

American Board for Certification  
in Orthotics, Prosthetics & Pedorthics, Inc.



# Mastectomy Facility Accreditation Guide

- Getting Started
- Standards
- Resources and Tools





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Standards effective March 1, 2016

# About ABC

**T**HANK YOU for choosing ABC for your accreditation. The information contained in this comprehensive guide will provide you with everything you need to successfully understand and satisfy ABC's Accreditation Standards and ensure that your facility is ready for accreditation. ABC's Patient Care Accreditation program recognizes those patient care facilities that promote the best business and patient care practices in the O&P profession. Are you the best at what you do? Prove it with ABC Accreditation!

## Who We Are

The American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC) is an independent, nonprofit, standard-setting organization for the accreditation of orthotic, prosthetic, pedorthic and mastectomy patient care practices as well as the certification of practitioners in these disciplines. Our Patient Care Facility Accreditation Program is designed for facilities that provide orthotic, prosthetic, pedorthic and mastectomy services to patients. Your business must employ board certified or licensed personnel appropriate to the scope of services you provide. ABC also provides accreditation for non-patient care, central fabrication facilities. For more information on this program, please visit the ABC website.

ABC is governed by a voluntary board of directors composed of orthotic, prosthetic and pedorthic health care professionals and consumers. In coordination with the board, ABC accreditation policy is administered by

the Facility Accreditation Committee. ABC's mission is to establish and promote the highest standards of organizational and clinical performance in the delivery of orthotic, prosthetic and pedorthic services. Our high standards, affordability and consultative approach are what make ABC the premier choice for O&P Accreditation.

In 2003, CMS implemented Standards of patient care and fraud protection over the orthotic, prosthetic, pedorthic, mastectomy and durable medical equipment professions and relies on non-governmental accrediting organizations, such as ABC, to evaluate all patient care centers against the established Medicare Quality Standards.

In 2006, ABC was awarded Deemed Status from CMS. With this status, facilities accredited by ABC are in compliance with CMS's mandatory accreditation requirement. Deemed Status from CMS is a validation of ABC's high standards and serves as the highest public recognition of orthotic, prosthetic, pedorthic and mastectomy care centers.

### **Accreditation is a privilege, not a right.**

We have the legal authority to award accreditation and may withhold, suspend or revoke accreditation if your facility violates ABC's policies, rules or regulations. Once you submit an application for accreditation, you agree to abide by the Terms of Agreement and Business Associate Agreement (found within the application), the ABC *Code of Professional Responsibility* and the Mastectomy Facility Accreditation Standards.

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# Eligibility Criteria

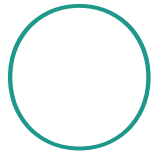
THE FOLLOWING criteria will help you determine if you are eligible for accreditation. While not a comprehensive list, it covers the basic requirements that you need to have in place before you apply. The remaining eligibility requirements are identified throughout the Standards and are relevant to specific products and services your organization may provide.

Your organization must be:

- Located within the United States, one of its territories or possessions or be a Department of Defense medical treatment facility or program.
  - A formally organized and legally established business that is currently providing the DMEPOS services for which you are applying.
  - Licensed according to applicable state and federal laws and regulations and maintains all current legal authorization to operate.
  - Operational and have a minimum of 10\* complete patient charts available at the time of the onsite survey.
  - Applying for ABC Accreditation for all of the services it provides, regardless of whether Medicare is billed for these services. This requirement extends only to those services for which ABC offers accreditation.
- Applying for ABC Accreditation for all patient care locations and each location must be in an appropriate clinical setting. The decision of what is an appropriate clinical setting is solely within ABC's discretion.
  - Compliant with state licensure requirements.  
In addition, you must:
    - Clearly define the items and services you provide to patients, insurance companies, referral sources and regulatory bodies, including Medicare.
    - Comply with the ABC *Code of Professional Responsibility*.
    - Agree to the terms and conditions in the application materials.
    - Not falsify or misrepresent your accreditation status.

\* If the facility is newly established and has a limited patient care history, ABC may determine that a smaller number of complete patient charts is acceptable.

# Application Information



ONCE YOUR facility has met the eligibility criteria and is compliant with the Standards, you are ready to submit your application along with the required documents. You must apply for all products and services your facility *currently* provides. **We recommend that you do not submit your application until you are ready and available for an onsite survey.** Please be sure that your application is complete before submitting it—all fields are required. The non-negotiable and non-refundable accreditation fee must be included with your application paperwork. An incomplete application or missing documentation will delay your accreditation process.

The following items are required with your completed application:

- Accreditation fee (non-negotiable and non-refundable)
- A copy of all professional staff licenses and non-ABC certifications – it is NOT necessary to submit copies of certifications for ABC credentialed individuals
- Legal documentation of ownership (e.g. Articles of Incorporation)
- Narrative of your criminal history (if applicable)
- If necessary, we may require additional information. All information and application materials are solely used by ABC and its survey contractors or as required by law. All submissions are handled in accordance with HIPAA regulations.

You will receive an email confirmation once your application has been received, as well as an email confirmation once we establish that your application is complete.

## Incomplete Applications

If your application is incomplete, we will send an email request for additional materials or certified mail to the primary contact listed on your application. We must receive all requested materials by the deadline indicated in the letter. If your application is still incomplete by the deadline, your application will be denied. If your application is denied, you must resubmit a new application and fees. Incomplete applications will be processed after all required documents and/or fees are received. Any delay in completing your application could result in a delay in your accreditation.

## Falsification of your Application

If we discover that you have provided false or misleading information on your application or that you have misrepresented your accreditation status to outside parties, ABC may take any or all of the following actions:

- Deny the application
- Deny reapplication for accreditation
- Revoke any existing ABC accreditations for all related primary or affiliate facilities
- Revoke any existing ABC credentials from individuals found to be responsible for the falsification
- Refer the incident to the ABC Professional Discipline Committee
- Pursue legal action against your facility



## Office Hours

Your onsite survey will occur during the days and hours of operation listed on your application. If key personnel, such as owner or office manager, have a schedule that differs from your hours of operation, that schedule must also be indicated on your application. It is very important that you inform us of all schedule changes as all surveys are unannounced.

## Requesting Blackout Dates

Your survey could occur at any time once your application has been processed. If your facility will be closed or any key personnel will be out of the office for a period of time, blackout dates may be requested. You may request up to 14 blackout dates; these dates may be consecutive.

**All requests for blackout dates must be submitted, in writing, at least 30 days in advance.** Any request for blackout dates not received at least 30 days in advance will not be accepted. These requests must be on company letterhead and signed and dated by the accreditation contact, CEO or owner of the company. We will notify the surveyor of all blackout requests and will attempt to honor such requests. We recommend that you submit any blackout requests with your application.

## Application Hold Request Policy

If your facility is not ready for the survey or will be unavailable for more than 14 consecutive days, we recommend that you request to put your application on hold. This will remove your application from the survey queue. Your application will remain on hold until you notify us or for up to six months. The six-month period begins on the date the application was initially received. **All requests for holds must be submitted in writing, at least 30 days in advance;** any request for hold periods not received at least 30 days in advance will be denied. These requests must be on company letterhead, signed and dated by the accreditation contact, CEO or owner of the company. **You must notify us in writing when you wish to reactivate your application.** If a request to reactivate your application is not received at the end of the six months, the application will be denied and the facility will need to resubmit all application materials, including the appropriate fees.

## Affiliate Locations

Affiliates are secondary patient care locations that meet the following criteria:

- Share the corporate structure and utilize the same policies and procedures of the primary practice
- Share the same Federal Tax ID number as the primary facility
- Maintain separate NPI and PTAN numbers
- Are located within a 100-mile radius of the primary facility



Designating affiliates allows organizations to apply for multiple locations at once while reducing overall accreditation fees. **Affiliate accreditation always expires with the primary location, including when affiliates are added in the middle of an accreditation cycle.** Secondary locations that do not meet the criteria for affiliates as outlined above must submit an application as a primary location with the appropriate fees.

**Each primary location may designate up to four affiliates.** Facilities, including renewals, with more than four affiliates must make the fifth affiliate a primary location, which then can list four additional affiliates.

## Administrative Offices

You must list all related administrative locations on your application and include a detailed letter describing what activities or items are at those facilities. These locations **are not** patient care facilities.

Administrative offices require an onsite survey and will be assessed the base affiliate fee if within a 100-mile radius. Those located more than 100 miles from the primary location will be assessed the base primary survey fee. Annual fees do not apply to these types of locations.

## Essentially Women (EW) Application Discount Policy

Mastectomy-only facilities that are active members of the Essentially Women buying group are eligible for a discount on their accreditation fee. These facilities must provide their EW membership number in the designated area of the payment page. Requests for discount reimbursement or refunds after the application has been submitted will not be accepted. EW members that are providing services in addition to mastectomy, such as Orthotics and Prosthetics, are not eligible for the discount.

## Third Party Consultant Materials Policy

We recognize that there are several organizations and consultants that provide a variety of accreditation services. Third party materials and services are not reviewed or endorsed by ABC, nor can we recommend any company providing these services. You may utilize a third party's materials and services at your discretion; however, you are not required to use a third party to assist with the accreditation process. We advise all facilities to conduct thorough research of any consulting company you wish to use.

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# Accreditation Survey

## The Basics

Your compliance with the ABC Accreditation Standards is determined by a review of your application materials along with a consultative onsite survey. The onsite survey is conducted by professionally trained and qualified surveyors. **As required by CMS, all surveys for patient care accreditation are unannounced and uncheduled** and occur during your posted business hours. By submitting your application, you declare yourself ready for an onsite survey at any time. Surveys will not be rescheduled due to emergency closure, staff unavailability or lack of readiness. If you deny the surveyor access to your facility and/or essential paperwork or if your facility is closed during posted business hours, you will need to reapply with a new application and submit all accreditation fees. If your facility will be closed for any reason, you will need to inform us in writing – please refer to the section *Requesting Blackout Dates*.

## Types of Surveys

### Initial Survey (First-time Applicants)

All applicants must meet the basic eligibility criteria listed in this Guide. If you are considering accreditation for your facility, we encourage you to complete the Pre-Application Checklist in the back of this Guide or on our website, [abcop.org](http://abcop.org), to help you determine if you are eligible for ABC Accreditation. To be placed in the queue for the initial survey, you must submit a completed application and fees.

## Reaccreditation Survey

Most accreditations are valid for up to three years. Your facility's primary contact will receive an email notification about renewing your accreditation prior to your expiration date. However, it is your responsibility to submit your reaccreditation application on time. Reaccreditation applications are due prior to your expiration date. If you submit your application late or place it on hold after submission, we cannot guarantee that the onsite survey will take place before your expiration date. Applications received after the due date will be assessed a late fee. The reaccreditation survey will be conducted in a manner similar to your initial survey; the surveyor will also review any previous deficiencies and evaluate your corrections. In order to be placed in the queue for a reaccreditation survey, you must submit a completed renewal application and all fees, as well as be current with your facility's annual fees.

## Resurvey

Additional surveys may be required when there are significant changes such as a location move, change of ownership or addition to your facility's scope of services. Resurveys are also required if we are unable to conduct an initial or reaccreditation survey due to unavailability at your facility or if the surveyor is denied access. To begin the resurvey process, you must submit a new application and fees.

## Verification Survey

Verification surveys allow ABC to confirm various elements associated with your facility. Verification surveys are most often used to confirm that changes documented in your Corrective Action Plan (CAP) have been completed. For an explanation of the CAP process, please refer to the Accreditation Decision section. We will inform you in writing if we require a verification survey. You are responsible for the fees associated with a verification survey.

## Quality Control Survey

We reserve the right to randomly visit any ABC accredited facility to conduct a quality control survey. We use these surveys to determine consistency among ABC accredited locations and to evaluate surveyor performance. Additionally, we reserve the right to conduct a quality control survey to determine ongoing compliance with the ABC Standards. These surveys are random and unannounced and may be initiated in response to consumer or professional complaints. We do not charge for these surveys.

## Surveyors

Surveys are conducted by either a single surveyor or a team of surveyors. On occasion we will send a surveyor apprentice as part of the survey team, at no charge to you. All surveyors and surveyor apprentices have a photo identification badge issued by ABC. Surveyors are assigned based on the programs indicated on your application.

All ABC surveyors/apprentices must disclose any potential conflict of interest with the applicant/facility to us before they are assigned to conduct the survey. You should also notify us of a potential conflict of interest by submitting a written statement either with their application or via email. Surveyors/apprentices with a confirmed conflict are not assigned that survey.

ABC staff is available to you before and after your survey for any questions you might have. Simply call or email us. Your surveyor is not available to you after your onsite survey and we cannot provide you a surveyor's personal contact information.

## About Our Surveyors

### Background

ABC surveyors have the necessary education and training to form a solid foundation for program evaluation. The amount and kind of education and training depends upon the type and level of program to be evaluated.

### Site Surveyor Training

Our surveyors receive formal, organized training through workshops conducted by experienced evaluators representing numerous aspects of the provision of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). In addition, we have developed training materials on the ABC Accreditation Standards, their structure and the relationship between ABC and the Centers for Medicare and Medicaid Services (CMS).

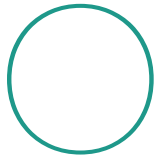
## **Knowledge**

Our surveyors are knowledgeable in the disciplines in which we accredit and of the entire accrediting process. They have sufficient general and specific experience to be able to exercise appropriate judgment. In addition, our surveyors thoroughly understand the standards being used and what constitutes deviation from or noncompliance with those standards. It is imperative that surveyors be totally familiar with the content of your application and all related materials provided to them prior to the site visit.

## **Approach**

ABC surveyors appreciate the confidential nature of the task at hand and understand the need for professionalism, flexibility and a cooperative attitude. ABC surveyors also understand that the survey process should not only be a measure of your compliance with the Standards, but an opportunity for learning and improvement. That is why our surveyors take a consultative approach when surveying each facility. If your facility has any areas of deficiency, your surveyor will explain why you are deficient and provide you with suggestions on how you can improve. We want you to be successful and our surveyors are here to help you make that happen.

# Accreditation Survey Process



UR GOAL is to make the accreditation process as effective and uncomplicated as possible.

The following information will help you understand the process and what you can expect.

## Preparing for your Survey

Before applying, you should make sure your facility is compliant with the Accreditation Standards. We offer a variety of accreditation tools on our website, [abcop.org](http://abcop.org). The Relevant Standards Tool is one important tool that will assist you in determining which standards apply to the product categories you are providing. Additional preparation resources can be found in the Resources section of this Guide or on our website.

## Survey Structure

### Initial Interview

Your surveyor(s) will conduct an initial meeting with your facility's accreditation contact or designated representative. At this time, the lead surveyor will:

- Briefly introduce him/herself, along with other members of the survey team (if applicable)
- Discuss the survey objectives and the day's schedule
- Answer any questions you may have regarding the survey
- Ask for the general layout of your facility and a description of any other details about your facility and your staff that should be noted

### Information Gathering

To verify that you have met the requirements of ABC's Accreditation Standards; your surveyor will review many areas, including:

- Personnel files
- Patient records
- Accounting and bookkeeping records
- Contracts with vendors, staff members
- Agreements with physician's offices
- Fire safety and emergency management plans and documentation
- Patient satisfaction surveys and results
- Business policies and procedures
- Product delivery information

By applying for accreditation, you authorize ABC and our surveyors access to all records (including patient, personnel, financial management, risk management, operational review, quality assurance and quality improvement) necessary to determine your facility's compliance with the ABC Standards. Your surveyor will also conduct staff and patient interviews and may look at other areas as they relate to the Standards. All Protected Health Information (PHI) is treated in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations. Per CMS, surveyors are required to call a sampling of your facility's Medicare patients and ask the patient or caregiver a few questions. We recommend that a staff member be present while your surveyor makes these calls.

## Closing Interview

During the closing interview, your surveyor(s) will discuss general survey findings. This interview provides you with a final opportunity to clarify any information or present data that may not have been available to your surveyor during the course of the survey. All significant recommendations and deficiencies will be discussed with you.

Your surveyor cannot provide judgment as to whether your facility will be granted accreditation and is not permitted to discuss whether your facility has passed or failed. Your surveyor's role is to review the information presented and to clarify, observe and verify that the data supports your compliance with the applicable standards. Your surveyor may also provide suggestions that could help improve your business practice.

In the event that the ABC Standards are revised, we will establish a time frame for you to achieve compliance. Remember, it is your responsibility to ensure that you are in compliance with the ABC Standards at all times.

## After the Survey—Results

### Scoring Process

Your surveyor will submit an initial report to ABC. They cannot give you the survey score, as all results must first be validated and finalized. Finalized results will be mailed to your primary contact within four to six weeks of your survey date. Results for reaccreditation surveys are not sent if there are any outstanding invoices, such as annual fees. Any questions regarding accreditation status should be directed to the ABC Facility Accreditation staff.

### Summary of Findings

Once your survey results have been validated, you will receive a written Summary of Findings along with your survey report and decision letter. The report will indicate a score of **Compliant**, **Partially Compliant** or **Non-Compliant** for each standard for which your facility was surveyed. Standards marked Partially Compliant or Non-Compliant will include comments to assist you in taking corrective action to meet the standard. Your decision letter will inform you of your accreditation status and any additional action necessary, including if you need to submit a Corrective Action Plan (CAP). If your facility passes the survey, we will issue an accreditation certificate for each location. Certificates remain the property of ABC and must be returned if requested.



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# Accreditation Decisions

## Full Approval

ABC Facility Accreditation is awarded when the overall score is within a passing range and no significant compliance issues are found. Facilities with full approval will receive a letter and certificate with a three-year accreditation.

## Corrective Action Plan (CAP) Decisions

If your surveyor found deficiencies and/or your facility's overall score is not within a passing range, your facility may be given the opportunity to submit a Corrective Action Plan (CAP). A CAP is a document that is submitted to ABC demonstrating your facility's compliance with the standard(s) in question. CAPs are reviewed and approved on a case-by-case basis; submitting a CAP does not guarantee accreditation.

The length of accreditation awarded with a CAP requirement may vary from one to three years dependent on review of the survey results. Failure to submit an approved CAP within the allotted time period will result in revocation of your accreditation (if your facility was already accredited prior to your survey).

There are no fees associated with CAP submission and they may be mailed, emailed or faxed to the Accreditation Department's direct fax, 703-842-8027. It is recommended that you make copies of your CAP documents, as any items submitted to ABC will not be returned.

## Pass with a Corrective Action Plan Requirement

If your facility's overall score is within a passing range but had deficiencies, you will be issued an accreditation that is contingent on an approved CAP.

## Fail with a Corrective Action Plan Requirement

If your facility's overall score is not within the passing range, you may be given the opportunity to submit a CAP. You may be granted accreditation based upon your CAP.

## Corrective Action Plan Timeline

CAPs are due within 60 days of the decision letter date. We will mail and email notification of the CAP requirement along with a certified mail reminder. Failure to submit a CAP by the deadline will result in denial or revocation of accreditation. Due to the intense nature and volume of CAP reviews, it takes approximately eight weeks to review each CAP.

## Incomplete Corrective Action Plans

If your initial CAP does not adequately demonstrate compliance with the missed standard(s), we will inform you in writing. If additional information is necessary in order for us to make an accreditation decision, we will make one additional written request for follow-up materials within a specified timeframe. All materials are due by the deadline stated in the correspondence.



## Supporting Corrective Action Documentation and Format

Your CAP must include supporting documentation that shows how changes have been made to address each missed standard. This can include completed forms, logs, training notes, annual reports, patient notes (with patient identifying information removed) and meeting minutes. **Policy and Procedure manuals will not be accepted as a CAP;** policies should only be submitted when directly relevant to the surveyor comment or the standard being addressed. All documentation is treated in accordance with HIPAA, privacy and security regulations. Please use the format specified in your CAP request letter.

## Denial

A facility may be denied accreditation for multiple reasons. Some of the most common causes for accreditation denial are:

- The surveyor was denied access to the facility and/or documentation
- Facility was closed or otherwise unavailable for the onsite survey
- Submission of two CAPs that did not adequately address the issues in question or the CAP was not submitted by the deadline

If your accreditation is denied, you must reapply and be resurveyed in order to attain ABC Accreditation. When you reapply, you must submit a new application with the appropriate fees.

## Accreditation Effective Dates

Accreditation effective dates for new and renewing facilities are determined as follows:

### New Facilities

- First day following your survey, if your facility passes the initial survey

### Renewing Facilities

- Date reaccreditation application was received by ABC, if your facility is accredited and passes the reaccreditation survey

### Both

- Date that your CAP was received, if your plan satisfies the deficiencies identified
- The accreditation effective date for service or affiliate add-ons is the date the application was received by ABC, if your facility passes the respective add-on survey.

## Reporting to Medicare and Other Third Parties

ABC notifies CMS weekly of all accreditation decisions once they are finalized. Additionally, we may notify other payers or interested parties of the status of your facility's accreditation as well as issue public statements concerning the accreditation of applicants. Facilities that are past-due on annual or accreditation fees are not reported to Medicare or verified with other third parties and are not considered in good standing.

## Accreditation Decision Review

All onsite survey reports that result in a limited, denied or revoked accreditation are automatically reviewed by the ABC Facility Accreditation staff. ABC staff has the authority to request additional information from you or your surveyor before reaching a decision. If you believe your facility's accreditation is limited, denied or revoked as a result of incorrect information, you may formally appeal the decision.

## Appeals Process

You have 15 days from the receipt of the Summary of Findings to submit a written appeal to the Facility Accreditation Committee. Your appeal must be mailed via certified mail, return receipt requested or by verifiable overnight express mail service to:

**ABC**  
**Attn: Facility Accreditation Department**  
**330 John Carlyle St.**  
**Suite 210**  
**Alexandria, VA 22314**

Your appeal must include the necessary evidence or relevant documentation supporting the basis of your appeal. If you do not appeal the decision within the 15-day time period, the accreditation decision will be final.

You will receive notification of the Committee's decision on your appeal within 45 days of its receipt by ABC. Should you not be satisfied with the decision, you may submit a second appeal to the ABC Board of Directors by sending another certified, written appeal to the ABC offices within 15 days of receipt of the Committee's decision. You will be notified of the Board's decision within 60 days of receipt of your request. The decision of the Board is final.

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# Accreditation Fees

CURRENT ACCREDITATION fees may be found by visiting the Patient Care Accreditation section of the ABC website.

Accreditation applications can be accessed on the ABC website, [abcop.org](http://abcop.org), and must be submitted with the accreditation fees for the primary and, if applicable, affiliate and/or administrative locations. **Accreditation fees are non-negotiable and non-refundable.**

Accreditation fees are set by the ABC Board of Directors and reviewed annually. ABC reserves the right to adjust accreditation fees and establish the effective date of change. ABC also reserves the right to adjust accreditation fees based on new or validated information obtained during the survey process which may affect the type of survey, the type of accreditation awarded and/or the number of survey days required. Final accreditation determination is contingent upon receipt of all fees.

Full payment must be submitted with your application. Your facility will only be added to the survey queue if your application is complete and fees are received in full. The fees associated with the application encompass application processing and the onsite survey. We do not charge fees for any travel expenses incurred by surveyors.

## Annual Fees

Annual renewal notices are emailed in September and mailed in October of each year. Your annual fees are due on December 1st. Annual renewal fees are required for all accredited facilities and your current accreditation status is dependent on the timely receipt of these fees.

Failure to submit annual fees may incur any or all of the following:

- Removal from ABC's weekly Medicare report
- Removal from ABC's online Directory
- Inability to verify your facility's accreditation with all third party payers
- Revocation of facility accreditation

## Certificate Reprint Fees

If you wish to obtain an additional accreditation certificate, a \$25 fee is required per certificate.

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# Maintaining Your Accreditation

**A**CCREDITATION REQUIRES that you continue to comply with the ABC Standards, abide by all policies and procedures and submit your annual fees on time. Failure to fulfill any of these requirements may result in the revocation of your facility's accreditation.

Facilities must notify ABC of any and all changes within 30 days of the effective date of change.

Such changes include:

## Moving a Location

If you move your business to a new location, you must submit a renewal application with the effective date of your move and all appropriate fees. You will then be scheduled for an onsite survey at your new location.

## Adding a Location

You are required to apply for accreditation for all patient care sites and related administrative locations. Administrative patient care sites that are within a 100-mile radius of your primary location and under the same Tax ID may apply as affiliate locations (not to exceed four affiliates per primary). Any affiliate or related office that opens after the primary location has been granted accreditation cannot advertise or otherwise consider itself an accredited patient care center until you have applied for and been granted accreditation status by ABC.

You must submit a new application, including all appropriate fees, upon the opening/acquisition/merger of an affiliate location. Once your application has been

approved, ABC will determine if the location is eligible for a 90-day accreditation, with full accreditation contingent on passing your onsite survey with no significant compliance issues. If approved for full accreditation, this accreditation will be valid for the length of your primary location's current accreditation.

## Changing Corporate Structure

If you are changing your corporate structure, you must submit written details of the change, effective date, legal documentation (i.e. new business license, Articles of Incorporation) and ownership information to ABC. If you are changing ownership in addition to the corporate structure, please see the *Ownership Changes* section.

## Discontinuing Patient Care

You must notify ABC in writing if you discontinue patient care service. If you add patient care service at a later date and wish to be accredited, you will need to reapply and be resurveyed.

## Closing or Selling Your Facility

You must notify ABC in writing if you close or sell your facility; notification must be sent within 30 days of the sale or closure. You must also send ABC the original active accreditation certificate. If you reopen your facility at a later date, you must submit a new application and all fees.

## Lawsuits and Disciplinary Actions

You must notify ABC if there are pending lawsuits and/or disciplinary actions against any staff members or locations when you apply for accreditation. A detailed written statement that includes the following must be submitted with your application and fees:

- A description of the incident
- The date and where the incident occurred
- The verdict of the charge(s) that were filed against the individual
- Any penalty/sentence associated with charges
- When the sentence was, or will be, completed
- Court case summary of the incident

Copies of court documents are also required. If the documents are not available, indicate the jurisdiction in which the charge(s), conviction or plea occurred and why the documents are not available. If all the appropriate information is not provided, the processing of your application will be delayed and your application may be considered incomplete.

You must also inform ABC in writing if any legal or disciplinary action is taken against the facility or its employees at any time during the accreditation period.

## Ownership Changes

### Adding Owners to Existing Ownership

ABC requires that you submit a renewal application for resurvey with a detailed letter, accreditation fees and legal documentation of the changes. On your application, please make sure you mark the box for *Ownership Change*. If you are adding owners to your facilities, you can maintain your accreditation while waiting for an onsite survey.

### Complete Change of Ownership

ABC Accreditation is not transferrable between two different owners. A complete change in ownership requires the facility to be resurveyed. If no existing owners are remaining at the facility, the new owner must submit a new application with a detailed letter, legal documentation of the sale and all fees. Facilities that are ABC accredited and in good standing under the previous owner will receive a 90-day accreditation during the survey process. To be issued a 90-day accreditation based on an ownership change, you must make your request in writing, along with your application, legal documentation of the sale and all fees. In order to issue a 90-day accreditation, your application must be approved and accreditation must be verified. We will approve the product categories based upon your facility's previous accreditation and in accordance with ABC's Scope of Practice.

## Removing an Owner from Existing Ownership

If you are removing an owner from your facility's existing ownership, you must submit a letter detailing the change, the effective date and legal documentation (i.e. Sale of Shares evidence, Articles of Incorporation). A resurvey is not required as long as an existing owner remains.

## Personnel Changes

You are responsible for notifying ABC in writing of employment status changes for all certified and licensed personnel within 30 days of the change. In the event that a personnel change leaves your facility without a qualifying professional, you have six months from the last day of employment to replace the professional. Failure to do so will result in loss of accreditation for that discipline. **This six-month grace period is allowed once per accreditation period.**

During the six-month grace period, you should not accept new patients in the discipline in which you have no qualifying professional. Failure to notify ABC of a personnel change may result in the loss of your accreditation.

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# Complaint Process

**A**BC'S PROFESSIONAL Discipline Committee will investigate all complaints involving an ABC accredited facility or any accreditation applicant that appears to be out of compliance with the Accreditation Standards. You must provide ABC's contact information to clients/patients for the purpose of reporting a complaint.

ABC will notify the appropriate regulatory authorities if an alleged complaint involves:

- Possible abuse, neglect or exploitation
- Professional misconduct
- Noncompliance with state or federal laws

You will be informed of all allegations against your facility and provided with copies of all complaint-related materials.

If a review of the complaint determines that there is immediate risk to patients we will notify the appropriate governmental and investigative agencies. If the situation does not pose immediate risk, the complaint will be investigated in accordance with the *Code of Professional Responsibility*.

Depending upon the nature of the complaint, the following actions may be taken:

ABC will follow the published *Code of Professional Responsibility* and may also:

- Request your cooperation in resolving the complaint
- Request that you respond to the complaint within an identified time frame
- Determine if you are aware of the complaint and if you have taken action

ABC will review all the information collected about the complaint, including any information gathered in a re-survey. If the investigation reveals the complaint or allegations are valid and a patient's health, safety and welfare are at risk, accreditation may be revoked or suspended. You may appeal the committee's decision by following the appeals process.

**If the ABC Professional Discipline Committee makes the decision to revoke your accreditation, we will notify the appropriate regulatory agencies of our decision.**



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# Announcing and Promoting Your Accreditation

**W**E KNOW that once you gain your ABC accreditation, you'll be proud to announce your status to your patients, referral sources and insurers. Check out the following tools, all designed to help you show your ABC pride.

## Logos

Once you are accredited, we encourage you to use the ABC logo on your facility's business cards, letterhead, invoices, website and marketing materials. It's easily accessible through your facility's MY ABC account. Just log in to your account and download either a hi-res or lo-res version of the ABC accreditation logo.

You must abide by the ABC Logo Guidelines when using the logo to advertise your accreditation status to the general public. False or misleading advertising signifies noncompliance and will result in penalties up to and including revocation of your accreditation. The Logo Guidelines are sent to you in your accreditation notification packet.

Any location that has not yet received accreditation (new affiliate locations or locations still in the application process) must state in all forms of advertising and marketing that they are NOT ABC accredited.

## Press Releases

We encourage you to publicize your accreditation status and as such we will provide you with a sample press release in your accreditation notification packet. You can also download a copy of the sample press release by logging into your facility's MY ABC account.

## Customizable Brochures

To extend your marketing reach, ABC has created customizable brochures exclusively for our mastectomy-accredited facilities. These brochures help explain the importance of ABC accreditation, the hard work it takes to obtain it and how being ABC accredited helps you provide better patient care. Give them to your patients, referral sources and insurance contractors. The best part is—we've done all the work for you! Simply log into your facility's MY ABC account and click the link to customize and order as many as you'd like.

## Public Information Requests

Upon request, ABC will release your accreditation status to the public. This information is released without written authorization or notification. Accredited facility information is also available online through the ABC Directory.

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# Standards and Compliance Tips

**A** BC ACCREDITATION Standards represent baseline expectations of your business' physical location and the delivery of patient care.

We are committed to providing you with helpful resources to guide you through the accreditation process. The following Standards and Compliance Tips are a valuable resource as you plan to submit your accreditation application for the first time or for your reaccreditation.

Many of the Standards have an accompanying tip that gives you suggestions for complying with that standard. The guidance offered in each tip is meant to further clarify the expectations of the Standards. Following the tips does not automatically ensure compliance or guarantee that you will pass the accreditation survey. The tips are suggestions and we recommend that you expand on them as you see fit.

## Administrative Standards (AD)

The Administrative Standards address the legal status and legitimacy of the business, your compliance with Medicare and HIPAA requirements and the establishment of the internal policies and procedures of your business.

The Standards require that your business be legally established, not only in the jurisdiction in which it is based, but also in those localities in which you provide services. Full disclosure of ownership is required at the time of

application and you must have complete financial records. Your business must have a physical location accessible to the public and make reasonable physical accommodations for your employees and patients. All licenses, certificates and permits must be displayed in an area accessible to the public.

In addition, you are required to have written policies and procedures that address the clinical and business aspects of your business.

Your policies and procedures must include but are not limited to:

- Professional qualifications and continuing competency of your staff
- A way for your staff to communicate with management
- Patient care and management, including patient and family education and patient rights
- Staff response to evidence of patients who may be at risk from real or perceived abuse, neglect or exploitation
- Communication with healthcare prescriber if you can't fulfill the prescription
- A claims and billing compliance program that describes your compliance with federal and state policies
- Verification that all employees, contractors and new hires are not listed on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE)

## AD.1

**Your business has documentation that it is a legal entity in the state(s) in which it is located and is authorized to provide the services for which you seek accreditation.**

### TIP

You will need to show your surveyor your legal documentation of proof of ownership of your business as well your business license and the necessary permits from federal, state and local governments. Since licensing and permit requirements vary among jurisdictions, it is critical that you contact your state and local government to determine the specific requirements for your business.

You will need to provide proof of the following to your surveyor:

- Tax Identification Number (TIN)
- Articles of Incorporation (Corporation) or
- Articles of Organization (LLCs)
- Business license from your city or county
- Zoning or occupancy permit
- Fictitious business name permit (also called dba or doing business as permit)
- Sales tax license
- Fire department permit
- Special state-issued occupational or professional licenses

Use the **Annual Facility Review Checklist** available in the online **Resource Pack** to help you keep organized on these requirements as well as other annual reviews. Log in to your MY ABC account to access the **Resource Pack**.

## AD.1.1

**Your business complies with all applicable federal, state and local laws.**

### TIP

Some of the same issues mentioned in AD.1 apply to this standard as well. You will need to show proof of compliance with all federal, state and local laws. In states where a professional license is required, you must display your valid license(s).

## AD.1.2

**Your business has a physical location accessible to the public.**

### TIP

ABC does not accredit businesses that do not have a physical location, such as Internet or mail order. Your business must have a physical location that is accessible to the public.

## AD.1.2.1

**You must display all licenses, certificates and operation permits in a location accessible to the public.**

### TIP

All of the required documents must be displayed in an accessible area that can be seen by your patients. This could be your patient waiting area, reception area or a hallway accessible to the public. Make sure that all of your licenses, certificates and permits are current.

### AD.1.2.2

**You must display all licenses and certificates held by patient care providers in a location accessible to the public.**

#### TIP

This standard speaks specifically to your fitter licenses and certificates, all of which must be on display in a publicly accessible area where they can be readily seen by your patients.

### AD.2

**Your business has designated at least one person who has the authority, responsibility and accountability to direct the business operations.**

#### TIP

You need to indicate at least one person who is responsible for the leadership of your business. If there is more than one person in a leadership role, you need to identify them on your organizational chart, with written job descriptions or in meeting minutes.

### AD.3

**You must disclose all ownership interests in your business totaling 5% or more.**

#### TIP

You will have already provided this information to ABC when you applied for accreditation, but it also needs to be available for your onsite surveyor. You can do this with corporate records, organizational charts and/or your 855S Form. This is a Medicare requirement. See the full Medicare requirements at 42 CFR §420.201 through §420.206 of the Code of Federal Regulations. [www.ecfr.gov](http://www.ecfr.gov)

### AD.4

**Your business must have a mission statement that describes the services you provide, as well as the goals and objectives of the business.**

#### TIP

Your mission statement should be short and express your business's purpose in a way that sets the tone of how you treat your staff and your patients. It should also tell your patients at a glance the principals of the care and services they can expect. You may want to make your patients aware of your mission statement by displaying it in your patient waiting area, including it in your marketing/promotional materials or posting it on your company website.

### AD.4.1

**Your business must have written policies and procedures for the performance of clinical and business operations. Your staff must be made aware and have access to current policies.**

#### TIP

Your policies and procedures need to describe how your Mastectomy business and fittings are performed. Inform your staff about the policies as well as any changes you make in the future and make sure that you document any changes. You can document your changes by adding a page to your policy manual stating the effective date of the change. To show your onsite surveyor that your staff has been informed, you can provide your meeting agenda with attending staff member signatures or you can have those signatures in the employee's file.

#### AD.4.2

**Your business may provide only the services and items listed on your most current ABC accreditation application.**

##### TIP

When your surveyor reviews your patient charts and other records they must be able to confirm that all services and items that you have supplied are consistent with the product categories listed on your current ABC accreditation application.

#### AD.5

**Your business must comply with the applicable provisions and requirements of the current CMS Supplier Standards, Regulations and Medicare Contractor policies and articles.**

##### TIP

You are responsible for being knowledgeable about all of the current CMS (Medicare) Supplier Standards, regulations and policies. We suggest you review the CMS website ([www.cms.gov](http://www.cms.gov)) or perhaps take a seminar or course to help you become more knowledgeable with the Supplier Standards. You must provide your Medicare patients the current CMS Supplier Standards for review, they could be given a copy or the standards can be on display in your waiting area. Make sure that they sign documentation that they were given access to the standards. You don't need to give each patient a copy to take home but they must sign off that the Standards were disclosed to them.

#### AD.5.1

**Your business must have written policies and procedures that require you to verify that all employees, contractors and new hires are not on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE).**

##### TIP

The Office of Inspector General requires health care entities to routinely check the OIG List of Excluded Individuals and Entities to ensure that employees (W-2) or contractors (1099) are not on the list. You need to have a policy and a procedure to accomplish this verification. Use the **Annual Employee Verification** form in the online **Resource Pack** to record your reviews.

#### AD.5.2

**You must routinely verify and document that current employees and contractors are not on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE). You must also verify and document that prospective new hires are not on the LEIE as part of the hiring process.**

##### TIP

You must verify that current employees (W-2) and contractors (1099) are not on the LEIE. You must have policies and procedures in place to document the frequency and date of your review and your action plan should a perspective or current employee be on this list. We encourage you to check this list on an annual basis.

## AD.6

**Your business must comply with the relevant requirements of the Health Insurance Portability and Accountability Act (HIPAA).**

### TIP

HIPAA has many sections and requirements. You should be knowledgeable about the Act and how it impacts your business. Be sure that you stay up to date on any changes and/or updates to HIPAA.

Examples of compliance include:

- You have a designated and trained HIPAA officer (this could be you)
- Your Business Associate Agreements are in place
- Patient acknowledgements are required and filed
- HIPAA Privacy Rules are in place
- Notice of privacy practices are displayed, distributed or accessible to patients
- HIPAA Security Regulations are in place, as applicable
- Patient records are stored appropriately
- Access to Protected Health Information (PHI) is properly restricted
- Computer and other system safeguards and passwords are in place
- Documentation of staff education

## AD.8

**Your business must have financial records that are accurate, complete, current and reflect either cash or accrual accounting practices. You must have an operating budget appropriate to your business size and scope of services.**

**You must maintain financial information or accounts that:**

- 1. Manage revenues and expenses on an on-going basis**
- 2. Link items and supplies to the patient**
- 3. Reconcile charges to the patient for services, items and supplies with invoices, receipts and deposits**
- 4. Have a mechanism to track actual expenses and revenues**

### TIP

Accurate, complete and current financial records are an indication of the health of your business.

You must show your surveyor that:

- You have an operating budget that meets the needs of your patients and your business operation
- You manage revenues and expenses as they relate to patient services on an ongoing basis
- Your business uses either cash or accrual based accounting practices
- Your records or financial accounts allow you to identify the specific device(s) provided to specific patients
- Your records or financial accounts allow you to reconcile charges to patients with invoices, receipts and deposits

## Human Resources (HR)

The Human Resource Standards apply to all staff at the business' physical location, whether directly employed, contracted or serving in a volunteer capacity providing patient care services or supporting activities.

The terms *staff* and *staff member* (and their derivatives) as used in these Standards are intended to refer to all of your care providers and support staff. The business ownership/ leadership is responsible for hiring and privileging its staff and ensuring that your staff has the necessary skills to perform their job.

### HR.2

**You must document that you have verified current licenses, registrations and certifications held by all staff members who provide patient services.**

#### TIP

You must verify the certifications and licenses (if applicable) of all of your fitters annually. You can contact your credentialing agency (licensure or certification board) and request verification that the individual's credentials are still valid via phone, email or check the agency's website directory. Once you have verified the credential/license, document the date and the method that you used in the employee's personnel file or another file that you have specifically for this purpose. Use the **Annual Employee Verification** form in the online **Resource Pack** to accomplish this verification.

### HR.6

**You may privilege non-credentialed or non-licensed staff to provide patient care under the supervision of a credentialed or licensed individual practicing within their scope of practice. If you privilege a staff member, your process must be in compliance with applicable laws, based on Written Objective Criteria\* and under the Indirect Supervision\* of a credentialed or licensed individual practicing within their scope of practice.**

**You may privilege credentialed staff to provide patient care beyond their ABC defined scope of practice.**

#### TIP

Non-credentialed or non-licensed employees can be privileged to provide devices, items or services. However, you must document that you have established Written Objective Criteria to assess the competency of each person. This requirement also includes credentialed staff privileged to provide items and services beyond their scope of practice. Your documentation could be one of many different forms, including but not limited to, proof of completion of continuing education courses related to particular items, documented in-house or in-service training that is specific to the items or services that the patient care provider is being privileged to provide and/ or documented specific work experience participating in patient care activities. You will need written documentation for each privileged patient care provider describing what criteria they met and how they met it. The supervisor's co-signature must appear in all patient charts. Use the **Instructions for Using Privileging Criteria** and the **Individual Privileging Criteria** form in the online **Resource Pack** to help you with the documentation.

*\* See definition of Written Objective Criteria and Indirect Supervision in the ABC Scope of Practice.*



## Patient Care and Management (PC)

Patient Care and Management Standards address the essential components designed to support the delivery of appropriate, safe and effective patient care and to ensure that patient needs are met. These Standards are designed to address Physician Interaction, Patient Rights, Patient and Family Education and Patient Follow-up Care. They will also guide you in your steps to establish tools to help you provide the best quality care for your patients.

- **Physician Interaction and**

**Communication:** To support continuity of care between your business and your referral sources, communication between your staff and a patient's referring physician or appropriately licensed healthcare prescriber must be maintained.

- **Patient Rights:** To establish an environment that enables the delivery of effective care, you must create an atmosphere of mutual trust between patients and staff.

- **Patient and Family Education:** The success of patient care depends not only upon the competency of the provider and the quality of the mastectomy related items, but also upon their proper and effective use and care by the patient.

- **Patient Follow-up Care:** The Standards in this section support ongoing patient care and reflect the standards of care generally accepted by the profession. They require that you provide follow-up care, appropriate to the patient's condition and complexity of the care, in accordance with the current valid order.

### PC.1.3

**You must inform your patients of the expected time frame for delivery of items and services.**

#### TIP

If you verbally communicate the delivery timeframe, make a note of what you told the customer in the patient record. You could also provide them with a follow-up appointment card.

### PC.2

**You must have a policy that requires you to notify the healthcare prescriber within five calendar days if you determine that you cannot or will not provide the items or services that are prescribed for a patient.**

#### TIP

If a patient is referred to you by a healthcare prescriber for a device or item that you do not provide you must notify that the prescriber within five calendar days.

### PC.2.2

**You must maintain an appropriate fitting stock so that you can effectively provide your patients with properly fitting and functioning mastectomy items. You must have a minimum fitting stock of 10 mastectomy forms and 24 bras.**

#### TIP

Your fitting stock must be available for the surveyor to observe.

### PC.3

**You must keep documentation of all referrals, consultations and other communication from the healthcare prescriber in the patient's record. This documentation must not be altered in any way.**

#### TIP

Make sure that you have all referrals, consultations and other communications from the prescriber in the patient's record. They cannot be altered in any way and must include the prescription, the patient's diagnosis and clinical notes. Use the **Patient Care Communication Log** available in the online **Resource Pack** to document these interactions in the patient's chart.

### PC.3.1

**You must provide patient care in accordance with the most recent prescription for the item(s) or service(s) provided. All patient care must be in accordance with the payer requirements.**

#### TIP

Document in the patient's record that the care you delivered was according to the most current prescription and in accordance with payer specific requirements (e.g., written instructions are given to patients, warranty information is provided).

### PC.3.3

**You must provide follow-up care consistent with the diagnosis and complexity of service(s) provided. This follow-up care, along with any non-compliance with follow-up care, must be documented in the patient's record.**

#### TIP

Make follow up appointments as necessary for your patient's overall care. Write detailed notes including if the patient has or hasn't followed proper wearing and other instructions. Also document if they miss appointments or do not return calls.

### PC.3.4

**The patient care provider must perform and document in the patient's record an in-person, diagnosis-specific, clinical examination related to the patient's use and need of the prescribed device. For example: sensory function, range of motion, joint stability, skin condition (integrity, color and temperature), presence of edema and/or wounds, vascularity, pain, manual muscle testing, functional limitations, compliance, cognitive ability and medical history.**

### PC.4

**The patient care provider must document in the patient's record the patient's goals and expected outcomes related to the use of the item or services provided.**

#### TIP

In the patient notes, document the reason for the visit, what they would like you to do for them and what you plan on doing for the patient.

### PC.4.1

**The patient care provider must document the patient's progress toward meeting their goals and expected outcomes related to the use of the item or services provided.**

#### TIP

Keep track and document how the patient is doing with the service/item you provided. You can include things like patient comments, survey feedback or measurements to help you keep track of their progress.

### PC.5.1

**You must demonstrate how you inform patients about their rights, including but not limited to:**

- 1. Confidentiality**
- 2. After hours contact and care**
- 3. Timely complaint resolution**

#### TIP

You must have policies and procedures to inform patients of their rights. In addition, you must document in the patient records and/or have the patient sign that this information was given to them. Examples include a HIPAA acknowledgment form, after hours contact information and Medicare Supplier Standards form.

### PC.6

**You must provide the patient and/or caregiver with instructions for the proper care and use of the device. This patient education must be documented and must include:**

- 1. The purpose and function of the item**
- 2. The proper care, cleaning and use of the item**
- 3. Disclosure of the potential risks, benefits and precautions**
- 4. How to report any failures or malfunctions**
- 5. When and to whom to report changes in physical condition when it relates to the device**

#### TIP

You can provide this information to your patients in a variety of ways. You can give your patients care and use information sheets, manufacturer's guidelines or verbal instructions. An information sheet might advise the patient on how to report any problems and when and to whom to report changes in their physical condition. Make sure to include how you provided the care and use instructions in the patient's clinical notes.

### PC.6.3

**You must provide the patient and/or caregiver with instructions on how to inspect the skin for pressure areas, redness, irritation, skin breakdown, pain or edema. This patient education must be documented in the patient's record.**

#### TIP

Make sure to discuss or provide a brochure to the patient or their caregiver on how to look at the patient's skin to make sure there isn't redness, irritation, skin breakdown, pain, edema or sensitive skin areas. Document how you provided this information to the patient or caregiver.

### PC.7

**You must have a written policy that describes how your staff will respond to evidence that patients may be at risk from real or perceived abuse, neglect or exploitation. Your policy must address the process by which the proper authorities are notified and how you determine when to contact the appropriate community resources.**

#### TIP

Provide staff instructions on the steps to take if it appears a patient may be in danger of physical or emotional harm. Your policy should include how to contact the appropriate local government agencies and how to document the situation in the patient's file. You may wish to seek legal counsel to develop this written policy.

## Product Safety (PS)

The Product Safety Standards require that you affirm the safety and appropriateness of the items and services that you provide to patients.

### PS.9.2

**Prior to final delivery of the item, you must:**

- 1. Document that the item meets the specifications of the current prescription**
- 2. Check the item for structural safety**
- 3. Ensure that manufacturer guidelines have been followed**

#### TIP

This can be documented in patient records, delivery receipts, warranties, tracking and equipment logs/tagging systems and/or other documentation.

## Patient Records (PR)

The Patient Records Standards contain specific requirements on the centralization, accessibility and protection of patient records, as well as keeping Protected Health Information (PHI) secure and confidential. Federal HIPAA regulations apply to all businesses providing DMEPOS services. You should establish documented policies and procedures that address the creation and maintenance of patient records. An effective patient record program must adhere to these three principles:

- **Secure and Confidential Patient Records**

You must maintain a secure patient record system that allows prompt retrieval. Except as required by law, patient records must be treated in a strictly confidential manner.

- **Backup Patient Records**

You are required to take appropriate measures to backup electronic patient data.

- **Uniform Documentation**

Each patient record should consistently include a patient evaluation/assessment, the diagnosis being treated and appropriate comorbidities, patient education, the referring physician or appropriately licensed healthcare prescriber's order and the patient goals.

### PR.2

**You must have a secure patient record system that allows prompt retrieval of information.**

#### TIP

You must have a paper or electronic system in place that allows you to quickly access patient information. Security could include locks on file cabinets or passwords on computers.

### PR.2.1

**Your patient records must include federal, state, local and applicable third party payer required documentation.**

#### TIP

Patient records should include but are not limited to prescriptions, written orders, delivery receipts, payment authorizations, physician communications and any other documentation required by the payer.

### PR.6.1.1

**Your patient records must document the patient's need for and use of the orthosis, prosthesis and/or pedorthic device, including:**

- 1. Pertinent medical history**
- 2. Allergies to materials**
- 3. Skin condition**
- 4. Diagnosis**
- 5. Previous use of orthoses, prostheses and/or pedorthic devices**
- 6. Results of diagnostic evaluations**
- 7. Patient expectations**

#### **TIP**

All patient records must be consistent. As applicable, each patient record must include:

- The reason the patient needs bras and prosthesis. The justification could be that the current item is worn, stretched or damaged
- The patient's skin condition, such as healed, rash, edema
- Range of motion, for example, frozen shoulder which could require a front closure bra
- The diagnosis from the prescribing healthcare provider
- Any history of previous use of bras and prosthesis
- Results of your diagnostic evaluations, such as measurements, weight changes or new surgeries
- The patient's expectations, for example: Personal activity goals (swimming and wants swim form), self-esteem, balance or to relieve back or neck pain

## Performance Management and Improvement (PM)

The Performance Management Standards allow you to track and identify the strengths and weaknesses of your business and patient care procedures. You must have a program in place to monitor, evaluate and improve the quality of your patient care.

### PM.2

**Your performance management program must include the use of a patient satisfaction survey.**

#### **TIP**

If you do not have a patient satisfaction survey of your own, many national associations and other groups have them as free resources or for purchase and can be adapted for use in your business. It is recommended that your patient satisfaction survey be conducted within two months following the provision of a new or replacement bra or prosthesis. Your survey should be designed to gather many types of information, including:

- Satisfaction with the product and your services
- Your timeliness in responding to questions, problems and concerns
- The convenience of your business hours and ability to schedule an appointment

Use the **How to Write and Analyze Patient Satisfaction Surveys** in the online **Resource Pack** to help you create your satisfaction survey.

## Facility Safety and Management (FS)

ABC's Facility Safety and Management Standards are designed to ensure that your business location and premises are appropriate for providing patient care. These Standards address two critical categories: facility safety and safety management.

### FS.2.1

**Each of your patient care locations must provide specific dedicated private treatment area(s) that are properly equipped for patient evaluation and care.**

#### TIP

A private treatment area is one that provides visual and auditory privacy.

### FS.3.2.1

**You must conduct an annual emergency evacuation drill in accordance with the evacuation plan. The drill(s) must be done at least annually for all staff on all shifts.**

#### TIP

To practice these plans, your annual evacuation drill needs to include all staff and needs to be documented as to date and time. Use the **Fire/Emergency Drill Documentation** form available in the online **Resource Pack** to document your drill.

## Claims and Billing Compliance (CB)

The Claims and Billing Compliance Standards are designed to support your business' compliance with billing guidelines set by the Centers for Medicare and Medicaid Services and the Office of the Inspector General. You are expected to develop a compliance program that encompasses the spirit of the OIG's Compliance Program Guidance for the Durable Medical Equipment, Prosthetics, Orthotics and Supply Industry ([oig.hhs.gov](http://oig.hhs.gov)).

The Standards parallel the five critical elements presented in the OIG's Guidance:

- **You establish a claims and billing compliance program based upon formal policies and procedures that prevent inappropriate billing.**
- **A qualified and trained individual is responsible for maintaining the compliance program and oversees that the program is administered consistently.**
- **Appropriate staff is properly trained and educated on claims development and billing procedures in order to effectively manage the claims process and minimize the submission of improper claims.**
- **Auditing and monitoring mechanisms are implemented to ensure consistent compliance and identify areas of improvement.**
- **Written employment criteria and disciplinary guidelines are implemented for all billing and claims staff.**



These Standards are designed to reflect the elements of the OIG’s Compliance Guidance and require business owners to establish procedures to minimize the occurrence of fraud and abuse and to protect the business from its effects.

In addition to claims development and billing compliance, you must also prevent identity theft by having systems to verify patient identity, report suspicious activity and mitigate the effect of a breach.

### CB.1

**You must administer a claims and billing compliance program with written policies, procedures and standards that describe your compliance with federal and state policies.**

#### TIP

Your compliance program must include written policies and procedures that address:

- Appointing a compliance officer
- Billing monitoring and auditing procedures
- Chart audits—including the frequency and number of audits you’ll do
- The procedures you follow if errors are found and what corrective actions you have taken
- Education of your billing staff
- Identifying and dealing with fraud and abuse

### CB.2

**You must designate a qualified and trained individual to be responsible for maintaining the claims and billing compliance program.**

#### TIP

In many cases you will be the Compliance Officer, but no matter who has this responsibility make sure that your policy indicates that they are responsible for claims and billing. Make sure to document their qualifications and training with a job description, meeting minutes, attendance logs, course certificates or in-service agendas.

### CB.3

**You must provide claims development and billing education for all staff involved with or responsible for claims and billing.**

#### TIP

You or your designated staff member must be educated and trained in claims development and billing specifically related to your compliance program. Make sure to document this education with meeting minutes, attendance logs, course certificates, webinar registration or in-service agendas. Many national groups provide educational programs specific to claims and billing. Make sure that you review the Medicare Local Coverage Determinations (LCD’s) in your jurisdiction. Use the **Billing Education Documentation** form in the online **Resource Pack** to document this information.

## CB.4

**You must establish file auditing and monitoring procedures for clinical and financial records to ensure consistent compliance with all applicable federal, state and private payer healthcare plans.**

### CB.4.1

**You must have ongoing file auditing and monitoring procedures of the claims and billing compliance program. You must write an evaluation of the results of the compliance program and act on any necessary changes.**

#### TIP

You must conduct random audits on Medicare and other third party insurances billing records and indicate the patient's name or ID number in your audit report. Use the **Billing and Coding Error Report** form in the online **Resource Pack** to assist you in your audit.

Your auditing policy should specifically indicate the number or percentage of charts you will audit. Outline how often you will conduct an audit (we recommend at least annually).

Minimally, your chart audit should consist of the following:

- Documentation of the current prescription
- That the quantities dispensed match the prescription
- A signed and dated delivery receipt. Delivery receipt date is the actual date the items were received by the patient or the mail/ship date.

## CB.4.2

**You must have written policies and procedures that ensure investigations of suspected or actual noncompliance are handled appropriately and any necessary corrective action is taken.**

#### TIP

You must have a plan that addresses how you conduct internal investigations of suspected noncompliance with your billing and claims policies and procedures.

This plan should include:

- A time limit for concluding an investigation into suspected claims and billing noncompliance
- What steps you will take for corrective action if you determine that a situation of noncompliance has occurred, including disciplinary action, a review of existing policies and procedures and employee training
- Indicate in your policy when it would be necessary to have a noncompliance investigation conducted by an outside, independent investigator
- Outline how and when you would refer an act of noncompliance to CMS or law enforcement authorities

# Resources

**A**S PART of our commitment to value, we offer the following tools to help you comply with both ABC and Medicare Standards. These easy-to-use resources will help guide you through the accreditation process. All of these resources are available on the ABC website, [abcop.org](http://abcop.org).

**Accreditation Compliance Kit**—This comprehensive resource provides you with an easy to navigate source for advice and tips for compliance throughout the year. The Kit includes the 12-month Calendar along with an online Resource Pack. The Resource Pack is your online resource for sample forms, templates, checklists and articles available for you to review, use and modify to fit your needs. You can access the Resource Pack from your facility's MY ABC account. If you haven't already received the Calendar, give us a call to get your copy now.

## **Top 10 Overlooked Items & What to Expect during Your ABC Onsite Survey**

An informative review of the top 10 items often overlooked by business owners as they prepare for their survey. ABC surveyors find that missing these key elements of the survey could mean the difference between passing and failing. Also included is information on everything you can expect during the survey, from when your surveyor arrives at your facility to what they'll be asking to see while there and when you'll receive your results.

**Online FAQs**—Detailed information on the most common questions applicants ask regarding every aspect of the accreditation process.

**Additional Resources**—Other value added resources to help you with your business include:

- 15% discount on property and liability insurance premiums through Cailor Fleming or Aon Affinity.
- Customizable brochure for marketing your mastectomy accreditation value to patients, referral sources and insurers.
- Discount on certificate framing.

## **Medicare Resources**

To assist you with your Medicare related questions, we have compiled the most commonly referenced information about Medicare as it pertains to your facility's accreditation. You will find the direct links to these resources on the ABC website. Just look for the Additional Resources section of the Patient Care Accreditation Getting Started page.

## **Additional Information**

### **HITECH**

HITECH is the law passed to encourage the adoption of electronic health records (EHR) by 2016, which includes financial incentives. After 2016, penalties may be levied against suppliers who do not use EHRs. HITECH did have an effect on HIPAA by adjusting how facilities must notify patients if it is suspected that their protected health information is compromised, along with a few other subtle changes.

### **GSA Excluded Parties Systems**

The capabilities of searching within CCR/FedReg, ORCA and EPLS have been consolidated to Systems for Award Management (SAM) [www.sam.gov](http://www.sam.gov).

# Mastectomy Accreditation Pre-Application Checklist

**T**HANK YOU for choosing ABC for your mastectomy accreditation. We have created the following checklist to help you prepare for the accreditation process, including your onsite survey. We encourage you to review the checklist before you submit your application.

**Don't forget—it's a Medicare requirement that all onsite surveys are unannounced and unscheduled.**

This checklist does not replace the need for you to have a thorough understanding of the Mastectomy Facility Accreditation Standards.

## Eligibility Criteria

Before you apply, make sure your business:

- Is located within the United States, one of its territories or possessions or is a Department of Defense medical treatment facility or program
- Is a formally organized and legally established business that provides the services and items for which you are applying
- Is licensed according to applicable state and federal laws and regulations and maintains all current legal authorization, permits and zoning requirements to operate
- Is operational and has a physical location
- Applies for ABC Mastectomy Accreditation for all locations, regardless of whether Medicare or another third party is billed for these services. Employs the appropriately credentialed staff for the scope of service being provided

- Has met the Mastectomy Facility Accreditation Standards
- Has a minimum of 10\* complete patient charts
- Has designated at least one individual to be in charge of accreditation and compliance and that you also have assigned a backup contact
- Meets all Medicare DMEPOS Quality and Supplier Standards and is compliant with the Americans with Disabilities Act (ADA) and Occupational Safety and Health Administration (OSHA) regulations
- Is able to disclose the full listing of ownership (any individuals or parties holding more than 5% of controlling interest) or provide the list of your facility's board of directors or trustees

*\*If your facility is newly established and has a limited patient care history, we may determine that a smaller number of complete patient charts are acceptable.*

## Meeting the Standards

Once you are confident that you have met the eligibility criteria, it's time to prepare your facility for the onsite survey.

This list is organized by standard to help you reference items in the *Guide* but is not a complete listing.

Now would be a good time to re-read the Standards and make sure that you are in compliance. This list is intended to highlight some of the areas that tend to be overlooked during preparation for the accreditation process.

## Administrative (AD)

The Administrative Standards address the legal status and legitimacy of your business as well as compliance with federal, state and local requirements for operation. The following documents are required for your business or corporation. Your surveyor will physically check that you have each of the following documents. You should have them organized and available for the surveyor to review.

- Articles of Incorporation or other documents establishing legal formation of the company. AD.1**
- Current bylaws, if your organization is incorporated. AD.1**
- For corporations, you need proof that you hold an annual meeting as required by your state's regulations. AD.1.1**
- Your Financial Policy (operating budgets, revenue, expense tracking and other documents that show how you manage the financial aspects of your business). AD.8**

Make sure you also:

- Post any business licenses, certificates and operating permits in your reception area or another area that is accessible to the public. AD1.1**
- Designate specific individual(s) who are authorized to perform in a leadership capacity and who are responsible and accountable to oversee the activities and operations of your business. AD.2**
- Adopt a mission statement. AD.4**
- Verify that your staff, including contractors, current employees and new hires, is not on the OIG List of Excluded Individuals and Entities. We recommend that this be done on an annual basis. AD.5.1**

## Human Resources (HR)

The Human Resource Standards address your employees, including patient care providers and support staff. For each of your staff members, your surveyor will need to verify that you:

- Maintain complete and current employee personnel records, including items such as verification of credentials and continuing education. HR.2**
- Have privileging documents for each non-credentialed or licensed individual (these should be maintained in each employee's personnel file). HR.6**

## Patient Care (PC)

The Patient Care Standards address patient interaction, education and follow-up care. They are designed to ensure that your patients receive appropriate and effective care and that their needs have been met. Your surveyor will be looking at your business and patient charts to make sure you:

- Provide all patients with a time frame for services and delivery of items. PC.1.3**
- Collect and keep signed and detailed orders from the physician in each patient's record. PC.3**
- Provide specific and detailed follow-up schedules and instructions to the patient. Be sure to note if the patient has not fully complied. PC.3.3**
- Allow each patient to be involved with the establishment of goals and expected outcomes for the items they receive and document these goals and outcomes in the patient's chart. PC.4, PC 4.1**
- Provide written information to each patient and/or caregiver(s) about the function, care, use, maintenance and precautions of the item, how to report product defects and the importance of reporting any changes in their physical condition. Make sure you have documented that you have provided this information in each of your patient's charts. PC.6**
- Provide and document education and instructions to each patient and/or caregiver on how to identify and deal with pressure areas, skin breakdown, redness, edema, etc. as well as infection control. PC.6.3**

Your surveyor will also be checking to make sure you have:

- Included details in your policies and procedures on how staff will handle situations where it appears that a patient may be at risk from real or perceived abuse, neglect or exploitation. Make sure you have also provided staff with the proper resources (such as your state or local government's Department of Social Services or Health and Human Services) for contacting the proper authorities. PC.7**

## Product Safety (PS)

The Product Safety Standards address how you ensure the safe use of equipment and minimize the safety risks, infections and hazards for your staff and patients. The surveyor will be checking your facility and patient charts to see if you:

- Conduct and document thorough checks of the final product before delivery. Ask yourself, "Does the product meet the specifications in the prescription? Does it meet the manufacturer guidelines and description? Is the item structurally sound?" PS.9.2**

## Patient Records (PR)

The Patient Records Standards address the maintenance of patient record information in a secure and organized manner. The surveyor will be checking to ensure that you:

- Maintain your patient records in a central and secure area. Ensure that only the appropriate staff has access to the file areas or systems (e.g. locking filing cabinet, password protected computer file system). PR.2**
- Securely maintain backups of patient records to be used in case of emergency.**
- Keep consistent and uniform records in accordance to your business' policies and procedures regarding the content of your patient records. All patient records should require the same information (e.g. patient history, evaluation and assessment, documentation of patient education, care provider name and treatment plan, etc.). PR.6.1.1**

## Performance Management (PM)

Every business must have an effective performance management plan. An effective plan can help take your business to the next level. Your surveyor will make sure that you:

- Conducted patient satisfaction surveys. PM.2.1**

## Facility Safety (FS)

The Facility Safety Standards address your organization's overall safety compliance—facility safety, safety management and environmental safety. You should:

- Provide patient care in a dedicated area that supports both visual and audible privacy for the patient. While seeing the patient, other patients and staff should not be able to see into the area nor should they be able to hear dialogue between the patient and fitter. FS.2.1**
- Educate your staff on their roles during emergency evacuation procedures (in response to fire or other emergencies) and conduct, at least annually, an evacuation drill. Make sure you document the details of your drill, such as the date, time, attendees, scenario and time it took to meet at the designated meeting space. When reviewing the drill, be sure to think about ways to make the process more effective. If you have changes, make sure you document them. FS.3.2.1**



## Claims and Billing Compliance (CB)

Claims and Billing Compliance Standards address your business' billing guidelines set forth by CMS and the OIG. The surveyor will be checking to see that you:

- Created and implement a compliance program that covers the critical elements of appropriate reimbursement practices. CB.1**
- Designate a staff member to be responsible for the compliance program. This person should be able to show that they have received claims and billing specific training. Training verification includes course certificates or an agenda from an in-house program. CB.2, CB.3**
- Conduct regular audits of your patient charts to ensure that clinical and financial records are complete. If there is any information missing, take corrective action and document when action was taken. If policy changes are made to your compliance program, make sure to document those too. Make sure you can show, in writing, detailed evidence of the review and corrective action. CB.4, CB.4.1**

## Other Reminders

Compliance with the Standards is also about your physical location and your access to care. Your surveyor will also be evaluating you on the following areas related to your physical location.

## Outside Your Facility

Take a close look at your building entrance—look for the following:

- Handicapped spaces in your parking lot are clearly indicated.**
- Ramps into your business are compliant with the Americans with Disabilities Act (ADA) regulations and are in good condition.**
- Days and Hours of Operation are posted and visible from the exterior of the building.**

## Reception and Patient Waiting Area

In your reception area, make sure that the following documents are posted and can be easily seen by your patients:

- Medicare Supplier Standards (there are currently 30 Medicare Supplier Standards)
- HIPAA Policy (and contact information regarding questions/and or complaints)
- Your Business License
- Your Sales and Use Tax Permit (when required)
- Each patient care provider's certification and license (if applicable)
- Emergency contact numbers
- First Aid, CPR and other Medical Emergency Instructions
- Fire Evacuation Maps

## Exam Rooms

In each of your exam rooms—your surveyor will inspect the following:

- Proof that all conversations between you and your patient are private.
- Exam room windows are covered in order to maintain patient privacy.
- Other patient charts are not left in the exam room.
- Fire exit instructions are clear, concise and visible in each room.
- Rooms are clean, neat and cleaned between each patient.
- There is at least one biohazard disposal bag/bin for potentially contaminated waste.
- Wall outlets have safety caps in rooms that are used by children.

**This list is not inclusive and not intended to replace a thorough knowledge and understanding of the Standards.**



# Notes





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