

Dignity Health New Business/Service Compliance Checklist

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

Element	Resources	Action Required	Comments	Date Complete
Regulatory				
Have Federal and State requirements (including program licensing) been assessed/reviewed for this program/service?	Policy 6.110 Licensing, Certification and Accreditation			
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?				



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Have the CMS Physician Supervision requirements for provider-based diagnostic and therapeutic services been evaluated and put in place as required?	Physician Supervision RulesMemoPhysician Supervision RulesFlowchartThe Physician SupervisionDocumentation Tool			
Is this a "Provider-Based" entity?	Provider-Based Requirements Provider-Based Checklists	If yes, complete the applicable checklists.		
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)?	Physician Assistant's Scope of Practice American College of Nurse Practitioners			
Have the anticipated ordering/referring physicians been verified in PECOS?	Medicare Provider Ordering and Referring Report			
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?	HIPAA Considerations in structuring a joint venture			
НІРАА				
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?				
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?	Dignity Health Policy 70.5.001 Physician Transactions			
Has Managed Care reviewed all contracts as needed?				



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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?				
Documentation / Medical Records				
Does the system for storage and retrieval of medical records ensure records are available for audit and medical record requests by payers?	Dignity Health Policy 70.2.020 Record Retention			
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	Dignity Health Policy 70.2.020 Record Retention			



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If using an EMR for professional services, have the documentation templates been reviewed to ensure E&M documentation guidelines will be met?	Documentation Guidelines for E&M Services			
Professional Claim Billing/Coding	l - Carlos			
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?	Dignity Health Policy 70.4.001 "Incident to" Services			
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?				



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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"?	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?				



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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?	Dignity Health Policy 70.2.010 Three Day Window			



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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?	70.2.003 Medicare Secondary Payer Screening 70.2.021 Advanced Beneficiary Notices CMS Conditions of Participation			
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?	CMS Transmittals			
Leadership				
Have Service Line / Business leaders attended (or enrolled in) the Dignity Health Physician Transaction Training?				