**Compliance Due Diligence Document Request**

|  |  |
| --- | --- |
| Scope of Request: | 1. Is this request related to an ongoing acquisition? Yes  No 2. Are both physicians and mid-levels part of this request? Yes  No |
| Please include other historical facts to help understand the nature of the hire/acquisition.  Click here to enter text. | |
| Legal Counsel: | Click here to enter text. |
| Executive Director: | Click here to enter text. |
| Project Manager: | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Questions / Information Requested** | **Response** | **Documentation Provided?** (Please explain N/A in the **Response** column) |
| 01. | List of all providers including:   * Name * Credential (MD, DO, etc.) * Provider NPI   NOTE: Please do not provide information for providers not involved in the acquisition. |  | ❑ Yes ❑ N/A |
| 02. | Does practice use a management company or billing company? If yes, provide name of company and copy of contract(s). |  | ❑ Yes ❑ N/A |
| 03. | CPT/Modifier utilization for each provider involved in the acquisition. Specifically, the list should indicate:   * Provider * CPT * Modifier(s), if applicable * Number of times each code was billed during the report period   (See Example Below)   |  |  |  |  | | --- | --- | --- | --- | | **Provider** | **CPT Code** | **Modifier** | **Units** | | Doe | 74425 |  | 9 | | Doe | 54640 |  | 19 | | Doe | 54640 | 50 | 57 |   **This information must be in Excel. All submitted codes must be attributed to a specific provider, not grouped under rooms (ex. Lab or Injection Room)** |  | ❑ Yes ❑ N/A |
| 04. | Any policies / procedures that are related to coding and billing. |  | ❑ Yes ❑ N/A |
| 05. | List and describe discounts or special offers to patients. |  | ❑ Yes ❑ N/A |
| 06. | Does your practice use electronic medical record, billing or scheduling systems? If yes, describe the system(s) and provide any related documentation, licenses, or agreements. |  | ❑ Yes ❑ N/A |
| 07. | Documentation template used by the practice? |  | ❑ Yes ❑ N/A |
| 08. | Current encounter form / charge document used by the practice? |  | ❑ Yes ❑ N/A |
| 09. | Any documentation related to current compliance program? |  | ❑ Yes ❑ N/A |
| 10. | Summary of RAC or other audit correspondence (Medicare or Medicaid) |  | ❑ Yes ❑ N/A |
| 11. | Any internal/external consultant or audit reports related to coding, billing, documentation? |  | ❑ Yes ❑ N/A |
| 12. | Are allied health professionals (NP, PA) billed to Medicare / Medicaid directly; or Incident to a physician? |  | ❑ Yes ❑ N/A |