will also be required to select the survey a survey option and provide a survey ready date.

☐ **Site Information (Tab 5)**

Site specific information is collected on Tab 5. The data collected pulls from the program(s) selected on Tab 2. Please note that the information below is collected for each site:

- **Ambulatory Health Care :** (Please note: Do not select Ambulatory Health Care on tab 2 if your clinics are hospital sponsored) - You will need the following information if you provide Ambulatory Health Care Services:
 - ☐ Average number of hours open per month
 - ☐ Number of licensed independent practitioners, excluding anesthesiologist
 - ☐ Number of Full Time Equivalents, excluding licensed independent practitioners
 - ☐ Number of licensed clinical staff
 - ☐ At any one time, the number of patients rendered unable to evacuate the site independently as a result of a treatment, procedure, or diagnostic test being performed
 - ☐ The annual visits for Medical/Dental services: This should be based on a 12 month period of time (calendar or fiscal year)
 - ☐ The annual cases for Surgery/Anesthesia: This should be based on a 12 month period of time (calendar or fiscal year)
 - ☐ Annual visits for Diagnostic/Therapeutic services: This should be based on a 12 month period of time (calendar or fiscal year)
 - ☐ Annual visits for Telehealth services: This should be based on a 12 month period of time (calendar or fiscal year)
 - ☐ Annual visits for Episodic Care services: This should be based on a 12 month period of time (calendar or fiscal year)
 - ☐ The days surgeries are performed
- **Behavioral Health Care:** You will need the following information if you provide Behavioral Health Care Services:
 - ☐ Volume information (average daily census, total number of annual cases, # of licensed beds, # of homes): This should be based on a 12 month period of time (calendar or fiscal year)
 - ☐ Settings that are applicable for each Behavioral Health Care site (e.g. community integration, employment services, family support, etc.)
 - ☐ Extended Closure Information: If a site is closed for an extended period of time (e.g. winter break, summer break, spring break) you can enter the dates in which your Programs/Services are closed

➤ **Critical Access Hospital:**

- ☐ Number of licensed beds (Swing beds should also be included. The total number of licensed beds, swing and acute, cannot exceed 25 beds)
- ☐ Average Daily Census: This should be based on a 12 month period of time (calendar or fiscal year)
- ☐ Number of outpatient visits: This should be based on a 12 month period of time (calendar or fiscal year)
- ☐ Number of emergency room visits: This should be based on a 12 month period of time (calendar or fiscal year)
- ☐ Total approximate number of occupied square feet that is classified as healthcare occupancy
- ☐ Services provided (e.g. type of inpatient units, Ambulatory Surgery center, Imaging/Diagnostic services)

➤ **Home Care:**

- ☐ Average Daily Census (ADC): collected for each market segment (Home Health, Home Medical Equipment, Hospice, and Pharmacy). Please refer to the E-App glossary for assistance in calculating the ADC.
- ☐ DMEPOS products: **Existing Joint Commission customers**, the DMEPOS products from the previous E-App converted to the new E-App. For CMS reporting purposes, if a new product is added a start date and the product delivery mode (mail-order, facility-based, in-home) will be required. If a product is being discontinued, an end date is required.
- ☐ **Customers brand new to the Joint Commission accreditation process, completing the E-App for the first time**, you will be required to enter your DMEPOS products.
- ☐ Home Health services: If an organization has selected “Yes” to a Medicare Deemed status survey on Tab 3, it is required on Tab 5 to select the specific Home Health services being provided: Physical Therapy, Occupational Therapy, Speech Language Pathology, Medical Social services, and Home Health Aide services.

➤ **Hospital:**

- ☐ Number of licensed beds
- ☐ Average Daily Census: This should be based on a 12 month period of time (calendar or fiscal year)
- ☐ Number of outpatient visits: This should be based on a 12 month period of time (calendar or fiscal year)
- ☐ Number of emergency room visits: This should be based on a 12 month period of time (calendar or fiscal year)
- ☐ Total approximate number of occupied square feet that is classified as healthcare occupancy
- ☐ Services provided (i.e. type of inpatient units, Ambulatory Surgery center, Imaging/Diagnostic services)

➤ **Long Term Care:**

- ☐ Number of licensed beds
- ☐ Average Daily Census: Please refer to the E-App glossary for assistance with calculating the ADC
- ☐ Services (e.g. Intermediate care, Skilled Nursing Care/Complex Medical Care/Subacute)

➤ **Office Based Surgery:**

- ☐ Services/Procedures (e.g. Endoscopy, Podiatric Surgery, Urological Procedures)
- ☐ Number of annual cases for Surgery/Anesthesia: This should be based on a 12 month period of time (calendar or fiscal year)
- ☐ Average number of hours open per month
- ☐ Number of Licensed Independent Practitioners (DDS, DMD, DO, DPM, MD), excluding anesthesiologists
- ☐ Number of Full Time Equivalents, excluding licensed independent practitioners
- ☐ Days that surgeries are being performed
- ☐ Extent of specialty (e.g. single specialty, multiple specialty)
- ☐ Ownership/Procedures/Anesthesia (e.g. this site is physician-owned or operated, moderate sedation or general anesthesia is administered, invasive procedures are performed)
- ☐ Number of patients rendered unable to evacuate the site independently as a result of a treatment, procedure, or diagnostic test being performed

☐ **Survey Details (Tab 6)**

The following additional information regarding your organization is collected on Tab 6:

- ☐ Avoid dates (An organization is allowed up to 15 avoid dates)
- ☐ CCN Information: This page is a display-only page and provides a detailed overview of the Medicare Certification Number (CCN) information for each site listed in the application. If a CCN number has not been provided, then this page will not display on tab 6.
- ☐ Complementary agreements: Organizations are required to indicate whether they are accredited by one of the following organizations: American College of Surgeons-Commission on Cancer (ACoS-COC) or American Society for Histocompatibility and Immunogenetics (ASHI)
- ☐ Conflict of Interest: If applicable, organizations will be required to enter the surveyors first and last name along with the reason why the identified surveyor should be avoided when scheduling the survey
- ☐ Employer ID Number (same as Tax payer ID #)
- ☐ Main site/Distance/DBA: Organizations will be able to do the following on this page:
 - Identify which site is the main site
 - Identify the home care main site (if applicable)
 - Request that a Doing Business As name appears on the accreditation certificate
 - Identify the mileage from the main site for each branch location.
- ☐ Medical Behavioral: Indicate your medication processes (e.g. store medication, prescribe medication, dispense medication)
- ☐ Observers: Indicate whether you prefer to accept observers during an onsite survey
- ☐ Survey Ambulatory: Indicate a survey option: system accreditation survey, primary care medical home designation requested, or traditional accreditation survey
- ☐ Survey Home Care: Indicate a survey option: system accreditation survey, home care corporate survey, traditional accreditation survey
- ☐ Travel Instructions
- ☐ Health Record: Organization will be required to describe their record-keeping practices for care, treatment, and services
- ☐ Hours of Operation: Collected by program and by site