Dignity Health

# New Business/Service Compliance Checklist

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| Facility: |  | New Business/Service Line: |  |
| Target Opening/Start Date: |  | Has System Compliance Director been notified? |  | Yes |  | No |

| **Element** | **Resources** | **Action Required** | **Comments** | **Date Complete** |
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| **Regulatory** |
| Have Federal and State requirements (including program licensing) been assessed/reviewed for this program/service? |  |  |  |  |
| Have Joint Commission requirements been assessed/reviewed for this program/service (if applicable)? |  |  |  |  |
| Are Policies and Procedures required for Joint Commission or State Requirements completed & approved? |  |  |  |  |
| Are any notifications required to CMS (Medicare/Medicaid) prior to start up of program/service? |  |  |  |  |
| Has business license been obtained (if required)? |  |  |  |  |
| Have physical plant requirements been met? |  |  |  |  |
| Have the CMS Physician Supervision requirements for provider-based diagnostic and therapeutic services been evaluated and put in place as required? |  |  |  |  |
| Is this a “Provider-Based” entity? |  | If yes, complete the applicable checklists.  |  |  |
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| Medical Staff |
| Is the physician or non-physician (NPP) privileged and credentialed to provide the services in this new service line? |  |  |  |  |
| Has the scope of practice for all non-physician practitioners (NPP) been reviewed to ensure they are licensed to provide this service(s)? |  |  |  |  |
| Have the anticipated ordering/referring physicians been verified in PECOS? |  |  |  |  |
| Have state physician supervision requirements been met? |  |  |  |  |
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| Joint Ventures |
| Is the program/service a Joint Venture? |  |  |  |  |
| Have you reviewed the HIPAA Considerations in structuring the joint venture? |  |  |  |  |
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| HIPAA |
| Has the new business service been added to the HIPAA organization chart? Contact your FPO. |  |  |  |  |
| If access, use or disclosure of Dignity Health data is involved has a privacy impact assessment been completed by the FPO?  |  |  |  |  |
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| Legal / Contracting |
| Has Dignity Health Legal been notified of new service line development? |  |  |  |  |
| Does the Medical Director contract meet all requirements as stated in Dignity Health Physician Transaction policy? |  |  |  |  |
| Has Managed Care reviewed all contracts as needed? |  |  |  |  |
| Has Legal reviewed all contracts for services including physicians, vendors, third party billing companies, and any other contracted services? |  |  |  |  |
| If leasing office space to a physician have real estate leases been reviewed by Legal and /or Corporate Real Estate to ensure compliance with Dignity Health Physician Transaction policy and to ensure that current Fair Market Value has been assessed and documented? |  |  |  |  |
| Is the service/program/business owned in part or in whole by a physician? |  |  |  |  |
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| Does the system for storage and retrieval of medical records ensure records are available for audit and medical record requests by payers? |  |  |  |  |
| Does the electronic billing system allow for adequate back-up and data retrieval to ensure compliance with Dignity Health Record Retention policy? 70.2.020 |  |  |  |  |
| If using an EMR for professional services, have the documentation templates been reviewed to ensure E&M documentation guidelines will be met? |  |  |  |  |
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| Professional Claim Billing/Coding |
| Will this service be performed by a physician? |  |  |  |  |
| Have individual physician NPI’s been validated?  |  |  |  |  |
| If one or more of the performing providers is non-physician practitioner (NPP), what name and NPI will appear on the CMS1500 claim form for each payer type? |  |  |  |  |
| If the Non Physician Practitioner is employed by the hospital, please contact the Dignity Health System Compliance Director for Clinics |  |  |  |  |
| Have CPT/HCPCS codes and documentation requirements been identified and reviewed by a Dignity Health or DHMF Coding Compliance Manager? |  |  |  |  |
| Have encounter forms been created/updated and reviewed by a Dignity Health or DHMF Coding Compliance Manager?  |  |  |  |  |
| Do non-Medicare payers have specific coding/reimbursement requirements? If so, have these requirements been documented as outlined in the Dignity Health policy 70.4.016 “Payer Specific Coding Instructions”? |  |  |  |  |
| Has the practice management system been updated to include the new CPT codes and fees? |  |  |  |  |
| If a contract billing service is to be utilized, has this been reviewed by Dignity Health Compliance to ensure all CMS (Medicare/Medicaid) requirements have been met? |  |  |  |  |
| Does the new service/business meet the Medicare/Medicaid program requirements for billing including review of applicable LCD’s/NCD’s and/or CMS transmittals? |  |  |  |  |
| Has a New Provider/Program audit be arranged with Dignity Health or DHMF Compliance Manager? |  |  |  |  |
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| Facility Charging / Coding / Billing |
| Have you reviewed the charging, coding and billing forms, policies and practices with a Dignity Health Coding Compliance Manager? |  |  |  |  |
| Who will be responsible for the assignment of ICD-9 diagnosis codes? Is this person properly educated, qualified and competency tested? |  |  |  |  |
| Has a 60-90 day (post program start up) compliance audit of coding, charging and documentation been scheduled to ensure errors/problems are identified and corrected early in the start up phase of the service? |  |  |  |  |
| Who will validate CPT/HCSPCS codes against the clinical documentation? |  |  |  |  |
| Have all items on CDM been reviewed and audited for accuracy of codes, descriptions, and to ensure that any unique CMS (Medicare/Medicaid) requirements have been met in conjunction with System CDM team? |  |  |  |  |
| Has CDM’s been tested to ensure the appropriate charge description and associated charges appear correctly on the claim/patient’s bill? |  |  |  |  |
| Has a charge reconciliation process been implemented? |  |  |  |  |
| Is there a process in place for the billing staff to return claims that were incorrect on initial submission to the hospital for correction?  |  |  |  |  |
| If a contract billing service is to be utilized, has this been reviewed by Dignity Health Compliance to ensure all CMS (Medicare/Medicaid) requirements have been met? |  |  |  |  |
| Have the system and documents utilized to input charges been reviewed for accuracy and to ensure all CMS (Medicare/Medicaid) requirements have been met?  |  |  |  |  |
| Has the denial management plan been reviewed to ensure any charging/billing errors are identified and corrected? |  |  |  |  |
| Has the cancel/credit tracking system been reviewed to ensure that all overpayments will be identified and promptly returned to the payer? |  |  |  |  |
| Has a system been implemented to ensure that any outpatient charges related to the acute hospitalization are identified and meet the requirements of the 3‑day rule?  |  |  |  |  |
| Has system been implemented to ensure that ABN’s (Advanced Beneficiary Notice), MSP (Medicare Secondary Payer) and CMS Conditions of Admission/Participation are properly utilized? |  |  |  |  |
| Are E&M leveling criteria established and associated policies and procedures completed? |  |  |  |  |
| Are encounter form/charge form policies and procedures completed? |  |  |  |  |
| Does the new service/business meet the Medicare/Medicaid program requirements for billing including review of applicable LCD’s/NCD’s and/or CMS transmittals? |  |  |  |  |
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| Leadership |
| Have Service Line / Business leaders attended (or enrolled in) the Dignity Health Physician Transaction Training? |  |  |  |  |
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