

# Complete Healthcare Compliance Manual 2024

## Resource: Sample Provider-based Requirements Compliance Assessment Tool

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|                                                        |  |                          |                       |                          |     |
|--------------------------------------------------------|--|--------------------------|-----------------------|--------------------------|-----|
| Department Name                                        |  |                          |                       |                          |     |
| Department Physical Address/Location (include suite #) |  | Street (include Suite #) | City                  | State                    | Zip |
|                                                        |  |                          |                       |                          |     |
| Assessment Done by                                     |  | Date                     | Proximity Designation | On Campus ___ Off Campus |     |

*For the purpose of this assessment, the terms 'Provider-Based' and 'Facility-Based' are synonymous terms – meaning that this is a HOSPITAL dept*

|                                               |                                                       |                                                                                                                               |                                                                                                       |
|-----------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Dept Information                              |                                                       |                                                                                                                               |                                                                                                       |
| Facility this Department is Provider-Based to | (List hospital names here for reference if necessary) |                                                                                                                               |                                                                                                       |
|                                               |                                                       | This is the "facility", "hospital" and/or "main hospital" that the questions throughout the rest of this assessment refer to. | Consider: Is this the most logical hospital affiliation for this department, based on location, etc.? |
| Dept hours of operation:                      |                                                       |                                                                                                                               |                                                                                                       |

|                                                                       |                                                                                     |      |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|------|
| Supervisor                                                            |                                                                                     |      |
| Manager                                                               |                                                                                     |      |
| Director                                                              |                                                                                     |      |
| Admin / Exec Director                                                 |                                                                                     |      |
| Operational Owner                                                     |                                                                                     |      |
| Cost Center(s)                                                        | Number                                                                              | Name |
|                                                                       |                                                                                     |      |
|                                                                       |                                                                                     |      |
|                                                                       |                                                                                     |      |
| Epic Dept #(s) w/Dept Name                                            |                                                                                     |      |
|                                                                       |                                                                                     |      |
|                                                                       |                                                                                     |      |
| Facility under which patients are registered                          |                                                                                     |      |
| Physician Supervision Requirement Met By (be as specific as possible) | (Ex: in-clinic physician, PA or ARNP; hospitalist; provider within same bldg; etc.) |      |
|                                                                       |                                                                                     |      |

|       |
|-------|
| Notes |
|       |

## Checklist A, Requirements for Meeting Provider-Based Status – Use for All Locations (On-Campus and Off-Campus)

| §413.65<br>Reference | Regulatory<br>Requirement                   | Question                                                                                                                                    | Y<br>/<br>N | Documentation / Notes | Met | Not<br>Met |
|----------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|-----|------------|
| (d)(1)               | <b>1. Licensing /<br/>Credentialling</b>    | 1. Is the site listed on the hospital's<br>Dept of Health Application?                                                                      |             |                       |     |            |
|                      |                                             | 2. Is this site listed on the Medicare<br>855A?                                                                                             |             |                       |     |            |
| (d)(2)(i)            | <b>2. Clinical Services<br/>Integration</b> | 1. Is the Medical Staff privileged at the<br>main hospital?                                                                                 |             |                       |     |            |
| (d)(2)(ii)           |                                             | 2. Is monitoring and oversight of the<br>dept the same as for other hospital<br>depts? (ex: exec leadership, inf<br>control, quality, etc.) |             |                       |     |            |
| (d)(2)(iii)          |                                             | 3. Does the dept Medical Director have<br>a reporting relationship to the Chief<br>Medical Officer of the main hospital?                    |             |                       |     |            |
| (d)(2)(iv)           |                                             | 4. Does the Medical Staff Committee<br>of the main hospital oversee the<br>medical activities of the dept?                                  |             |                       |     |            |

|                                                                    |                                                                                                                |                                                                                                                                                               |  |  |  |  |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| (d)(2)(v)                                                          |                                                                                                                | 5. Do the medical records identify the patient as being a patient in the main hospital ?                                                                      |  |  |  |  |
| (d)(2)(vi)                                                         |                                                                                                                | 6. Do the clinic patients have access to the full range of services at the main hospital?                                                                     |  |  |  |  |
| (d)(3)                                                             | <b>3. Financial Integration</b>                                                                                | 1. Are the dept costs included on the hospital cost report?                                                                                                   |  |  |  |  |
| (d)(3)                                                             |                                                                                                                | 2. Are the income and expenses of the dept shared with the main hospital?                                                                                     |  |  |  |  |
| (d)(3)                                                             |                                                                                                                | 3. Is the dept on the trial balance of the main hospital?                                                                                                     |  |  |  |  |
| State Operations Manual § 2026A and CMS rulings not in manual form | <b>4. Building/Space Integration (Provide detailed information for each 'Yes' answer in the Notes section)</b> | 1. Is the entrance to the dept shared with any other dept/clinic/service?                                                                                     |  |  |  |  |
|                                                                    |                                                                                                                | 2. Does the dept share waiting room space with any other dept/clinic/service?                                                                                 |  |  |  |  |
|                                                                    |                                                                                                                | 3. Does the dept share office or front desk space with any other dept/clinic/service at any time day or night? If yes, provide detailed information in notes. |  |  |  |  |
|                                                                    |                                                                                                                | 4. Does the dept share staff with any other dept, including registration staff?                                                                               |  |  |  |  |

|        |                                                                                                                    |                                                                                                                                                |  |  |  |
|--------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| (d)(4) | <b>5. Public Awareness /<br/>How the Dept is Held<br/>Out to the Public as a<br/>Dept of the Main<br/>Hospital</b> | 1. Does the dept signage indicate the name of the hospital?                                                                                    |  |  |  |
| (d)(4) |                                                                                                                    | 2. Take a photo of the clinic sign(s), including sign on outside of building, sign on door, etc.                                               |  |  |  |
| (d)(4) |                                                                                                                    | 3. Do the dept registration documents reference the name of the hospital?                                                                      |  |  |  |
| (d)(4) |                                                                                                                    | 4. Locate the department/location on the internet (external organizational website). document the naming and description information provided. |  |  |  |
| (d)(4) |                                                                                                                    | 5. If you were a patient, would it be obvious to you that this location is part of the main hospital?                                          |  |  |  |

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