



HFA Application/Presurvey Questionnaire Instructions (HFA SA/PQ ver. 4.0)

Please note: Use Chrome, Microsoft Edge, Firefox or Opera as the browser when using the Online Application & Presurvey Questionnaire.

Reaccreditation Survey/Currently Accredited Facility Consultation Survey:

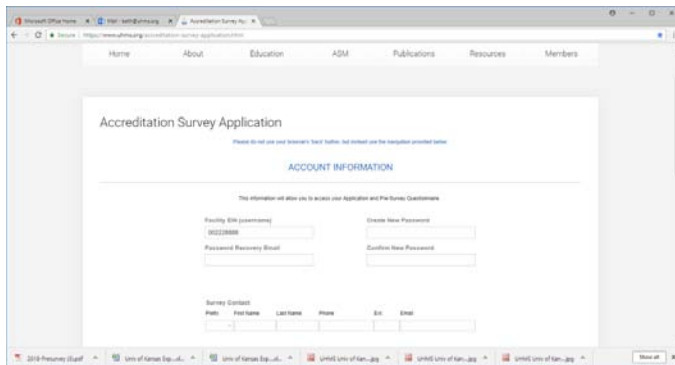
- Enter the Facility's EIN: This is a nine digit number XX-XXXXXXX. It is also known as the Federal Tax ID Number. This can be obtained from the Hospital that you are affiliated with. The accounting department will have it. If you are a non-affiliated facility check with your internal accounting department.
- Enter the Password to login.
- Click on your facility
- Application Status box: Click "Review" Next to Application Pending with your upcoming survey date.
- **Do not select Start a New Application.**
- Carefully review the information we have in the system, **Update** as needed (Part 1, Part 2, Part 3, Billing Information).
Download and sign the signature page, upload it. Print Application and Submit.
Review your Document due date, and complete the Presurvey Questionnaire. Follow the instructions below.
- **If you are part of an Organization that has an EIN for multiple facilities, be careful and choose the correct facility. If you enter your Application/Presurvey Questionnaire/Additional Documentation under the wrong location, it will be rejected and you will have to re-enter it.**

Accreditation Survey Application for New Facilities First Time Survey or First Time Consultation Survey

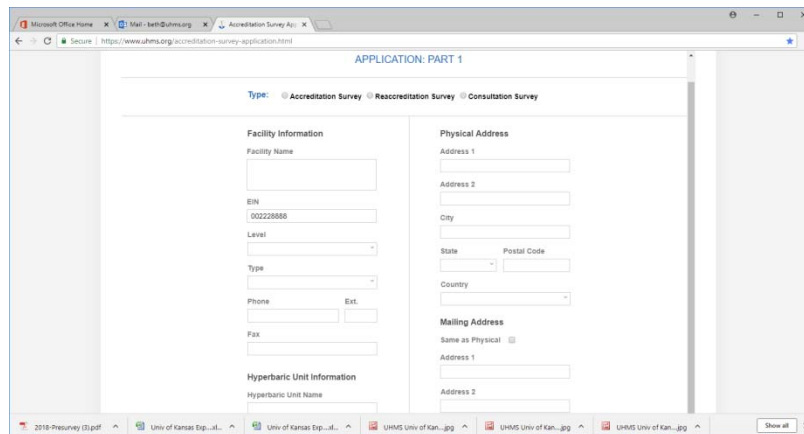
- Enter the Facility's EIN: This is a nine digit number XX-XXXXXXX. It is also known as the Federal Tax ID Number. This can be obtained from the Hospital that you are affiliated with. The accounting department will have it. If you are a non-affiliated facility check with your internal accounting department.
- **If you are part of an Organization that has an EIN for multiple facilities, be careful and choose the correct facility. If you enter your Application/Presurvey Questionnaire/Additional Documentation are under the wrong location, it will be rejected and you will have to re-enter it.**
- Click start.
- You will be prompted to provide information. Click Ok
- Account Information- This is where you will enter your contact information and password. **Do not make the username and password specific to you. It will need to be one that can be passed on to someone else if you leave the facility. Do Not put a password in the Set up a file with the HFA Online Application Platform instructions, password & username.** Click on save.



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- The Login prompt will appear. Enter password and Login.
- **Accreditation Survey(First time Survey)/Consultation Survey(First Time Consultation) Click Start a New Application**
- You will see the blank application. Check the type of survey and start filling out the application. When Part 1 is complete click continue. Use Tab key to move to next entry.
 - If any information is missing you will be prompted to complete. You cannot move to the next page until all information is entered.
 - **Don't miss checking the Type of Survey at the top of the Page!**
 - **When entering names do not hit "ENTER" to make the Facility Name or Unit Name on two lines the system will automatically add to a second line.**
 - **Do not use Special Characters(#, * and so forth)**
- * **Note: The Facility Name is the affiliate Hospital Name if applicable. Make sure the Hospital and Hyperbaric Facility Name is exactly the same as the names that will go on the Certificate of Accreditation**



- Part 2- Complete information
 - Hyperbaric Staff: Specialty examples are, Physician, Nurse, Technician, Safety Director, and indicate if each is a MD, DO, DPM, NP, CHT, CHRN, ACHRN, CHS, CHWS, enter the number of Full and Part Time. Ex: If no Part Time enter zero.



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| Society | Full-Time | Part-Time | Total |
|---------|-----------|-----------|-------|
| ASH | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- Click to continue to Part 3. If something is missing refer to above.
- Part 3- Complete recommended Travel Information, Click to Continue Review.
- Review the information that is entered. If you need to make a change use the **Back** button and make the change. Do not use your web browser back button.
- Continue Billing: Click the radio button that applies: Same as Physical or Same as Mailing, and it or if you are a Managed Facility and they are paying enter their payment information.
- Click Payment Type. Once clicked the payment instructions will appear.
- Download the Signature page, scan and save to your computer, then upload the file. This is also where you download the application for your Files.

Download Files

Your files are ready for download. Please click the button to download each file.

- 2018 UHMS Application Signature.pdf
- 2018 UHMS Application.pdf

Close

Application

A signature is required by the director of hyperbaric medicine or Administrative Officer.

Please click "Download & Sign" button below. Open the document to add your signature electronically or print. Once signed, upload the document by selecting Browse and then Choose File. Locate the signed document on your computer. Select the file and click Open. Select Upload.

Download & Sign

Upload Signature

Upload

- Once you have uploaded the signature page and printed your application, Click Close.
- Click Submit.
- You will receive a notification that your application has been received. Please Read. Click Done.



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- A notification will be sent to you that your application was approved. Do not start the Presurvey questionnaire until you receive notification of the due dates if you are an Accreditation or Consultation Survey.
- Reaccreditations should refer to the prior survey's Accreditation Letter with the suspense dates for the Presurvey Questionnaire.
- **If you do not know when your documents are due, please contact us.**

***Important Note:**

If you need to stop and complete later, you can. Just save it and log out of it, come back later, open the online platform, enter your EIN, and select your facility, login, click review and pick up where you left off.

- **If you are part of an Organization that has an EIN for multiple facilities, be careful and choose the correct facility. If you enter your Application/Presurvey Questionnaire/Additional Documentation under the wrong location, it will be rejected and you will have to re-enter it. HFA will notify you.**

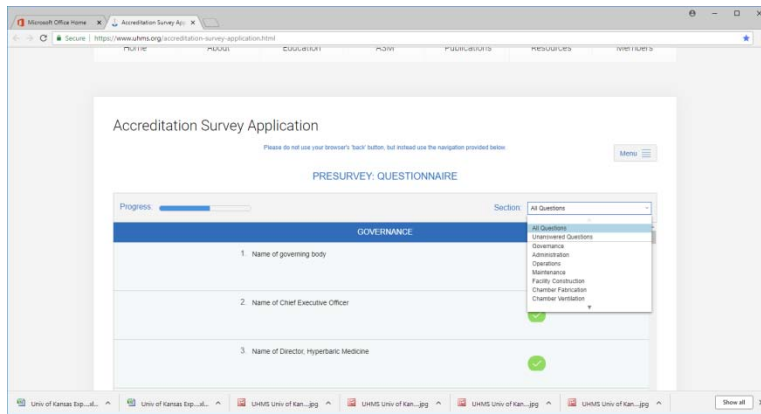
If you did not print your application earlier, you can go back into your application by Clicking on Review on the Accreditation Survey Applications page, click through each page until you see the download button and download it to your computer and print from where you saved it.

Presurvey Questionnaire

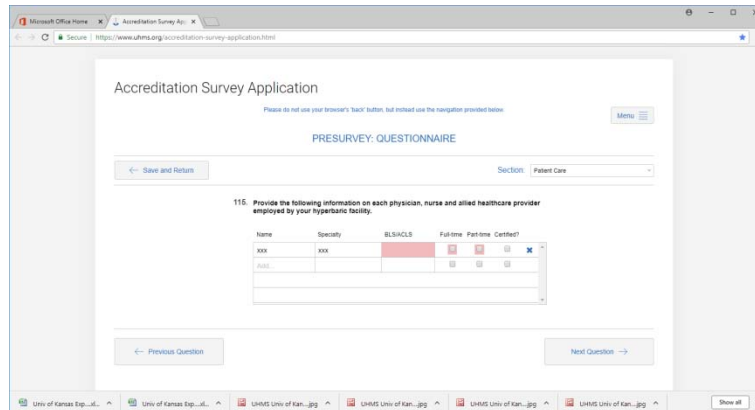
- **For First Time Surveys Do not start the Presurvey Questionnaire until you have received notification of the Due Dates for it.**
- Reaccreditations can start the Presurvey once the application is submitted because you have the suspense dates from the prior survey's Accreditation Letter.
- Login as listed above.
- **If you are part of an Organization that has an EIN for multiple facilities, be careful and choose the correct facility. If you enter your Questionnaire under the wrong location, it will be rejected and you will have to re-enter it. HFA will notify you.**
- Click on Questionnaire
 - This screen will appear. You can start the questionnaire with Question 1 or change the section to complete in any order you choose.



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- Click on next question in the bottom right corner
- If any part of a question is missing you will see highlights similar to the information below.



All highlighted areas will have to be completed.

Question 115, indicate BLS or ACLS do not put an "X"

Under Specialty, put MD, DO, DPM, NP and so forth.

Make sure you also include CHT, ACHRN, CHRN, CHS, CHWS

- Question 193 is the last question.
- Click Save and return.
- The progress bar in the above left fills in as questions are answered. If it is not full after you enter the last question, Click on "Selection" and change to Unanswered questions.



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Then, you will only see the unanswered questions.

- Once all questions are completed the progress bar will be solid and all questions will have a check mark.
- Click Continue to Part 2: This section is the patient treatment information. Enter all of your treatments. If the information is missing, you will see areas highlighted. If your facility has not been open for 3 years and only 2 NA for that year. **You also have the option to add other treatment codes.** After all information is entered: if any information is incomplete, the system will not let you move to Part 3.
 - Click Continue to Part 3: This section is where you will upload your additional information that was listed on page 5 of the old Presurvey questionnaire. **Please upload in all documents in PDF. Do not use Special Characters(#,* and so forth) in the file names.**
- Click the Browse button, then click choose file, find the file you want to upload, select the file and click open. The file name should appear next to the Choose file button.
- Click Upload.



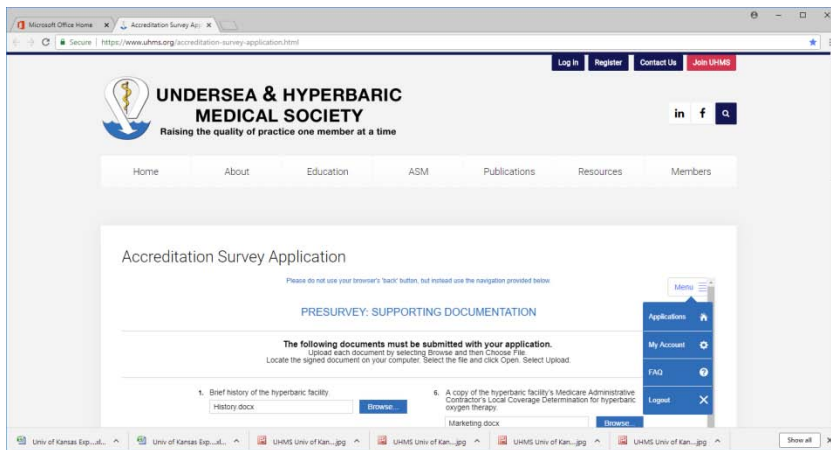
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- Continue uploading the mandatory documents.
- **Note: Number 10 By-Laws is the only optional document.**

*** Important Note: Before Clicking the Submit button, REVIEW your Presurvey Questionnaire and documentation!**

Click the Menu button, click Applications, Click on Questionnaire to review the Presurvey or Click Documents or Treatment Info to review those.

Once you have completed your final review, Click Submit.



Once you submit you will receive a screen so that you can download the Presurvey Questionnaire.

Download this as soon as you submit it for your records.

Congratulations! You have completed the Process! We look forward to working with you for the upcoming survey.

Click the Menu Button to logout. You can always login again to have access to your information.

If you need help, please contact

Beth Hands 210-404-1553, 877-533-8467 x105 beth@uhms.org

Derall Garrett 210-404-1553, 877-533-8467 x 106 derall@uhms.org