

### CHECKLIST A REQUIREMENTS FOR MEETING PROVIDER – BASED STATUS

All Facilities (On Campus & Off-Campus<sup>1</sup>)

Dignity Health Hospital

(Main Provider):

Provider-Based Department/Clinic:

REQUIREMENTS	STANDARDS	EVIDENCE	DOCUMENT NAME	ASSESSMENT
1. Licensure	<ul> <li>Site must be listed on hospital's operating certificate</li> <li>Exceptions: <ul> <li>If State requires separate license or</li> <li>State requires no license</li> </ul> </li> </ul>	Operating certificate     (including license     number and expiration     date)	A1.1 Operating License	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>
2. Clinical Services Integrated	<ul> <li>Medical staff privileges at main provider</li> <li>Same monitoring and oversight as for other hospital departments</li> <li>Medical records: unified retrieval system: can identify the patient was a patient in the hospital system and get the records; doesn't require same computer system</li> <li>Patients treated at the clinic have access to full range of services at main provider</li> </ul>	<ul> <li>Medical staff bylaws; list of MDs and where privileged</li> <li>Policies and procedures</li> <li>Org. chart (to show oversight)</li> <li>Data showing referrals between I/P and O/P</li> </ul>	<ul> <li>A2.1a Medical Staff Bylaws</li> <li>A2.1b Privileged MDs</li> <li>A2.2 Records Retrieval Policy</li> <li>A2.3 Organization Chart</li> <li>A2.4 Referrals IP vs OP</li> </ul>	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>
3. Financially Integrated	<ul> <li>Costs of site are included on hospital's cost report in appropriate cost center(s)</li> <li>Shared income and expenses</li> <li>On trial balance of main provider</li> </ul>	<ul> <li>Cost report</li> <li>Chart of accounts/trial balance (List of cost center with clinic cost center highlighted will meet requirements for this item.)</li> </ul>	A3.1 Cost Centers	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>
4. Public Awareness	<ul> <li>Held out to public as part of the hospital</li> <li>Signage listing name of hospital (not name of parent company)</li> <li>Registration documents listing name of hospital</li> <li>If share space, hospital should occupy discrete space or block time, so patient understands it is receiving services from the hospital (not a physician office)</li> </ul>	<ul> <li>Patient registration forms and/or new patient packet; bills</li> <li>Signage/logo</li> <li>Letterhead</li> <li>Web site</li> <li>Phone directory (yellow pages)</li> <li>Ads</li> </ul>	A4.1Registration FormsA4.2Logo / SignageA4.3LetterheadA4.4Web SiteA4.5Phone DirectoryA4.6Ads	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>
5. Obligations	See separate obligations page			

<sup>&</sup>lt;sup>1</sup> Campus= Main provider's building and adjacent buildings, other buildings w/in 250 yards, or as Regional Office determines. Note: If hospitals merge, only one site is the "main provider." Other sites are considered offcampus, unless Regional Office determines otherwise.



# CHECKLIST B REQUIREMENTS FOR MEETING PROVIDER – BASED STATUS (Checklist) "Off-Campus" Locations, Additional Requirements

Dignity Health Hospital	Provider-Based
(Main Provider):	Department/Clinic:

REQUIREMENTS	STANDARDS	EVIDENCE	DOCUMENT NAME	ASSESSMENT
1. Ownership and Control	<ul> <li>100% owned</li> <li>Same governing body (directors) and organizational documents</li> <li>Main provider has final responsibility for administrative decisions, and final approval of contracts, personnel actions, and personnel policies of clinic staff, and medical staff appointments</li> </ul>	<ul><li>Certificate of incorporation</li><li>Bylaws</li></ul>	<ul><li>B1.1 Certificate of Incorporation</li><li>B1.2 Bylaws</li></ul>	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>
2. Administration and Supervision	<ul> <li>Direct supervision by hospital, with same frequency, intensity, and accountability as between hospital and other departments</li> <li>Monitoring and oversight by hospital</li> <li>Certain administrative functions are integrated; the clinic sites obtain the following services from the hospital, either through hospital employees or contracted out services, with contract management handled by staff of main provider:         <ul> <li>Billing</li> <li>Records</li> <li>Human resources</li> <li>Payroll</li> <li>Employee benefit package</li> <li>Salary Structure</li> <li>Purchasing</li> </ul> </li> </ul>	<ul> <li>Org. chart</li> <li>Job descriptions with reporting relationship</li> <li>Policies and procedures</li> <li>List of functions performed by main provider</li> <li>Contracts</li> </ul>	Should be included w/ChecklistAB2.2Job DescriptionsB2.3PoliciesB2.4FunctionsB2.5Contracts	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>



# CHECKLIST B REQUIREMENTS FOR MEETING PROVIDER – BASED STATUS (Checklist) "Off-Campus" Locations, Additional Requirements

REQUIREMENTS	STANDARDS	EVIDENCE	DOCUMENT NAME	ASSESSMENT
3. Geographic Location	<ul> <li>Within 35 miles of main provider (straight line, not road miles), or</li> <li>Exception if DSH is greater than 11.75% and         <ul> <li>Owned or operated by state or local government</li> <li>Is a public benefit corporation or</li> <li>Has a contract with the government to operate clinics to assure access to low-income patients</li> </ul> </li> <li>Exception if meets 75% test</li> </ul>	<ul> <li>Maps</li> <li>Googlemaps / MapQuest</li> </ul>	B3.1 Map	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>
4. No Joint Ventures	<ul> <li>Joint ventures are permitted in on-campus locations only</li> </ul>	• 100% ownership	B4.1 Hospital Campus Map	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>
5. If Management Contract	<ul> <li>Off-campus meet the following criteria:         <ul> <li>The provider, not the management company, must employ all direct patient care staff</li> <li>The facility must be integrated administratively with the main provider, and the main provider must have significant control over the operations of the facility</li> <li>The management contract must be held by the main provider itself, not by parent organization</li> </ul> </li> </ul>	<ul> <li>Management contract</li> <li>Payroll records</li> <li>Contract for staffing</li> </ul>	<ul><li>B5.1 Management Contract</li><li>B5.2 Payroll Records</li><li>B5.3 Staffing Contract</li></ul>	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>



#### CHECKLIST C OBLIGATIONS OF PROVIDER-BASED SITES (Applies to both On-Campus and Off-Campus Sites)

Dignity Health Hospital	Provider-Based
(Main Provider):	Department/Clinic:

REQUIREM	ENTS	STANDARDS	EVIDENCE	DOCUMENT NAME	ASSESSMENT
1. 1. EMTAI	LA	<ul> <li>Comply with the anti-dumping rules</li> <li>Applies to off-campus sites if dedicated "emergency department"</li> </ul>	EMTALA policy	C1.1 EMTALA Policy	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>
2. Site-of-Se	rvice	• Hospital obligation to assure physicians use correct site-of-service. On line 24b of the CMS 1500 form, the physician should record "22" for the hospital outpatient setting or "23" for the hospital emergency room rather than "11" for office setting.	<ul> <li>Billing Policies</li> <li>Auditing and monitoring</li> <li>Physician contracts</li> <li>Medical staff bylaws</li> </ul>	C2.1 Billing Policies C2.2 Site-of-Service Audit C2.3 Physician Contracts Should be included w/Checklist A	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>
3. Provider agreement		• Hospital outpatient department must comply with all the terms of the hospital's provider agreement	Policies or other documentation that indicates the department complies with the Medicare Agreement and Conditions of participation.	C3.1 Policy showing compliance with Provider Agreement (example: EMTALA policy)	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>
4. Non- Discrimin provisions		• Physicians who work in hospital outpatient departments or hospital-based entities are obligated to comply with the non-discrimination provisions of Title XVIII.	<ul> <li>Policies</li> <li>Physician contracts</li> <li>Medical staff bylaws</li> </ul>	C4.1 Non-discrimination policy C4.2 Physician Contracts Should be included w/Checklist A	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>
5. Billing of Medicare Patients		• Hospital outpatient departments must treat all Medicare patients as hospital outpatients for billing purposes. The department must not treat some Medicare patients as hospital outpatients and others as physician office patients.	<ul><li>Policies</li><li>Physician contracts</li><li>Auditing and Monitoring</li></ul>	<ul> <li>C5.1 Medicare Billing Policies</li> <li>C5.2 Physician Contracts</li> <li>C5.3 MC OP Audit</li> </ul>	<ul> <li>Standard Met</li> <li>Standard Not Met</li> <li>Actions Needed:</li> </ul>



#### CHECKLIST C OBLIGATIONS OF PROVIDER-BASED SITES (Applies to both On-Campus and Off-Campus Sites)

REQUIREMENTS	STANDARDS		EVIDENCE	D	OCUMENT NAME	ASSESSMENT
6. Payment	• If a patient admitted to the hospital as an	•	Policies	C6.1	Three-Day Window	Standard Met
Window	inpatient after receiving treatment in the				Policy	Standard Not Met
	hospital outpatient department or hospital-	•	Auditing and Monitoring	C6.2	Three-Day Window	
	based entity, payments for these services in				Audit	Actions Needed:
	the hospital outpatient department or					
	hospital-based entity are subject to the					
	payment window provisions applicable to					
	PPS hospitals.	_		07.1	De la constitue	
7. Informing	• Hospital must give Medicare patients at off-	•	Co-pay notice	C7.1	Dual co-pay notice	□ Standard Met
Beneficiaries	campus provider-based sites written notice of	•	Policies	C7.2	Medicare Notices	Standard Not Met
	two co-pays before rendering services.			policy		
						Actions Needed:
8. Health and	Hospital outpatient departments must meet	•	Policies applicable to the	C8.1	Policy (e.g. Medication	Standard Met
Safety	applicable hospital health and safety rules for		provider based		Reconciliation,	Standard Not Met
	Medicare participating hospitals.		department/entity		EMTALA, etc.)	
						Actions Needed: