



# CHANGE OF OWNERSHIP OR CHANGE OF INFORMATION CHECKLIST

 DMEPOS  PHARMACY

Accreditation Commission for Health Care (ACHC) requires organizations to provide written notification for any change of ownership or ownership information change of 5% or greater. Failure to notify ACHC within 30 days of the change may result in a gap in accreditation. ACHC will not backdate any accreditation dates to when the change officially took place.

The following items must be submitted by the proposed new owner to the organization's assigned Account Advisor:

## Letter of Attestation, Including:

- ☐ Type of change (e.g., acquisition, merger)
- ☐ Detail of all changes, including new management and list of new contacts, including:
  - » Owner, leader, and liaison
  - » Names, phone numbers, and email addresses
- ☐ Actual or proposed date of change
- ☐ Statement that policies and procedures will not change, or statement that policies and procedures are changing and include copies of policies and procedures of key standards
- ☐ List old and new Federal Tax ID numbers and National Provider Identifier (NPI) numbers (if applicable)
- ☐ Statement of whether purchased company is Accredited that includes name of AO and current accreditation dates.

## Documentation, Including:

- ☐ Completed Site Information form
- ☐ State Licensure Verification form
- ☐ Proof that new owners/managers/agency is not on the Office of Inspector General's (OIG) exclusion list (<http://exclusions.oig.hhs.gov/>)
- ☐ Pre-transaction and post-transaction organizational charts

## After ACHC approves the ownership change or ownership information change, the organization should:

- ☐ Submit an updated 855S form to NPE East or NPE West
- ☐ Upon receipt of an acknowledgment letter from NPE East/West, submit a copy of letter approving changes to ACHC

Once all required documentation has been submitted, it will be reviewed. Accreditation will be determined based on the date of submission.

For DMEPOS locations, approval documentation may be granted prior to a survey. All survey fees must be paid before approval documentation will be issued by ACHC. An unannounced survey may take place after the change of ownership effective date.

For locations that do not bill any DMEPOS products, a survey may be required.

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If a survey is required, your Account Advisor will contact you with further details. The organization will be charged applicable CHOW fees based on the signed accreditation agreement.

If the organization is found to have substantial deficiencies during the on-site survey, a Plan of Correction will be required and/or a follow-up survey may be required.

Contact Name: \_\_\_\_\_

Contact Phone/Email: \_\_\_\_\_



# SITE INFORMATION



DMEPOS



PHARMACY

## Location Information

Name to display on Accreditation Certificate: (check only one)

☐ Legal Name

☐ DBA Name

☐ Both Legal and DBA Name

Legal Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Location Phone #: \_\_\_\_\_ Location Fax #: \_\_\_\_\_

## Physical Address

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Location Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## Profile Information

Federal Tax ID #: \_\_\_\_\_

**Medicare Provider Number/PTAN:**

**National Provider Identifier/NPI:**

PTAN for this location: \_\_\_\_\_

NPI for this location: \_\_\_\_\_

## Miscellaneous Information

Days/Hours of Operation: \_\_\_\_\_

Date Location Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

## Services Provided at This Location

Please select the services that are being provided from this location:



## DMEPOS

- ☐ Home/Durable Medical Equipment (DME)  
Average Number of Rentals Per Month: \_\_\_\_\_
- ☐ Distinction in Clinical Respiratory Patient Management (CRPM)
- ☐ Medical Supply Provider (MSP) Includes Retail Pharmacies  
Average Number of Orders Filled Per Month: \_\_\_\_\_
- ☐ Complex Rehabilitation and Assistive Technology Supplier (RTS)  
Average Number of New Rehab Orders Per Month: \_\_\_\_\_
- ☐ Distinction in Custom Mobility (CM)
- ☐ Fitter Services (FS)  
Average Number of Fitter Sales Per Month: \_\_\_\_\_



## PHARMACY

- ☐ Infusion Pharmacy (IRX) Including Sterile Compounding  
Average Number of Infusion Solutions Compounded Per Month: \_\_\_\_\_
- ☐ Distinction in Nutrition Support – Must be achieved in combination with ACHC Infusion Pharmacy Accreditation
- ☐ Distinction in Hazardous Drug Handling (HDH) – Must be achieved in combination with ACHC or PCAB Pharmacy Accreditation  
Does this pharmacy have a clean room? ☐ YES ☐ NO If so, how many? \_\_\_\_\_
- ☐ Infusion Pharmacy Services Without Sterile Compounding (IRX-NO797)  
Does the location ever intend to install a clean room? ☐ YES ☐ NO
- ☐ Distinction in Nutrition Support (NTS) – Must be achieved in combination with ACHC Infusion Pharmacy Accreditation
- ☐ Ambulatory Infusion Center (AIC)  
Average Number of Infusion Clients/Patients Seen Per Month: \_\_\_\_\_
- ☐ Infusion Nursing Service (IRN)  
Average Number of Infusion Clients/Patients Seen Per Month: \_\_\_\_\_
- ☐ Specialty Pharmacy (SRX)  
Average Number of Orders Filled Per Month: \_\_\_\_\_
- ☐ Distinction in Oncology (ONC)  
Average Number of Orders Filled Per Month: \_\_\_\_\_
- ☐ Distinction in Infectious Disease Specific to HIV (HIV)  
Average Number of Orders Filled Per Month: \_\_\_\_\_
- ☐ Distinction in Rare Diseases and Orphan Drugs (RARE)  
Average Number of Orders Filled Per Month: \_\_\_\_\_
- ☐ Specialty Pharmacy Only (SRXONLY)  
Average Number of Orders Filled Per Month: \_\_\_\_\_
- ☐ Distinction in Oncology (ONC)  
Average Number of Orders Filled Per Month: \_\_\_\_\_
- ☐ Distinction in Infectious Disease Specific to HIV (HIV)  
Average Number of Orders Filled Per Month: \_\_\_\_\_

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- ☐ Distinction in Rare Diseases and Orphan Drugs (RARE)  
Average Number of Orders Filled Per Month: \_\_\_\_\_
- ☐ Long Term Care Pharmacy (LTC)  
Average Number of Prescriptions Per Month: \_\_\_\_\_
- ☐ Mail Order Pharmacy Services (MORX)  
Average Number of Prescriptions Per Month: \_\_\_\_\_
- ☐ Community Retail (CR)  
Average Number Sales Per Month: \_\_\_\_\_
- ☐ Community Retail with Fitter Services (CRDS)  
Average Number of Sales Per Month: \_\_\_\_\_

## For Practice Site Branch Locations Only

Please select the product codes provided from this location. Select “No Codes” if location does not provide product codes. Reference the DMEPDAC to view the HCPC codes that are included in each product category. (<https://dmepdac.com/palmetto/PDACv2.nsf/DID/43Z2ZKZ02X>).

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> DM01 Automatic External Defibrillators (AEDs) and Supplies                   | <input type="checkbox"/> DM27 Cognitive Behavioral Therapy Devices   | <input type="checkbox"/> PD05 Ocular Prostheses   |
| <input type="checkbox"/> DM02 Commodes/Urinals/Bedpans  | <input type="checkbox"/> DM28 Rehabilitative Therapy Devices   | <input type="checkbox"/> PD06 Ostomy Supplies   |
| <input type="checkbox"/> DM03 Continuous Passive Motion (CPM) Devices                                 | <input type="checkbox"/> DM29 Urinary Suction Pumps  | <input type="checkbox"/> PD07 Somatic Prostheses  |
| <input type="checkbox"/> DM04 Contracture Treatment Devices: Dynamic Splint                           | <input type="checkbox"/> DM30 External Electrical Stimulation Devices (Not Otherwise Classified)               | <input type="checkbox"/> PD08 Tracheostomy Supplies   |
| <input type="checkbox"/> DM05 Blood Glucose Monitors and Supplies (non-mail order)                    | <input type="checkbox"/> M01 Canes and Crutches  | <input type="checkbox"/> PD09 Urological Supplies   |
| <input type="checkbox"/> DM06 Blood Glucose Monitors and Supplies (mail order)                        | <input type="checkbox"/> M02 Patient Lifts   | <input type="checkbox"/> PD10 Voice Prosthetics   |
| <input type="checkbox"/> DM07 Gastric Suction Pumps   | <input type="checkbox"/> M03 Power Operated Vehicles (Scooters)  | <input type="checkbox"/> PD11 Prosthetic Lenses: Conventional Eyeglasses                        |
| <input type="checkbox"/> DM08 Heat & Cold Applications  | <input type="checkbox"/> M04 Seat Lift Mechanisms  | <input type="checkbox"/> PD12 Prosthetic Lenses: Conventional Contact Lenses                    |
| <input type="checkbox"/> DM09 Hospital Beds – Electric  | <input type="checkbox"/> M05 Walkers   | <input type="checkbox"/> PD13 Prosthetic Lenses: Prosthetic Cataract Lenses                     |
| <input type="checkbox"/> DM10 Hospital Beds – Manual  | <input type="checkbox"/> M06 Wheelchairs – Standard Manual   | <input type="checkbox"/> PE03 Enteral Nutrients   |
| <input type="checkbox"/> DM11 Infrared Heating Pad Systems and Supplies                               | <input type="checkbox"/> M06a Wheelchairs – Standard Manual Related Accessories and Repairs                    | <input type="checkbox"/> PE04 Enteral Equipment and Supplies                                    |
| <input type="checkbox"/> DM12 External Infusion Pumps   | <input type="checkbox"/> M07 Wheelchairs – Standard Power  | <input type="checkbox"/> PE05 Parenteral Nutrients  |
| <input type="checkbox"/> DM13 Insulin Infusion Pumps  | <input type="checkbox"/> M07a Wheelchairs – Standard Power Related Accessories and Repairs                     | <input type="checkbox"/> PE06 Parenteral Equipment and Supplies                                 |
| <input type="checkbox"/> DM14 Implanted Infusion Pumps and Supplies                                   | <input type="checkbox"/> M08 Wheelchairs – Complex Rehabilitative Manual Wheelchairs (RTS)                     | <input type="checkbox"/> PR01 Limb Prostheses (FS)  |
| <input type="checkbox"/> DM15 Negative Pressure Wound Therapy Pumps and Supplies                      | <input type="checkbox"/> M08a Wheelchairs – Complex Rehabilitative Manual Wheelchair Related Accessories (RTS) | <input type="checkbox"/> R01 Continuous Positive Airway Pressure (CPAP) Devices and Supplies    |
| <input type="checkbox"/> DM16 Neuromuscular Electrical Stimulators (NMES) and Supplies                | <input type="checkbox"/> M09 Wheelchairs – Complex Rehabilitative Power Wheelchairs (RTS)                      | <input type="checkbox"/> R02 High Frequency Chest Wall Oscillation (HFCWO) Devices and Supplies |
| <input type="checkbox"/> DM17 Osteogenesis Stimulators  | <input type="checkbox"/> M09a Wheelchairs – Complex Rehabilitative Power Wheelchair Related Accessories (RTS)  | <input type="checkbox"/> R04 Intermittent Positive Pressure Breathing (IPPB) Devices            |
| <input type="checkbox"/> DM18 Pneumatic Compression Devices and Supplies                              | <input type="checkbox"/> M10 Wheelchair Seating/Cushions   | <input type="checkbox"/> R05 Intrapulmonary Percussive Ventilation Devices                      |
| <input type="checkbox"/> DM19 Speech Generating Devices   | <input type="checkbox"/> OR01 Orthoses: Custom Fabricated (FS)   | <input type="checkbox"/> R06 Mechanical In-Exsufflation Devices                                 |
| <input type="checkbox"/> DM20 Support Surfaces: Pressure Reducing Beds/Mattresses/Overlays/Pads – New | <input type="checkbox"/> OR02 Orthoses: Prefabricated (Custom Fitted) (FS)                                     | <input type="checkbox"/> R07 Nebulizer Equipment and Supplies                                   |
| <input type="checkbox"/> DM21 Traction Equipment  | <input type="checkbox"/> OR03 Orthoses: Off-the-Shelf  | <input type="checkbox"/> R08 Oxygen Equipment and Supplies                                      |
| <input type="checkbox"/> DM22 Transcutaneous Electrical Nerve Stimulators (TENS) and Supplies         | <input type="checkbox"/> OR04 Penile Pumps   | <input type="checkbox"/> RO8A Oxygen  |
| <input type="checkbox"/> DM23 Ultraviolet Light Devices and Supplies                                  | <input type="checkbox"/> PD01 Breast Prostheses and Accessories (FS)   | <input type="checkbox"/> R09 Respiratory Assist Devices   |
| <input type="checkbox"/> DM24 External Infusion Pump Supplies   | <input type="checkbox"/> PD03 Facial Prostheses  | <input type="checkbox"/> R10 Respiratory Suction Pumps  |
| <input type="checkbox"/> DM25 Insulin Infusion Pump Supplies  | <input type="checkbox"/> PD04 Neurostimulators and Supplies  | <input type="checkbox"/> R12 Ventilators: All types not CPAP and RAD                            |
| <input type="checkbox"/> DM26 Pressure Reducing Beds/Mattresses/Overlays/Pads – Used                  |  | <input type="checkbox"/> R13 Multi-function Respiratory Device (excluding ventilators)          |
|   |  | <input type="checkbox"/> S01 Surgical Dressings   |
|   |  | <input type="checkbox"/> S02 Diabetic Shoes/Inserts (FS)  |
|   |  | <input type="checkbox"/> S03 Diabetic Shoes/Inserts – Custom (FS)                               |
|   |  | <input type="checkbox"/> S04 Lymphedema Compression Treatment items                             |
|   |  | <input type="checkbox"/> <b>No Codes</b>  |



# STATE LICENSURE VERIFICATION FORM

 DMEPOS  PHARMACY

Company Name: \_\_\_\_\_ PTAN: \_\_\_\_\_

Address: \_\_\_\_\_

This applies to DMEPOS and pharmacy suppliers. Please mark the state(s) your organization currently supplies products, as well as the license number for each state with a licensure requirement. If a state does not require licensure, please mark as "N/A." If exempt from state licensure, please mark as "Exempt." This includes delivery and shipping services as an out of state supplier. For licensure requirements, please refer to National Provider Enrollment (NPE) West or East: [DMEPOS Licensure Database](#).

**Please Note:** In order to approve a product code or service addition request, suppliers must complete this form. ACHC will verify all required state licensure. The location must have the appropriate licenses on file, as required by each state.

State	Supply in State	License Number
Alabama	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Alaska	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
American Samoa	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Arizona	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Arkansas	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
California	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Colorado	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Connecticut	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Delaware	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Florida	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Georgia	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Guam	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Hawaii	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Idaho	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Illinois	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Indiana	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Iowa	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Kansas	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Kentucky	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Louisiana	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Maine	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:

# ACCREDITATION COMMISSION *for* HEALTH CARE

State	Supply in State	License Number
Maryland	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Massachusetts	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Michigan	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Minnesota	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Mississippi	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Missouri	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Montana	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Nebraska	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Nevada	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
New Hampshire	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
New Jersey	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
New Mexico	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
New York	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
North Carolina	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
North Dakota	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
N. Mariana Islands	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Ohio	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Oklahoma	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Oregon	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Rhode Island	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
South Carolina	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
South Dakota	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Tennessee	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Texas	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Utah	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Vermont	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Virginia	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Virgin Islands	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Washington	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
West Virginia	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Wisconsin	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Wyoming	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #: