**TJC Billing Cycle Tipsheet: When to Submit Your Application**

**Definitions:**

**E-App** – The Joint Commission Electronic Application (E-App) for participation in accreditation, certification, or verification. This is a living document, providing essential information about the program, including ownership, demographics, types of services provided, and volume of services provided.

**Ready date** – The date that a hospital will be ready for the onsite verification review. Identifying a ready date does not guarantee that your onsite verification review will occur on this date. An onsite verification review can be scheduled any time after the identified ready date.

**Onsite verification review** – The site review, also referred to as the onsite survey. This activity serves to validate that the perinatal care program has the processes and procedures in place to deliver or facilitate care based on the complexity of the maternal population served and in compliance with the maternal levels of care standards.

**Requirement for Improvement (RFI)**
A recommendation that is required to be addressed in an organization’s Evidence of Standards Compliance in order for the organization to obtain verification at the applied for level. Also described as a finding.

**Evidence of Standards Compliance (ESC) report**
A report submitted by a surveyed organization, which details the action(s) that it took to bring itself into compliance with a verification requirement or clarifies why the organization believes that it was in compliance with the verification requirement for which it received a Requirement for Improvement. An ESC report must address compliance at the element of performance level.

**Questions:**

**Is there an application deadline?**

Yes, to be eligible for the funding, an application to TJC needs to be received by April 30, 2024, so that the Joint Commission has adequate time to ensure that site reviews can be conducted on or before June 30, 2024.

**What is the lag time between application submission and site visit?**

The lag time can be affected by the ready date identified, the avoid dates given, and surveyor availability. The Joint Commission strives to schedule site visits as close to the ready date as possible. There is also a standard 30-day notice that hospitals can choose to forgo to further shorten the lag time.

**I submitted my application, when will TJC schedule my site visit?**

After an application is submitted, the account executive will schedule a call to confirm the details of the application and discuss the remainder of the process. It is during this call that a hospital can opt to forgo the 30-day notice. Scheduling the site visit is a separate process that occurs after the meeting with the account executive.

**Can I change my hospital’s ready date?**

Yes – however this may push back an organization’s survey. To qualify for available funding, a survey must occur on or before June 30, 2024. Additionally, changing the survey ready date does not impact the annual fee billing for year 1, which is always after the application is submitted.

**Is the ready date the earliest my hospital will be scheduled for a site visit?**

Yes – if your hospital opts to forgo the 30-day notice. Otherwise, the earliest your hospital could be scheduled for your site visit is 30 days after your ready date.

**Has any hospital not been verified, and if so, is there a follow-up visit or re-application? How would this affect billing?**

After the site visit, a hospital may be given requirements for improvement (RFIs) that must be completed in 60 days before verification is granted. If hospitals cannot make the required changes within this 60-day period, then they can either be verified at the appropriate level or can reapply for verification. Hospitals that are not verified will still be billed for the site visit, but FPQC has already agreed to cover this cost.

**When does billing begin for my hospital? Is my hospital billed starting when we submit our TJC application or when we complete our site visit?**

Annual fee billing starts upon application submission and the onsite verification review fee is billed approximately 2 days after the site visit is concluded. FPQC will pay for the first annual fee and the onsite verification review fee for level 2-4. FPQC will cover all costs for level 1 hospitals.

**How does this verification process compare to TJC’s certification programs?**

The verification process is different from TJC’s certification programs. The Maternal Levels of Care verification program is on a 3-year cycle and there are no required quarterly data submissions related to performance measures.

**How long does my hospital’s verification last? What is the process for re-verifying?**

Verification is on a three year or 36-month cycle beginning the day you submit your TJC application. The process for re-verifying includes updating the application approximately 6-9 months prior and keeping in touch with your assigned account executive.

**When does TJC start billing my hospital? Can you explain the prorated annual fees for the first year/initial application year?**

The annual fee is billed upon receipt of application to TJC and each January thereafter. The billed annual fee prior to the verification award is intended to cover resources available to the hospital during the application process, including access to the electronic Comprehensive Standards Manual (E-dition), access to the account executive and the standards interpretation group. The annual fee for first time applicants is prorated based on the quarter in which the application is submitted. Annual fee proration only applies to the 2nd, 3rd and 4th quarters. Applications submitted 4/1 – 6/30 are billed 75% of the full fee; 7/1 – 9/30 are prorated at 50% and 10/1 – 11/30 are prorated at 25% Onsite verification fees are billed within two days after the verification review. FPQC will pay for the first year full fee. The hospital’s second year fee will be prorated based on when the application is submitted.

**Why does my hospital keep getting bills for the site visit along with penalties for late payment? I thought FPQC was going to cover this cost?**

Currently, TJC invoicing is automated for all health care organizations across all TJC accreditation, certification, and verification programs. There is not a way for TJC to exclude the verification program from this billing structure for specific states or hospitals. Late fees start to be automatically assessed for the annual fee 61 days after receipt of an invoice. However, late fees assessed to Florida hospitals for maternal levels of care will be removed.

In collaborative partnership, TJC agreed to bill FPQC for both the year 1 annual fee and the onsite verification fee after the review occurs. TJC must submit the hospital’s verification award in order to be able to invoice on a quarterly basis. TJC will not charge any late fees to hospitals in their initial year related to the maternal levels of care verification program. Even though a hospital may be invoiced for late fees, they are not responsible for them and these charges will be removed. Specific questions related to TJC invoice and the MLC verification program in Florida may be directed to PricingUnit@jointcommission.org. Please include in the message that you are inquiring about invoices for the MLC in Florida.