

ASTRO'S APEX -  
ACCREDITATION PROGRAM FOR EXCELLENCE®



# Registration and Application Guide

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Welcome to ASTRO's APEX-Accreditation Program for Excellence®. ASTRO is delighted that your practice has selected to seek accreditation through APEX. Only one person at a radiation oncology practice (ROP) can access your practice's portal during the application phase. This person will be known as the APEX Administrator and is required to enter practice information during the application and manage users throughout the APEX accreditation process. Additional users may be added once the application phase is complete and your practice has gained access to the Self-Assessment.

Select one team member from the main facility to be the point of contact throughout the APEX program before beginning the application. They should follow this guide to create their MedConcert profile and the practice's APEX application.



# MedConcert® Platform

## Getting Started

APEX utilizes MedConcert®, a cloud-based platform, to provide an online portal (APEX Portal) for the accreditation process. The initial account creation and web page branding represent the MedConcert entryway to the APEX application.

**NOTE:** Only use these instructions to set up a new radiation oncology practice (ROP) application for APEX Accreditation. Do not use if you are:

- applying to become an APEX Surveyor.
- applying to become an additional member of your ROPs application (use the email link you receive from MedConcert® via your APEX Administrator).
- seeking reaccreditation for your practice and have previously registered for MedConcert.

## MedConcert Registration

Begin creating your MedConcert profile by clicking **APPLY NOW** on [ASTRO's APEX website](#). If you already have a MedConcert profile, go to [MedConcert](#) and enter your information in the upper right corner and click **LOG IN**, then skip ahead to "Accessing the APEX App" section in this guide.

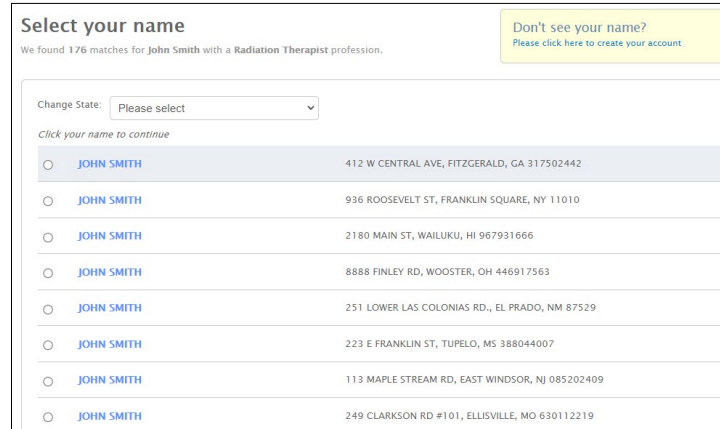
## Creating a MedConcert Profile

To create a new profile, enter the required information into the online form and click **CONTINUE**. You will see one of the two windows listed below:

You will see this window if your first name and last name are similar or match another person within MedConcert.

Review the list to ensure that you do not already have a MedConcert profile.

If your name is not listed, click the link in the upper right yellow box to continue.



Select your name

We found 176 matches for John Smith with a Radiation Therapist profession.

Change State:

Click your name to continue

<input type="radio"/>	JOHN SMITH	412 W CENTRAL AVE, FITZGERALD, GA 317502442
<input type="radio"/>	JOHN SMITH	936 ROOSEVELT ST, FRANKLIN SQUARE, NY 11010
<input type="radio"/>	JOHN SMITH	2180 MAIN ST, WAILUKU, HI 967931666
<input type="radio"/>	JOHN SMITH	8888 FINLEY RD, WOOSTER, OH 446917563
<input type="radio"/>	JOHN SMITH	251 LOWER LAS COLONIAS RD., EL PRADO, NM 87529
<input type="radio"/>	JOHN SMITH	223 E FRANKLIN ST, TUPELO, MS 388044007
<input type="radio"/>	JOHN SMITH	113 MAPLE STREAM RD, EAST WINDSOR, NJ 085202409
<input type="radio"/>	JOHN SMITH	249 CLARKSON RD #101, ELLISVILLE, MO 630112219

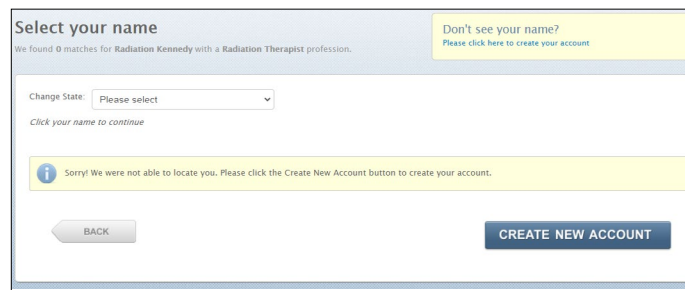
Don't see your name?  
Please click here to create your account

You will see this window if your name is not found within MedConcert.

Click **CREATE NEW ACCOUNT**.

Complete your personal information on the next page and click **CONTINUE**.

Finally, create a password and a security question. Once you have agreed to MedConcert's Terms of Use and Privacy Policy, click **CREATE NEW ACCOUNT**.



Select your name

We found 0 matches for Radiation Kennedy with a Radiation Therapist profession.

Change State:

Click your name to continue

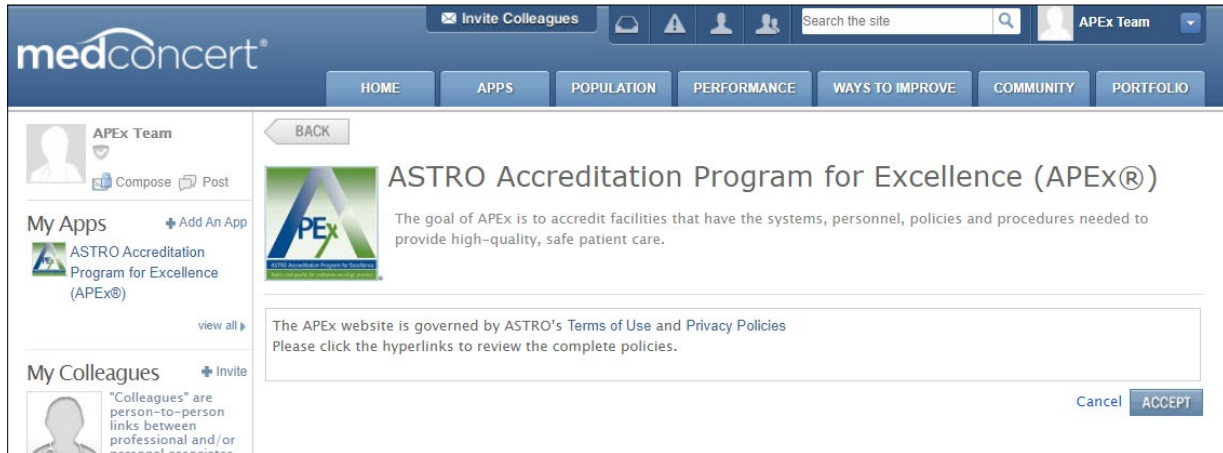
Sorry! We were not able to locate you. Please click the Create New Account button to create your account.

BACK

CREATE NEW ACCOUNT

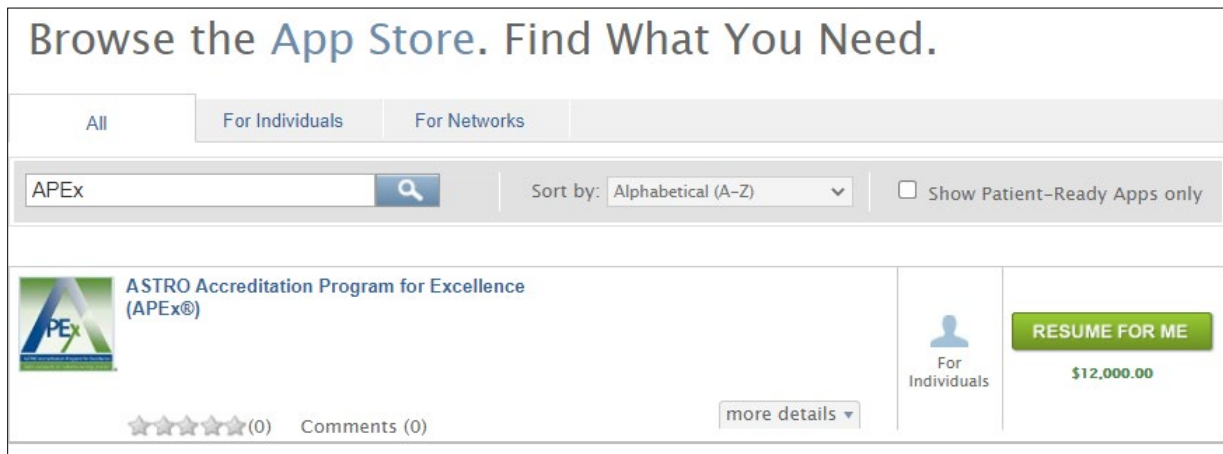
## Accessing the APEX App

Once you have created or logged into your account, you will see the MedConcert landing page, where you will have access to the APEX App.



On the MedConcert landing page, the APEX App may appear under your name in the upper left corner.

If this is the first time you are entering the APEX Portal, click **ACCEPT** to acknowledge ASTRO's Terms of Use and Privacy Policies.



If you do not see the APEX App, click **ADD AN APP** on the left side of the screen. **Type "APEX"** in the "Browse the App Store" search bar. Select the APEX App by clicking **RESUME FOR ME**. *Note: that you will not be charged at this time.*

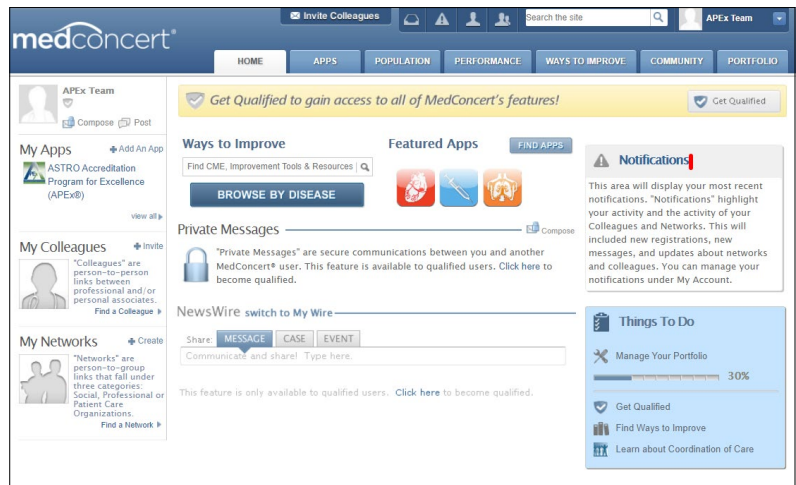
Click **ACCEPT** to acknowledge ASTRO's Terms of Use and Privacy Policies.



# APEX Portal Access After MedConcert Registration

To gain access to the APEX Portal after registering with MedConcert, click **ACCESS APEX PORTAL** on [ASTRO's APEX website](#).

Sign in to the MedConcert platform with your username and password in the upper right corner and click on the APEX App in the upper left corner.



## APEX Application

The application has four sections: entering facility(s) details, providing personnel and treatment information, signing legal agreements, and submitting payment.

Click the **START NOW** button in the APEX Portal to begin the application.

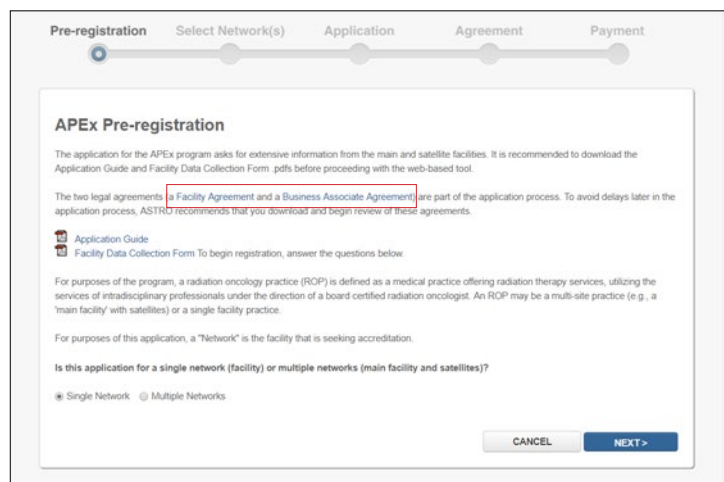
**NOTE:** While completing the application within the APEX portal, always use the **PREVIOUS** or **BACK** buttons within the portal window. Never use the "back" button on your browser.

### Step 1 – Preparation

In the APEX Portal, download the following documents from the APEX Pre-registration page:

**Facility Data Collection Form** – A document to send to each satellite facility (if applicable) to aid the APEX Administrator in completing the application.

**Facility Agreement and Business Associate Agreement** – A copy of the legal agreements to send to your legal representative for review. ASTRO recommends sending the documents immediately so your legal representative(s) can review the agreements while your practice continues with the application.



## Step 2 – Selecting a Network

A “network” is a term used while in the application phase of the APEX Portal and refers to an ROP. It may be a single network (main facility only) or multiple networks (main and at least one satellite). You will define your network on the Pre-registration page by selecting “Single Network” or “Multiple Networks” and click NEXT.

### **EXAMPLE – Applying with multiple locations.**

*Green University has four facilities:*

*Facility 1 – Green University Main campus*

*Facility 2 – Freestanding facility*

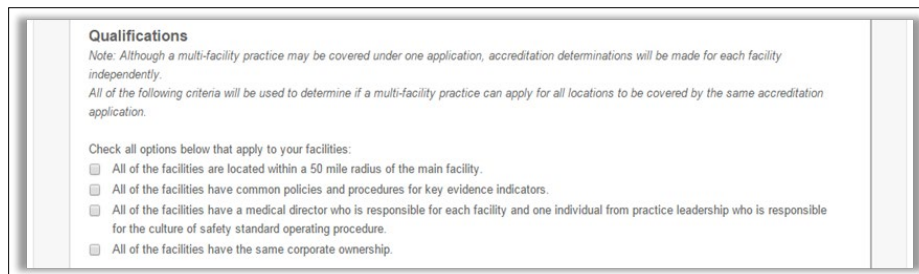
*Facility 3 – Green University-affiliated hospital center*

*Facility 4 – Community hospital contract*

*In this example, the ROP may apply for a Multiple Network application for facilities 1-3 only. Facility 4 will need to apply separately as a Single Network because the community hospital has its own distinct policies and procedures.*

### **Network qualifications**

If you select “Multiple Networks,” you are presented with the Network Qualification window. This window will enable you to determine if the satellite facility(s) is eligible for a multi-facility practice application. Select each item that applies to your ROP and click NEXT.



**Qualifications**

*Note: Although a multi-facility practice may be covered under one application, accreditation determinations will be made for each facility independently.*

*All of the following criteria will be used to determine if a multi-facility practice can apply for all locations to be covered by the same accreditation application.*

Check all options below that apply to your facilities:

- All of the facilities are located within a 50 mile radius of the main facility.
- All of the facilities have common policies and procedures for key evidence indicators.
- All of the facilities have a medical director who is responsible for each facility and one individual from practice leadership who is responsible for the culture of safety standard operating procedure.
- All of the facilities have the same corporate ownership.

If a qualification is not met, you will receive a message stating that the satellite facility(s) does not qualify for multi-facility status. If you need assistance regarding eligibility, including satellites outside the 50-mile radius of the main facility, contact [APExSupport@astro.org](mailto:APExSupport@astro.org).

**NOTE:** *The common policies and procedures (SOP) for key evidence-indicators, include:*

- *SOP for each treatment modality as applicable to the ROP.*
- *SOP defines a process and timeline for individuals who are eligible but not currently certified to achieve certification.*
- *SOP for Culture of Safety.*
- *SOP for radiation survey requirements in pre-/post- brachytherapy treatment and unsealed radioactive sources.*
- *SOP on infection control.*
- *SOP of intradisciplinary peer review*

### Step 3 – Naming and Selecting Networks

Each facility must have a unique facility name, including facilities within the same network. If you are applying as part of a corporation, try to include the corporate name within the practice title. Use specific naming conventions when creating the name of your main and satellite facilities. Refrain from using generalized names, even if that is your facility's name. Here are some examples:

Specific Naming	Generalized Naming
✓ John Smith Memorial Cancer Center	✗ Memorial Cancer Center
✓ Southwest Oklahoma Regional Cancer Center	✗ Regional Cancer Center
✓ University of Omi Radiation Oncology Clinic	✗ Radiation Oncology Clinic
✓ VA Elmira Radiation Oncology	✗ Comprehensive Radiation Oncology

You will receive an error message if the facility name you have entered in the application already exists. This will happen if:

- the name is the same as another facility already in the APEX Program, or
- another member of your network has already started an application for your practice.

#### Creating the Main Network

The main facility's information must be completed first. Items marked with an \* are required fields.

- *Network Name* – Name of the main facility.
- *Address* – Location of the main facility. All satellite facilities need to be within 50 miles of this address.
- *Phone* – Contact phone number for the main facility.
- *Website* – Web address for this facility, if available. The web address must include http:// or https://.

Once you have completed the required information, click **SAVE AND CONTINUE**.

#### Create Your Satellite Network

If you selected "Multiple Networks," you will be automatically taken to a new window to add additional satellite(s). The same required information as listed above is required for each satellite location. Only the website address may be the same.

Once you have completed the form, you can click:

**SAVE AND ADD ANOTHER** – To save this form and add another satellite, or

**SAVE AND FINISH** – When all satellite networks have been entered.

#### Create Your Satellite Network

✕

Please complete the following regarding the Satellite facility to be accredited.

\* Indicates a required field

**Network Name:**  \*

**Physical Location:**

\*

\*

\*

\*

\*




**Phone:**  \*

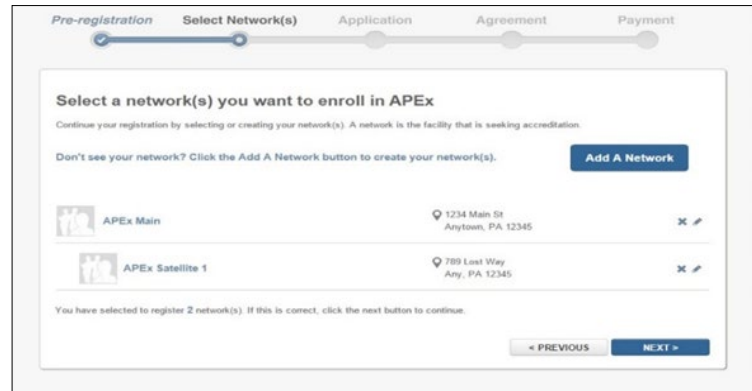
**Website:**



## Verify Network Locations

After completing your network location(s) information, or logging back in without clicking SAVE AND FINISH, you are presented with the Select Networks page. The following actions can be performed:

-  Allows you to add additional satellite network location(s) if you had not completed this step initially.
-  Allows you to edit the network's location and will open the creation window. You will be able to edit the information and save it.
-  Allows you to permanently delete an existing network location from your practice's application.






When all facilities are entered correctly, click **NEXT**.

## Step 4 – Network Application Form

The network application form is a six-page electronic form that must be completed separately for each facility in your network. It is imperative that you answer each question as accurately as possible, as answers will affect the questions and requirements presented in the Self-Assessment. Information about each facility must be completed before proceeding to the next step. Use the Facility Data Collection Form to aid data entry.

The following tools will assist your navigation of the application:

-  Discard any changes.
-  Save your current application to finish at a later time.
-  Save and proceed to the next page of the application.  
*Note: All required fields must be completed before progressing to the next page of the application form.*

In several locations, you will have the option to add or remove additional fields for information using the + and – icons. *Note: Using the – will delete the bottom of the list first.*

Click **COMPLETE APPLICATION** next to the facility you wish to complete the following six pages on.

Network Application Form Section	Required Information	Notes
<b>Facility Type and Key Personnel</b>	<ul style="list-style-type: none"> <li>Facility type</li> <li>Key personnel</li> <li>APEX point of contact</li> </ul>	<i>In multi-facility practices, this information can be the same on each facility's application or different according to your practice's preference. (i.e., if the Chief Physicist is the same for each location).</i>
<b>Patients Treated and Sites of Treatment</b>	<ul style="list-style-type: none"> <li>Average number of new patients annually (adult and pediatric)</li> <li>Treatment sites</li> </ul>	<i>New patients should include only those seen at your location for the first time. Do not include patients returning for a second course of treatment.</i>
<b>Modalities and Techniques</b>	<ul style="list-style-type: none"> <li>Modalities and Techniques</li> </ul>	<p><i>Only list the modalities and techniques that the radiation oncology department oversees from start to finish. The procedure should not be included on the application if it happens outside the ROP and does not have direct supervision by the radiation oncologist and/or medical physicist. (i.e., do not include unsealed source treatment if it is completed in nuclear medicine without the direct supervision of the RO and/or QMP).</i></p> <p><i>If your practice treats a modality not listed, use the other box to enter the modality. Techniques using the listed modalities should not be entered in other (i.e., TBI is a technique of EBRT).</i></p>
<b>Equipment</b>	<ul style="list-style-type: none"> <li>Treatment Room Name</li> <li>Equipment Type</li> <li>Date of Commission</li> <li>Initial External Validation</li> </ul>	<i>List all commissioned equipment used by the ROP with the dropdown menu for equipment type, including simulation, treatment and brachytherapy. Do not include equipment from radiology. Use the "other" section for equipment not within the dropdown list.</i>
<b>EHR and Treatment Planning</b>	<ul style="list-style-type: none"> <li>Type of health records</li> <li>All electronic health record systems</li> <li>All treatment planning systems</li> </ul>	<i>If your practice uses a system that is not listed, use the "other" section to type in the EHR or TPS name.</i>
<b>Physicians</b>	<ul style="list-style-type: none"> <li>Radiation oncologists</li> </ul>	<p><i>Only include physicians who spend at least 80% of their time on direct patient care. The physician list drives selection of medical records. If you list a physician, you will need to evidence a medical record treated at this facility for review.</i></p> <p><i>Do not include physicians who cover the location temporarily.</i></p>

Once all the physicians are entered, click **SAVE AND FINISH**. If you cannot complete the six-page application form in one sitting, click **SAVE AND FINISH LATER** to save your progress.

After completing the main facility's application, repeat Step 4 for each satellite facility within the practice.

To access the next locations application, click **COMPLETE APPLICATION** from the Network List page.

### Application Review

To review or edit the information within the network application form, click **REVIEW APPLICATION**.

Click **NEXT** once all information is accurate and complete.

## Step 5 – Request an Invoice

Each practice must request an invoice by contacting [APExSupport@astro.org](mailto:APExSupport@astro.org) once you have completed the facility information, including:

1. 3- or 4-year accreditation cycle
2. Full or partial payment
3. Affiliation to a corporation

Once your request is processed, an invoice will be sent to the APEX Administrator via email.

### Accreditation Cycle

ASTRO offers a choice in accreditation cycle length, between 3- or 4-years, dependent on your practice's needs. Refer to the APEX FAQs on pricing or email [APExSupport@astro.org](mailto:APExSupport@astro.org) for pricing details.

### Payment Options

ASTRO offers two different payment options for the application fee.

- *Full Payment* - The entire fee is paid during the application phase—no additional costs are associated with this accreditation cycle.
- *Partial Payment* - Half of the fee is due during the application phase and the remaining balance is paid before scheduling the facility visit. The facility visit will not be scheduled until the balance has been paid.

## Step 6 – Legal Agreements

### APEX Program Agreements

Once the legal agreements (APEX Facility Agreement and Business Associate Agreement) have been reviewed and your legal department has authorized acceptance of the documents, you will electronically sign the agreements by clicking the agreement box on the Legal page.

Enter information of the individual with authority to sign the agreements. Enter the title of your organization (e.g., site name, corporate name or collective name) and the details of your HIPAA officer, if desired.

Click **NEXT** to continue.

## Step 7 – Payment

Payments are not processed within the APEX Portal. Refer to the information on your invoice (or below) to complete your practice's payment either by check, credit card or ACH payment.

### Payment By Check

If paying by check, follow the APEX Portal Payment page instructions for submission. All payments must be submitted using either address listed on the Payment page. Checks sent to any other address, including the ASTRO office, will be returned to your practice. Payment usually takes 1-2 weeks to process unless sent to the overnight address.

### Payment By Credit Card or ACH

Credit card payments are processed on the ASTRO website, using the unique link within the invoice email. A credit card payment can only be used with the full payment option.

Email [APEXsupport@astro.org](mailto:APEXsupport@astro.org) for more information on the ACH transfer.

### Payment Confirmation

Once payment is processed, the APEX Administrator will receive a confirmation email of payment and notification that the practice has access to the Self-Assessment. A copy of the APEX payment receipt is uploaded to the Repository Tab of the APEX Portal.

## Starting the Self-Assessment

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You may begin the Self-Assessment as soon as your practice receives an email notification that the application fee has been processed. Sign in to the APEX Portal, click **ACCESS** and then click **START NOW**.

### Resources Tab

The APEX Portal has several resources to assist with the Self-Assessment.

- Review the *Self-Assessment Guide*, *Completing the APEX Self-Assessment* and APEX Self-Assessment Helpful Information for information on completing this phase of the APEX Program.
- Review Managing Members in the APEX Portal for details on adding additional team members.
- Review sample documents of policy and procedures.