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Complete Healthcare Compliance Manual 2024 Resource: Provider-Based Compliance Audit Checklist

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Documents Required	Provider Based Department Name/Location					
	Department/Person Responsible	Date Requested	Documents Received Y/N	Action Items	Complete/ Final-Y/N	Comments
Provide your Annual Registration Report.						
Provide a copy of the hospital license that lists the provider-based entity's address, or a letter from the State notifying the provider that the entity is included in the hospital's license. Note: If the State does not issue a separate license for the provider-based entity, please provide documentation that the State does not require the entity to be licensed separately (i.e., letter or e-mail from the state indicating a separate license is not issued for provider-based entities or a copy of the State regulation).						
Provide a list of key personnel (i.e., table of organization) working at the provider-based facility showing job titles.						
Provide list of all clinical staff (i.e., physicians, nurses, physical therapists, radiology technicians, etc.) working at the facility or organization showing job titles and name of employer. Also include whether professional staff have clinical privileges at the main provider.						

Provide a written description of the level of monitoring and oversight of the facility by the main provider as compared to oversight for another department of the main provider.						
Provide a description of the responsibilities and relationship between the Medical Director of the provider-based facility, the Chief Medical Officer of the main provider, and the Medical Staff Committees at the main provider.						
Provide a written explanation of how inpatient and outpatient services of the facility and the main provider are integrated. Include examples of integration of services, including data on the frequency of referrals from inpatient to outpatient facilities of the provider, or vice versa.						
Provide a copy of the written policy in place that is utilized in record retrieval from both the main provider and the provider-based facility.						
Provide a copy of the appropriate section of the main provider's chart of accounts showing that the facility is integrated with the hospital's accounts and the entire trial balance that shows the location of the provider-based facility's revenues and expenses within the trial balance. Clearly identify the cost centers on the trial balance.						
Provider a copy of the filed CMS Form 2552-10 cost report indicating the provider-based facility on worksheet A, line 90.						

Provide documentation that demonstrates the facility is held out to the public as part of the main provider. Examples of documentation that could satisfy this requirement are pictures of outside signage, entrance door and interior. Mockup pictures are not acceptable. The pictures should be close enough to read the sign, yet far enough away to enable the viewer a concept of the entire environment. Include examples that show the facility is clearly identified as part of the main provider (e.g., shared name, patient registration forms, letterheads, advertisements, signage, website). Note: Advertisements that show the facility to be part of or affiliated with the main provider's network or healthcare system are not sufficient.						
Provide a copy of the detailed floor plan of the facility with the provider-based space clearly marked as well as a floor plan of the building in which the provider-based facility is located.						
Provide a copy of the main provider's EMTALA (anti-dumping) policies. Provide written policies with respect to the off-campus departments for appraisal of emergencies and referral when appropriate.						
Provide staff policy to bill the site of service.						
Provide documentation that physician services furnished at the Center are billed with the correct site-of-services so that appropriate physician and practitioner payment amounts can be determined. The Health Insurance Claim Form 1500 (OMB-0938-1197 Form 1500) is the preferred verification for site-of-service coding.						

Provide a copy of the facility's nondiscrimination policy in accordance with the non-discrimination provisions in §489.10(b) of chapter IV of Title 42."						
Provide the staff policy that all Medicare patients are billed as hospital outpatients and not as physician's office patients.						
Provide the staff policy for patients who received services at the hospital outpatient department and were admitted to the hospital as an inpatient.						
Please provide a notice of beneficiary co-insurance form with an estimated or actual co-insurance cost for services.						
Provide a copy of the policy regarding distribution of the notice of beneficiary co-insurance for the subject facility. The form and policy need to support the statement: "if beneficiary for any reason is unable to read and understand notice, the notice is provided to the patient's authorized representative prior to the delivery of service and in situations where emergency service is required; notice is given as soon as possible after emergency situation is stabilized."						
Provide a copy of the potential charges used to complete the beneficiary coinsurance financial form.						

Provide written notice to the beneficiary of potential financial liability, and policy needs to support that: if the beneficiary is unconscious, under great duress, or for any other reason unable to read a written notice and understand and act on his or her own rights, the notice must be provided, before the delivery of services, to the beneficiary's authorized representative; and in situations where emergency service is required, notice is given as soon as possible after emergency situation is stabilized.						
Provide the articles of incorporation and bylaws (aka code of regulations) for the main provider and provider-based facility if separate documents exist.						
Provide a copy of the provider-based facility lease.						
Provide a list of the key administrative staff (position/titles only) at the main provider and the provider-based facility that reflects a reporting relationship.						
Provide a copy of the organizational chart. The chart must include the main provider and the entity requesting provider-based status showing which department of the main provider the entity is included.						
Submit a written description of the facility director's reporting requirements and accountability procedures for day-to-day operation.						

Describe who has final approval for administrative decisions, contracts with outside parties, personnel policies, and medical staff appointments for the facility						
A list of various administrative functions (i.e., billing services, laundry, payroll) at the facility that are integrated with the main provider. Also, include copies of any contracts for administrative functions that are completed under arrangements for the main provider and/or facility).						
A detailed map indicating the mileage separating the provider-based facility and the Main provider to verify distance from the main provider to the entity seeking provider based status. An online service such as MapQuest may be used.						
A copy of any relevant management contracts for the facility.						
Who owns the building?						
Date department originally opened						
Does the location have separate suite numbers?						
What is the Department's Suite number?						
Need copy of most recent HFAP/TJC Accreditation document						
Need copy of original 855A that was used for original address (if moved)						

Need copy of change of location 855A for new address						
Make sure main provider organization chart shows leadership responsibility at main provider and HOPD						
Verify that all employees (nursing staff, leadership, administrative, etc.) of infusion center are employees of Grandview Medical Center (and is identified on documents such as income/expense reports).						
Proof that all expenses are rolling to main provider						
Verify that all employees are paid from main provider						
Validate if any physician services are performed AND/OR billed from the HOPD						
Specific dates of opening at new location						
Determine who should sign attestation document (typically main provider CFO-or authorized official that signs 855's)						
Written certification from CEO or COO of the main provider that the department met the mid-build exception						
Does the location have a separate phone number (and do they answer the phone as a department of main provider?)						