

Mastectomy-Only Facility Accreditation Compliance



Jim Lawson

ABC Outreach Development Manager



AMERICAN BOARD
FOR
CERTIFICATION

ORTHOTICS • PROSTHETICS • PEDORTHICS

Quiz Available!

1.5 Business Credits

Ooh...nice!

ABCop.org/news-events/webinars



Before we get started...



To the website!



MYABC

Welcome, ABC's Facility! | [SIGN OUT](#)

One Stop Shop for
Maintaining your
Accreditation



FACILITY PROFILE



Our Company Name



Our Addresses



Our Phone Numbers



Our Fax Numbers



Our Email Addresses



Our Website



Our Login ID



Our Password



Our ABC Certified Personnel



OUR AFFILIATE LOCATIONS

[+ Add Affiliate Location](#)



CURRENT ACCREDITATION

ACCREDITED FOR

Orthotics
Prosthetics
Mastectomy

Start Date: 02/01/2022

Expire Date: 06/30/2025

[> Begin or Review Application](#)

[> Submit Survey Blackout Dates](#)

[View All Accreditation Details](#)



[Pay Your Annual Fee](#)



OUR RESOURCES



[Compliance Kit Resource Pack](#)



[View Facilitator Issues](#)



[Order Facility Accreditation Certificate](#)



[Billing](#)

[> Our Invoices](#)



[Find Residency Site Info & Resources](#)



[Download ABC Logos](#)



[Apply for New Affiliate](#)

What we'll cover...



Application Process



Available Resources



Onsite Survey - What to Expect



Compliance Standards – *The Highlights*



The Why, Who and How of Privileging



CFm Certification Eligibility Requirements



Promoting Your Accreditation

The Application Process



AMERICAN BOARD OF CERTIFICATION
ORTHOTICS · PROSTHETICS · PEDORTHICS

ABC DIRECTORY | STATE LICENSES

WHO WE ARE | INDIVIDUAL CERTIFICATION | FACILITY ACCREDITATION | CONTINUING EDUCATION

» FACILITY ACCREDITATION » GET ACCREDITED » APPLY NOW

Already Accredited?

If you are an existing ABC accredited facility, apply here to renew your accreditation.

RENEW NOW

Also choose the Renew Now button if:

- You were previously denied/expired or withdrew your application within the past year **OR**
- You wish to change your accreditation status for any of the following reasons:
 - **Service Add-on** -- adding a new service to your existing primary or affiliate location
 - **Affiliate Add-on** -- have less than four affiliates and wish to add a new affiliate location
 - **Location Move** -- existing facility (primary or affiliate) is moving to a new location
 - **Ownership Change** -- in which the facility is operating as a new entity (new TIN) or a new owner has been added to an existing accredited facility or an owner is added via a stock sale with the

Ready to Apply?

If you are a first time applicant and already have an account, click the Apply Now button to start the application process.

APPLY NOW

Need to create an account/request a Login ID?

REQUEST ID

Timing



New or Moving?

Only apply when you're ready!
(surveyor can come any time)

We do our best to survey your facility ASAP

Renewing?



We'll remind you **6 months** before



It can take a while to schedule surveys



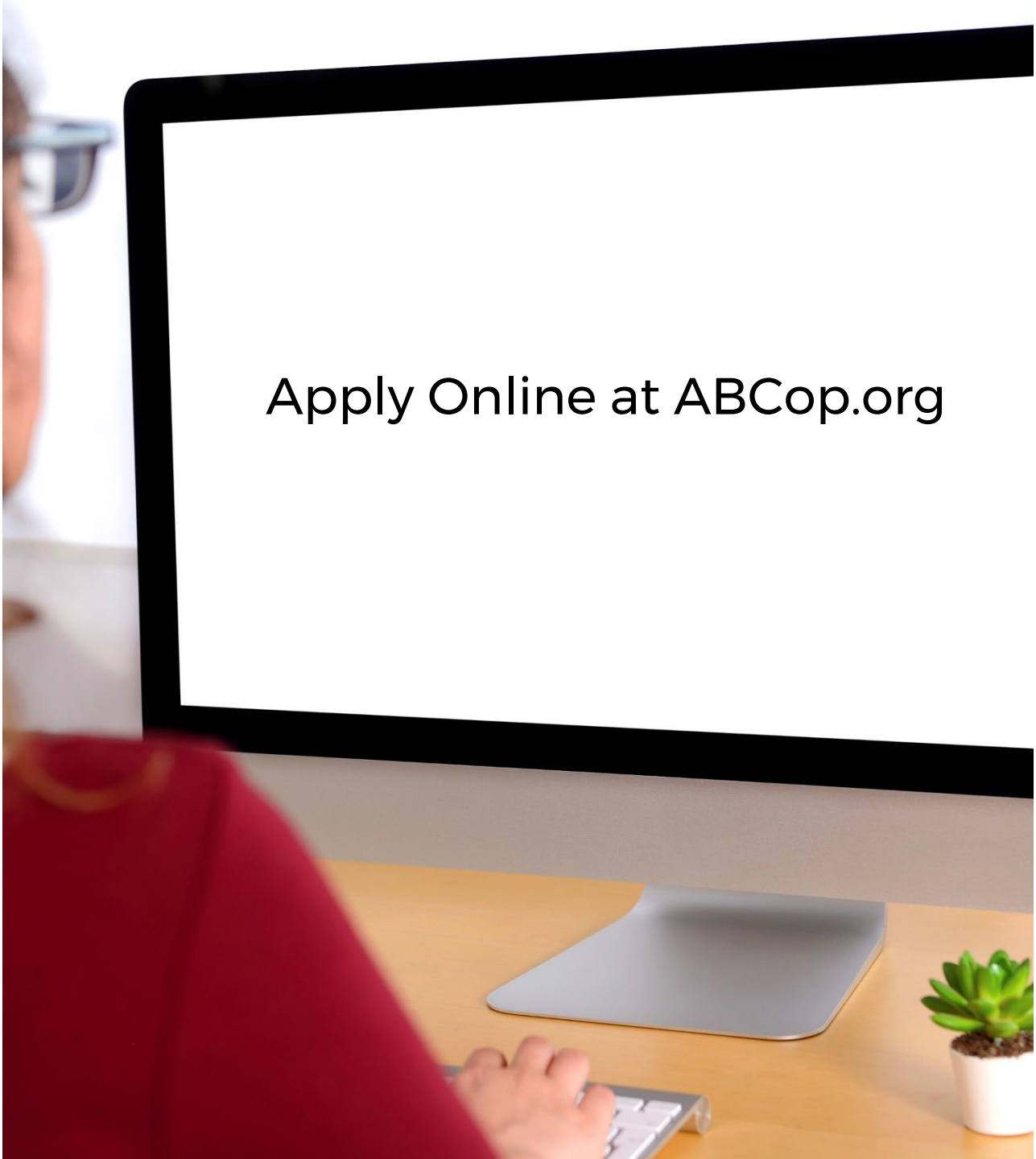
We'll give you a 4-week window

Application Portal

Facility **MY ABC** Account

OR

Apply Now Page



Apply Online at ABCop.org



Already Accredited?

If you are an existing ABC accredited facility, apply here to renew your accreditation.

[RENEW NOW](#)

Also choose the Renew Now button if:

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 - **Location Move** -- existing facility (primary or affiliate) is moving to a new location
 - **Ownership Change** -- in which the facility is operating as a new entity (new TIN) or a new owner has been added to an existing accredited facility or an owner is added via a stock sale with the same TIN

If you have any questions or need further assistance, please contact the Accreditation Team at accreditation@abcop.org.

Ready to Apply?

If you are a first time applicant and already have a Login ID, select the Apply Now button to start the application process.

[APPLY NOW](#)

Need to create an account/request a Login ID?

[REQUEST ID](#)

Documentation NEEDED for Application





Don't Worry, Be Happy 😊



You scan it...

Safe in the Cloud

They scan it...



Required Documents:

- **All Non-ABC Certifications and Licenses for Staff**
(if applicable)
- **Legal Documentation of Ownership**
(e.g. Articles of Incorporation, IRS tax form)
- **Certificate of Occupancy**
(Business License/Certificate or Operating License/Certificate or Sales Tax Certificate)
- **Policy & Procedure Manual**
- **Employee Manual**
- **Mission Statement**

When applying BE...

- **Careful**
- **Specific**
- **Note any other important info**
- **Complete**

Your application has been accepted!





Blackout Dates

Please let us know!

Blackout Dates

- **No survey during these dates**
- **Within 2 weeks of app being received**
- **Submitted online via Blackout Date Request Form**
(in app receipt email or MY ABC Facility account)
- **Max 10 Blackout Dates during your survey process**
- **Can't accommodate after BO date deadline**

Blackout Dates

DO NOT APPLY TO
NEW or Add-on Affiliate locations

We want to get you surveyed ASAP (within 90 days)!

Available Resources



First Things First...

Read it.

Review it.

Revisit it.



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



Mastectomy Facility Accreditation Guide

- Getting Started
- Standards
- Resources and Tools

Are You Ready to Apply?



Your Key Areas



Be Prepared



PATIENT CARE ACCREDITATION PRE-APPLICATION CHECKLIST

Thank you for choosing ABC for your facility accreditation. To help ensure that you are ready for the accreditation process, we have created the following checklist. Please review the following items *before* you submit your application in order to be prepared for the accreditation process.

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

This checklist does not replace the need for you to have a thorough understanding of the Patient Care 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 accreditation for all patient care locations and all services being provided, regardless of whether Medicare or another third party is billed for these services (this requirement only extends to those services for which ABC offers accreditation.)

- ☐ Employs the appropriately credentialed staff for all scopes of service being provided
- ☐ Has met the Accreditation Requirements for Accreditation as 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 (if applicable) and is compliant with the Americans with Disabilities Act (ADA) and Occupational Safety and Health Administration (OSHA) regulations

- ☐ Must 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 minimum of five complete patient charts per patient care provider is acceptable.*

Checklist

The Guide Isn't Your Only Resource

- Relevant Standards Tool
- Compliance Kit / Online Resource Pack
- Webinar Library
- Podcast Library
- The Facilitator eNewsletter
- Top 10 Overlooked Items flyer
- What to Expect During Your Onsite Survey Flyer
- Online FAQs
- Medicare Resources and Links



To the website!

- **Compliance Calendar**
tips to help year round
- **Resource Pack**
ever-growing & customizable

Compliance Kit



Armed with feedback and suggestions from our facilities and surveyors, we've created the **ABC Accreditation Compliance Kit**— a resource designed to help make the accreditation process simple and successful whether you're pursuing accreditation for the first time or have been accredited for years.

Your online resource for sample forms, templates, checklists and articles available for you to review, use and modify to fit your facility's needs. Simply download each item below and make it your own.

Resource Pack

Download the forms/documents below and start the journey to accreditation compliance success!

Administrative



[Annual Review Facilities Checklist](#)



[Accreditation Renewal FAQ *NEW](#)



[OIG Exclusion Checklist \(AD 5.1\)](#)



[Patient Acknowledgement Form](#)

Human Resources



[Employee Verification \(HR.2, 4.1 and 4.2\)](#)



[Instructions for Establishing Privileging Criteria \(HR.6 and 6.1\)](#)



[Individual Privileging Record Template \(HR.6 and 6.1\)](#)



[Employee Performance Evaluation Form \(HR.7\)](#)

Accreditation Compliance Calendar

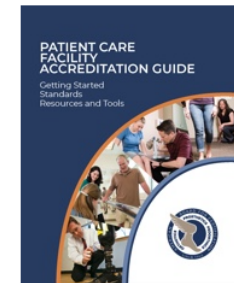
Each year, ABC accredited facilities receive a copy of the Accreditation Compliance Calendar. Download a copy with handy links below.



[DOWNLOAD](#)

Patient Care Facility Accreditation Guide

Your reference guide for how to get started, standards and tips for compliance.



[VIEW GUIDE](#)



27

Forms, Charts, Templates
and Info Sheets
with more added every year

Preparing for Your Survey



Survey unscheduled, unannounced



ABC requires some documents prior to survey
(we'll let you know which)



Prepare your facility



Prepare your staff



Contact and backup contact (provide cell #)

Onsite Survey

What to Expect





Medicare Patient Call Questions:

- **Were you given information** on the function, care and use of your device?
- **Were you told the benefits and precautions** of your device?
- **Were you asked to make a follow-up appointment?**
- **Were you provided contact information** in the event of problems before your next visit?
- **Do you have any questions** about the device, facility or services you received?

Standards Most Missed

The Highlights

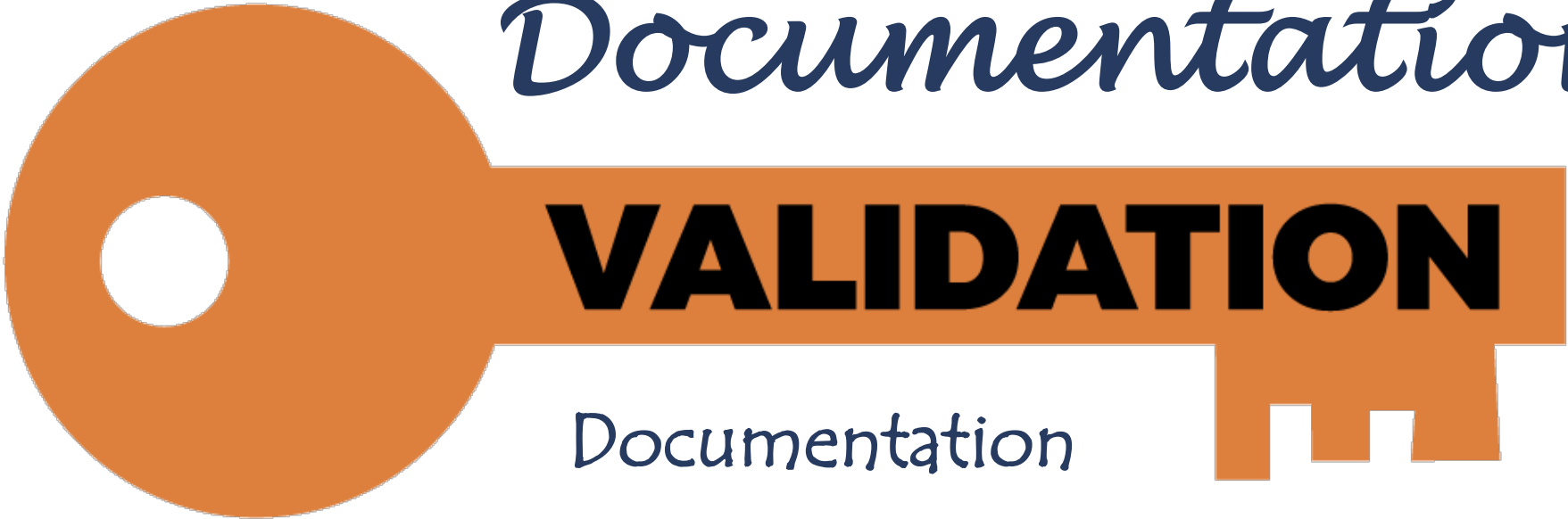


DOCUMENTATION Documentation

Documentation Documentation **Documentation**

Documentation

Documentation



Documentation

DOCUMENTATION Documentation

Documentation **Documentation**

Documentation



Incomplete Patient Charts

- **Missing documentation**
- **Patient information/explanation**
- **Teaching opportunity**



Incomplete Patient Charts cont'd...

Intake and Assessment

- ✓ **In-person clinical exam**
- ✓ **Assesses patient needs and use**
- ✓ **Confirm accuracy of prescription**
- ✓ **Formulate treatment plan**
- ✓ **Establish goals and outcomes**



Incomplete Patient Charts cont'd...

Delivery and Set-up

- ✓ **Delivery in timely manner**
- ✓ **Item or service consistent with prescription**
- ✓ **Proof of delivery**
 - Beneficiary's name
 - Delivery address
 - Date
 - Sufficient detailed description of the item(s) being delivered
 - Quantity delivered
 - Beneficiary (or designee) signature



Incomplete Patient Charts cont'd...

Training and Instruction

- ✓ **Instructions to patient or caregiver**
- ✓ **Necessary supplies to attach, maintain and clean**
- ✓ **How to use, adjust, maintain, clean, inspect skin and report problems**



Incomplete Patient Charts cont'd...

Follow-up

- ✓ **Provide follow-up consistent with items or services**
- ✓ **Review and make changes to treatment plan**
- ✓ **Review recommended maintenance**
- ✓ **Solicit feedback to determine effectiveness**

Patient Chart Audit Template



PATIENT CHART AUDIT FORM

Facility Name:		Reviewer:	
Address:			
City:	State:		Zip:

First Name	Last Name	Privilege	Registration	HIPAA	Supplier Standards	Complaint Resolution	Assignment Financials	Rx	CRx	Clinical Evaluation	Inventory	Goal Projected	Technical Notes	Progress Notes	DOS	PO	Delivery Receipt	Satisfaction	Precautions	Education	Follow Up	Goal Achieved	Feedback



Privileging





Information Needed for Privileged Staff

Staff file includes:

- Written Objective Criteria
- Training
- Justification
- Documentation



Written Objective Criteria

Can include:

- Proof of Completion CE courses
- In-house/In-service Training
- Specific Work Experience



Instructions for Establishing Privileging Criteria & Privileging Guide



Individual Privileging Record Template



Employee Name	Supervisor	Date

Date	Privileged In	Experience (current or previous) Company name & name of credentialed person if previous)	Continuing Education Programs	In-House Training
11-12-20 through 2-20-21	Diabetic shoes/inserts	Wendy is employed as a technician at Foot Care Plus. She attended a Dr. Comfort program about diabetes and diabetic foot care on 11-6-13 (certificate is in her employee file). She has observed and assisted Pete Pedors, C.Ped. with measurement and fitting of diabetic shoes for 2 months.	X	X





Signing Off on Notes

Credentialed Supervisor Must:

- Review notes
- Co-sign patient's chart
- Dated within 15 days

Patient Satisfaction Surveys





- ✓ **Accessible**
- ✓ **Relevant**
- ✓ **Timely**
- ✓ **Explain the Importance**

Sample Patient Satisfaction Survey

You can create your survey either as an online or paper survey, whichever best serves your practice. You can also have a separate survey for orthotic and prosthetic patients, whichever way helps inform your practice. The following questions are suggestions and should be modified to fit your specific needs and goals.

1. How easy was it to schedule an appointment?
☐ Very easy ☐ Difficult
2. Upon arrival, how would rate your experience with our administrative staff?
☐ Friendly/Helpful ☐ Pleasant ☐ Rude ☐ Not acknowledged ☐ No receptionist
3. How comfortable was our waiting area?
☐ Very comfortable ☐ Adequate ☐ Very uncomfortable
4. For your scheduled appointment, were you seen:
☐ Before your appointment ☐ On time ☐ Just after ☐ Long after ☐ I was late
5. Were your financial obligations explained to you?
☐ Yes ☐ No ☐ Not Applicable
6. Please rate the level of knowledge, care and attention you received from your provider.
☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor
7. Did you discuss your goals and objectives related to your care with your provider?
☐ Yes ☐ No
8. Did you receive your device(s) when your provider indicated you would?
☐ Yes ☐ No
9. How satisfied are you with your device(s)?
☐ Satisfied ☐ Mostly satisfied ☐ Neutral ☐ Mostly dissatisfied ☐ Dissatisfied

FOR PROSTHETIC PATIENTS ONLY:

10. Using the following scale, how comfortable is your socket?
0 to 10 scale with 0 being no pain and 10 being very painful
- 0 1 2 3 4 5 6 7 8 9 10

FOR ALL PATIENTS

11. Were the instructions regarding the use and care of your device useful?
☐ Very useful ☐ Somewhat useful ☐ Not useful ☐ I didn't get instructions
12. Were you instructed in the purpose and function of the device(s)?
☐ Yes ☐ No ☐ I don't remember
13. Were you instructed in the proper maintenance and/or cleaning of the device(s)?
☐ Yes ☐ No ☐ I don't remember
14. Were you instructed about the potential risks, benefits and precautions associated with the device(s)?
☐ Yes ☐ No ☐ I don't remember

These forms are provided by ABC for your use. Please feel free to change and/or customize them to suit your business needs.
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Sample Patient Satisfaction Survey





Patient Satisfaction Survey Results

- **Evaluate responses**
- **Rectify problems/issues**
- **Learning opportunity**
- **Marketing opportunity**
- **Action Plan & Report**

Facility Safety



Fire/Emergency Drills



Let's see if you can answer correctly...

QUIZ!

Q: How often must you conduct a fire/safety drill?

A: Annually (FS.3.2.1)

Let's see if you can answer correctly...



QUIZ!

Q: Who must be involved in the drill?

A: EVERY staff member

Let's see if you can answer correctly...

QUIZ!

Q: Have to conduct drill if only have one staff member?

A: Yes!

Safety Inspections



**DO NOT REMOVE
BY ORDER OF
THE STATE FIRE MARSHAL**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Certificate of Registration
Number

Name of Licensee

Signature

License Number

TYPE OF WORK

INSTALLATION ☐

SERVICE ☐

JAN 11 1987 MAR 11 1987 MAY 11 1987 JUL 11 1987 SEP 11 1987 NOV 11 1987

Job Safety and Health

It's the law!

OSHA
Occupational Safety and Health Administration
U.S. Department of Labor

EMPLOYEES:

- You have the right to notify your employer or OSHA about workplace hazards. You may ask OSHA to keep your name confidential.
- You have the right to request an OSHA inspection if you believe that there are unsafe and unhealthful conditions in your workplace. You or your representative may participate in that inspection.
- You can file a complaint with OSHA within 30 days of retaliation or discrimination by your employer for making safety and health complaints or for exercising your rights under the OSH Act.
- You have the right to see OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violations.
- Your employer must correct workplace hazards by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.
- You have the right to copies of your medical records and records of your exposures to toxic and harmful substances or conditions.
- Your employer must post this notice in your workplace.
- You must comply with all occupational safety and health standards issued under the OSH Act that apply to your own actions and conduct on the job.

EMPLOYERS:

- You must furnish your employees a place of employment free from recognized hazards.
- You must comply with the occupational safety and health standards issued under the OSH Act.

This free poster available from OSHA –
The Best Resource for Safety and Health

Free assistance in identifying and correcting hazards or complying with standards is available to employers, without citation or penalty, through OSHA-supported consultation programs in each state.

1-800-321-OSHA
www.osha.gov

OSHA 3090 (10-000)

**Can you spot the
safety issues?**



Oh, boy...



YIKES!



We've got a
resource for that!





**FIRE/EMERGENCY
DRILL DOCUMENTATION**

Date	Attendees	Start Time	Stop Time

Scenario *(location of fire or emergency event and the specific scenario)*

Recommendations

These forms are provided by: ABO

Policies & Procedures



Policy and Procedure Manuals



- **Accessible to all staff**
- **Living document/keep it current**
- **Annual review**

Claims & Billing





- **Designated Compliance Officer**
- **Trained and Educated on Claims & Billing**

[illegible]

Annual Compliance Checklist

- Corporate Documentation
- Employee Documentation
- Office/Reception Area
- Annual Reviews
- Patient Info and Forms
- Patient Exam Rooms
- Performance Management
- Fire and Safety
- Billing and Coding



Billing and Coding

Fire and Safety

Performance Management Program

Patient Information and Forms

Building Entrance



ANNUAL FACILITY
REVIEW CHECKLIST

Date: _____ Reviewer: _____

Corporate Documentation

Document	Have	Notes
Articles of Incorporation		
By-laws		
Business License		
Certificate of Occupancy		
Policy & Procedure Manual		
Employee Manual		

Employee Documentation

Document	Have	Notes
Credential for All Practitioners (copies)		
Review of Job Descriptions and Compliance with Credentials		
Performance Management Reports and Activities		
List of Practitioners Staff (Associated Credentials, Job Titles, Responsibilities)		
List of Non-Credential Staff and Privileging		
OIG Clearance – I9s & W4s		

These forms are provided by ABC for your use. Please feel free to change and/or customize them to suit your business needs.
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**After Your
Survey**

***THAT'S A
WRAP!***



Interview

- **Opportunity to meet with surveyor**
- **Review non and partial compliant issues**
- **Positive findings**
- **Your opportunity to *share* information**
- **Your opportunity to *receive* information**
- **Best business practices**
- **Suggestions**

So...

What
Happens
Next?





Email (2-4 wks
after survey)



Decision Letter

Corrective Action Plan (CAP)

AD.3.1.1 You must annually review your written policies and procedures for the performance of clinical and business operations. Your review must be documented.

P

Narrative:

*The policy and procedures manual needs to be reviewed and updated.
Annually a review must be conducted and documented*

CB.4.1 You must annually write an evaluation of the results of the file auditing and monitoring compliance program and act on any necessary changes

N

Narrative:

The results of the auditing and monitoring are not consistently documented annually.

- **Timely**
- **Specific**
- **Concrete**

Congratulations!

American Board for Certification
— in —
Orthotics, Prosthetics and Pedorthics, Inc.



hereby accredits that

Acme, Inc. – Affiliate
1234 Main Street, Hooks Grove, NJ

*having successfully met the facility accreditation requirements of this Board,
which establishes and advocates for the highest patient care standards in the provision of orthotic, prosthetic
and pedorthic services, is hereby declared to be a facility accredited in*



Orthotics, Prosthetics and Durable Medical Equipment

Accreditation Period
January 1, 2019 – December 31, 2023

Larry D. Ward
Larry D. Ward, CEO, FARRP
President

ABC Mastectomy Fitter Certification



To the website!

The Exam



The Exams are:

- **Two-and-a-half-hour, multiple-choice**
- **125 items**
 - patient assessment
 - formulation and implementation of a treatment plan
 - follow-up care
 - practice management
 - ethics and professionalism
- **Computer-Based**
- **Every other month @ 350 locations**
OR **via live remote proctor**

Promoting Your Accreditation



**Broadcast
Your
Success!**



Share the news!



Suggested News Release for Newly Accredited Facilities
(Printed on facility letterhead)

FOR IMMEDIATE RELEASE
Date _____
Contact: (Your name, phone number and/or email here) _____

(YOUR FACILITY NAME HERE) EARNs ACCREDITATION FOR (INDICATE SPECIFIC ACCREDITATION RECEIVED HERE) FROM THE AMERICAN BOARD FOR CERTIFICATION

(Your facility name) is proud to announce that (your facility name) has been awarded accreditation from the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC). This accreditation is a testament to the high quality of care and the commitment of the staff to excellence in the delivery of orthotic, prosthetic and pedorthic services.

ABC's accreditation process is a rigorous and comprehensive evaluation of the facility's organizational and clinical performance. The ABC is the only national organization that provides accreditation for orthotic, prosthetic and pedorthic facilities. The 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. The ABC advances the competency of practitioners, promotes the quality and effectiveness of orthotic, prosthetic and pedorthic care, and maintains the integrity of the profession.

###



ABC's Satisfaction Survey



News You Can Use

An Exclusive ABC Publication

THE FACILITATOR



April 2022

[View the full newsletter here](#)



[View our Calendar](#)
for the latest deadlines
and upcoming events

Why Applying On Time Matters

Most of us keep a close eye on important expiration dates. Things like your drivers' license, mortgage or rent payment, maybe even your gym membership. Make sure you're not leaving your facility's accreditation expiration off that very important list! [READ MORE ?](#)



Listen to the latest episode!

Ep.38 CMS's Prior Authorization Program: The Good, The Bad and The Newly Added Codes
- CMS recently added five O&P HCPCS codes to the Master List...

Featured Standards PR.6, 6.1, 6.1.1 – Building Proper Patient Records

Wondering what your ABC surveyor expects to see in your patient records? The PR.6 standards and their accompanying tips found in the Standards Guide provide the most concise list of what should be included. Think of building proper patient records the same way you would constructing a building. Follow along as we lay the groundwork for good documentation. [READ MORE?](#)

Workplace Culture Resources Page Now Available!

With so many great resources available to help create a positive workplace culture, we decided it would make it easier for you to find and utilize these resources if they were in one place. These tools cover various workplace culture topics – from understanding the impacts of sexual harassment and discrimination, to communication,

Your Best Resources!



**ABCop.org
and US!**

The Accreditation Team



Tammi Richards

Director
Facility Accreditation Services



Christine Michael

Manager
Facility Accreditation



Kyle Sins

Standards & Compliance
Specialist

accreditation@abcp.org

Don't Forget...

Documentation is the



Thank you!

Jim Lawson

Outreach Development Manager

jlawson@abcop.org

703-836-7114 x220

accreditation@abcop.org



Before we part, remember...

Be sure to take the Quiz for CEUs!

surveymonkey.com/r/MastWebinar2022