

PROVIDER-BASED DESIGNATION CHECKLIST

W/P # _____

MAC		CMS	
MAC:		Regional Office:	
Completed By:		Completed By:	
Completion Date:		Completed Date:	
Reviewed By:		Reviewed By:	
Reviewed Date:		Reviewed Date:	
MAC Control No.		CMS -MIS Control No.	

Main Provider Name: _____

Provider No. _____ NPI No. _____

Main Provider Address: _____

Application Contact Name (please print): _____

Application Contact Phone Number: _____

Application Contact Email Address: _____

Main Provider Type: ☐ Acute Care ☐ CAH ☐ SCH Other:

Name of Provider Based Entity: _____

Provider-Based No. _____ Provider-Based NPI No. _____

Provider Based Entity Address: _____

Date provider based entity acquired (if applicable) _____ Date PB conditions met (if applicable) _____

Date request received: _____ Date review initiated: _____

Provider-Based Status: ☐ On-Campus ☐ Off-Campus

Type of Facility		Type of Services Performed
Department		
Remote Location		
Satellite Facility		
RHC		
Other: Specify		

Is the facility/organization part of a multi-campus hospital? Yes _____ No _____

Did the contractor send an acknowledgement letter? Yes _____ No _____

Did the contractor conduct a complete review of the provider based facility request? _____

Contractor's recommendation: Approve _____ Deny _____ No recommendation _____

If denial recommendation, contractor's reason: _____

CMS Notes/Comments/Next Steps

PROVIDER-BASED DESIGNATION CHECKLIST

Section I: Attestation - § 413.65(b)(3)(iii)(iv)

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
A.	Did the provider submit attestation form?					
B.	Is the attestation form complete in its entirety?					
C.	Attestation form signed & dated by authorized individual of the entity?					
D.	Is the individual designated as the primary contact of the provider based facility a consultant or other outside representative?					
E.	If so, has the provider-based entity authorized the representative in writing?					
F.	Is the facility for which provider-based status is sought an RHC? If so, review the main provider's license for the number of beds.					
	Enter # of beds.					
G.	Is the provider facility an ASC provider or surgical facility? If so, has the provider terminated their Medicare ASC certification?					
H.	Will provider based status impact the Medicare payment levels or beneficiary liability? If there is no difference, a provider based determination will not be made. Notes: does not apply to remote locations.					
I.	Verify that the 855 form submitted was approved for the additional location. Note: Some CMS RO's are not issuing tie in notices for these additional locations. In such a case, a letter is generally issued in lieu of a tie-in notice. Work with Provider Enrollment, as needed, to determine the status of the tie-in notice. Practice location additions is not applicable for RHC that is a subunit of a hospital.					

PROVIDER-BASED DESIGNATION CHECKLIST

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC
						Notes/Comments/Next Steps
J.	Who signed the provider-based attestation?					
					(Name)	(Title)
K.	Did the provider complete their own (not contractor supplied) Attestation Form? If yes, complete question L. below.					
L.	The provider's own completed attestation form included the following required elements:					
	a. Identity of provider & facility					
	b. Exact Location (including suite #)					
	c. Supporting documentation for Off-Campus, if applicable					
	d. Date facility/entity became provider-based					
	e. Contact Person					
	f. Meets CFR § 413.65(d)					
	g. If off-campus facility, did the entity meets the requirements set forth in CFR § 413.65(e)?					
	h. If the main provider is a hospital, did the facility/entity meets the requirements set forth in CFR § 413.65(g)?					
J. Are patient care services at the facility furnished under arrangements? (If yes, per § 413.65(i) they may not qualify for provider-based status).						

CMS Notes/Comments/Next Steps:

PROVIDER-BASED DESIGNATION**CHECKLIST Section II. Location of Provider - § 413.65(b)(a)(2)**

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
A.	<p>On-Campus:</p> <p>Has the provider included documentation supporting the 250 yards or less on-campus requirement? "The entire main hospital campus as defined at §413.65(b), (a)(2). "Campus means the physical area immediately adjacent to the provider's main buildings, other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings, and any other areas determined on an individual case basis, by the CMS regional office, to be part of the provider's campus".</p> <p>Note: To demonstrate that a facility is located within a 250 yards or less on-campus requirement of the main provider, maps or an online service such as GPS Visualizer (http://www.gpsvisualizer.com/) may be used. However, that under this policy, the 35-mile radius is measured by actual straight-line distance between the provider and the facility, not road miles.</p>					
B.	<p>Off-Campus §413.65(e)(3):</p> <p>Appropriate documentation to support off-campus determination? Did the provider describe the physical setting of the off campus provider based department to gain an understanding of how the space is separated from other healthcare spaces.</p>					

PROVIDER-BASED DESIGNATION CHECKLIST

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
	<p>Is the facility located within a 35-mile radius of the main provider? Note: To demonstrate that a facility is located within a 35-mile radius of the main provider, maps or an online service such as GPS Visualizer (http://www.gpsvisualizer.com/) may be used. However, that under this policy, the 35-mile radius is measured by actual straight-line distance between the provider and the facility, not road miles.</p> <p>Note:</p> <p>Additional Requirement for CAH Providers: A CAH, under its rule, can continue to meet its the location requirement if the Off-Campus provider-based location is located MORE than a 35-mile drive (or, in the case of mountainous terrain or in areas with only secondary roads available, a 15-mile drive) from another CAH, as outlined in CFR 485.610 (e)(2)</p>					
C.	If the 35-mile radius distance requirement is not met, is the facility or organization and the main provider located in the same State or, when consistent with the laws of both States, in adjacent States, and meet any of the following?					
	Does the provider meet the DSH/indigent care rule outlined in 413.65(e)(3)(ii)?					
	Does the provider meet the 75% rule as outlined in §413.65(e)(3)(iii) or (iv)?					
	Is the main provider a Children's Hospital and meets all criteria under §413.65(e)(3)(v)?					

PROVIDER-BASED DESIGNATION CHECKLIST

	Is the facility for which provider-based status is sought an RHC that is provider-based to a hospital with fewer than 50 beds and meets the criteria under §413.65(e)(3)(vi)?					
	If yes, was appropriate documentation submitted?					
	Note: Off-Campus determines require additional documentation and additional requirements to be met. Provider must also fulfill requirements in Sections VIII thru X					

CMS Notes/Comments/Next Steps:

PROVIDER-BASED DESIGNATION CHECKLIST**Section III: Licensure - §413.65(d)(1)**

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
A.	Has the provider submitted a copy of the license verifying the facility/organization is operated under the same licensure as the main provider?					
B.	If the facility/organization license was not supplied, did the provider provide support that the State does not require a separate license?					
C.	Are the license dates current?					
CMS Notes/Comments/Next Steps:						

PROVIDER-BASED DESIGNATION CHECKLIST**Section IV: Clinical Services - §413.65(d)(2)**

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
A.	Has provider submitted a list of key personnel (i.e. table of organization) working at the provider-based facility/organization showing job titles and names of employer?					
B.	Do professional staff at the provider based facility have privileges at the main provider?					
C.	Has provider submitted a description of the level of monitoring and oversight of the facility by the main provider?					
D.	Has provider submitted a description of the responsibilities and relationship between the Medical Director of the facility, the Chief Medical Officer of the main provider, and the Medical Staff Committees at the main provider?					
E.	Has provider submitted information on how inpatient and outpatient services of the facility and the main provider are integrated, and patient treated at facility who require further care have full access to all services of the main provider?					
F.	Has the provider submitted a copy of the written policy in place that is utilized in the record retrieval from both the main provider and the provider-based facility?					

CMS Notes/Comments/Next Steps:

PROVIDER-BASED DESIGNATION CHECKLIST**Section V Financial Integration - §413.65(d)(3)**

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
A.	Has the provider submitted a copy of the <u>appropriate section</u> of the main provider's trail balance that shows the location of the provider-based facility's revenues and expenses in relation to other departments within the hospital?					
B.	Does the trial balance indicate the revenue and expenses are integrated with main provider and that a separate general ledger or trial balance was not submitted?					

CMS Notes/Comments/Next Steps:

PROVIDER-BASED DESIGNATION CHECKLIST**Section VI: Public Awareness - §413.65(d)(4)**

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
A.	<p>Documentation submitted reflects the entity is clearly identified as part of the main provider</p> <ul style="list-style-type: none"> Examples: Provider letterhead, yellow pages, website, signs, advertisements, patient registration forms, etc. Note: When patients enter the provider-based facility, they should be aware they are entering the main provider. 					

CMS Notes/Comments/Next Steps:

PROVIDER-BASED DESIGNATION CHECKLIST

Section VII. Obligations of Hospital Outpatient Departments and Hospital-Based Entities - §413.65(g)

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
A	Has the provider submitted documentation of compliance with the EMTALA (Emergency Medical Treatment and Active Labor Act) policy (§482.12 (f)(1)(2) & (3))					
B.	The provider-based facility must comply with the antidumping rules of 42 CFR chapter IV §489.20(i). (m), (q), and (r), and 42 CFR Chapter IV §489.24.					
C.	Physician services furnished at hospital-based entity (other than RHC) are billed with the correct site-of-service so that appropriate physician and practitioner payment amounts can be determined.					
D.	The provider-based complies with all the terms of the hospital's provider agreement.					
E.	Physicians who provide services at the provider-based comply with the non-discrimination provisions of the hospital in accordance with 42 CFR Chapter IV §489.10(b).					
F.	The provider-based (other than RHC) treats all Medicare patients for billing purposes as hospitals outpatients. The facility does not treat some Medicare patients as hospitals outpatients and others as physician office patients.					

PROVIDER-BASED DESIGNATION CHECKLIST

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
G.	If a patient is admitted to the hospital as an inpatient after receiving treatment at a hospital outpatient department or facility, payments for services in the outpatient department are subject to the window provisions applicable to PPS hospitals and to excluded units. For CAH, this is N/A.					
H.	When a Medicare beneficiary is treated in a hospital outpatient department or hospital-based entity (other than an RHC) that is not located on the main provider's campus, and the treatment is not required to be provided by the antidumping rules in §489.24 of Chapter IV of Title 42, the hospital must provide written notice to the beneficiary, before the delivery of services, of the amount of the beneficiary's potential financial liability (that is, that the beneficiary will incur a coinsurance liability for an outpatient visit to the hospital as well as for the physician service, and of the amount of that liability).					
I.	Can the notice be read and understood by beneficiary.					
J.	If the exact type and extent of care is not known, the facility furnishes written notice to the patient that explains that the beneficiary will incur a coinsurance liability.					

PROVIDER-BASED DESIGNATION CHECKLIST

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
K.	The facility furnishes an estimate based upon typical or average charges for visit to the facility, but states that the patient's actual liability will depend upon the actual services furnished by the facility.					
L.	If the beneficiary is unconscious, under great duress or is unable to read a written notice, such notice is provided before delivery of service to the beneficiary authorized representation.					
M	The provider-based meets applicable hospital health and safety rules for Medicare participating hospitals.					

CMS Notes/Comments/Next Steps:

PROVIDER-BASED DESIGNATION CHECKLIST**Section VIII: Joint Venture Control (On Campus Only) - §413.65(f)**

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
	Is the facility or organization applying for provider- based status as a joint venture? If yes, items A through D must all be answered yes.					
A.	Be partially owned by at least one provider;					
B.	Be located on the main campus of a provider who is a partial owner;					
C.	Be provider-based to the main provider on whose campus the facility is located;					
D.	And must also meet the rest of the requirements applicable in Section 413.65 (f) that are applicable to ALL facilities; including those on-campus.					

CMS Notes/Comments/Next Steps:

PROVIDER-BASED DESIGNATION CHECKLIST

Section IX. (Off-Campus) Operation Under the Ownership and Control of the Main Provider - §413.65(e)(1)

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
A.	Has the provider submitted the articles of incorporation and bylaws for the main provider?					
B.	Has the provider submitted the articles of incorporation and bylaws for the provider-based facility?					
C.	Has the provider described who has final approval for administrative decisions?					
D.	Has the provider described who has final approval over personnel policies?					
E.	Has the provider described who has final approval over medical staff appointments for the provider-based?					
F.	The provider-based facility is 100% owned by the main provider?					

CMS Notes/Comments/Next Steps:

PROVIDER-BASED DESIGNATION CHECKLIST**Section X: Administration and Supervision (Off Campus Only) - §413.65(e)(2)**

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC
						Notes/Comments/Next Steps
A.	Has the provider submitted a list of the key administrative staff (position/titles only) at the main provider and the facility that reflects a reporting relationship?					
B.	Has the provider submitted a copy of the organization's organization chart? The chart must include the main provider and the entity requesting provider-based status and show which department of the main provider the entity is included.					
C.	Has the provider submitted a written description of the provider-based director's reporting requirements and accountability procedures for day-to-day operations?					
D.	Has the provider submitted a list of various administrative functions at the provider-based that are integrated with the main provider? Also, the provider shall include copies of any contracts for administrative functions that are completed under arrangements for the main provider and/or provider-facility.					

CMS Notes/Comments/Next Steps:

PROVIDER-BASED DESIGNATION CHECKLIST

Section XI: Management Contracts (Off Campus) - §413.65(h)

Item	Review Item	Yes	No	N/A	W/P Ref.	MAC Notes/Comments/Next Steps
	Note: A facility or organization that is not located on the campus of the potential main provider, but is operated under management contracts, must also meet all of the following criteria:					
A.	Does the main provider (or an organization that also employs the staff of the main provider and that is not the management company) employ the staff of the facility or organization who are directly involved in the delivery of patient care services of a type that would be paid for by Medicare under a fee schedule established by regulations at Part 414 of Chapter IV of Title 42. Note: Other than staff that may be paid under such a Medicare fee schedule, the main provider may not utilize the services of “leased” employees (that is, personnel who are actually employed by the management company but provide services for the provider under a staff leasing or similar agreement) that are directly involved in the delivery of patient care.					
B.	Are the administrative functions of the facility or organization integrated with those of the main provider, as determined by criteria set forth in §413.65(e)(2)(iii)?					
C.	Does the main provider have significant control over the operations of the facility or organization as determined by criteria set forth in §413.65(e)(2)(iii)?					

PROVIDER-BASED DESIGNATION CHECKLIST

CMS Notes/Comments/Next Steps:

Additional Information:	1st	2nd
Additional Information Date Requested		
Additional Information Date Received		

CMS' Determination:

Approved☐

Deny☐

No Determination☐

If determination is a denial, CMS' reason:

Print Form

Save Form

Clear Form

PROVIDER-BASED DESIGNATION CHECKLIST**PROTOCOL HISTORY:**

#	Date of Revision	Change Description	Author / Reviewer	Manager
1	04/04/14	Initial consolidation of the CMS-MAC Provider–Based Determination Checklist	Vincent James	George Fantaousakis
2	12/31/14	Update to the consolidation of the CMS-MAC Provider–Based Determination Checklist	Vincent James	George Fantaousakis
3	10/01/15	Updated pages 1. thur 18.	Vincent James	George Fantaousakis
4	11/19/15	Updated pages 2. and 4.	Vincent James	George Fantaousakis