

## Location Change - Provider-Based Facility

**Instructions:** The attestation and approval of a provider-based facility is based on several factors, including its location and proximity to the main hospital. Accordingly, a change in location can impact the provider-based status.

What to do when a provider-based facility moves:

1. Update PECOS with the new location (directly or via the 855A)
2. Confirm updates are made in PECOS
3. Submit the following information describing the location change
4. Email this to Provider Reimbursement at JMREIMBURSEMENT@palmettogba.com

### Section 1: Provider/Facility Information

#### Provider Information

Main Provider Name\*

Main Provider Address

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Provider Number\*

NPI Number\*

Attestation Contact Name (please print)\*

Phone Number\*

(  )  -

Email Address\*

#### Facility Information

Note: Facility names should reflect the advertised name of the facility. Addresses should include building number, suite/room number, etc., and be as precise as possible.

Name of Facility/Entity\*

Medicare Provider Number (if assigned)\*

NPI Number\*

Prior Address of Facility/Entity\*

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New Address of Facility/Entity\*

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## Section 2: Location of Provider

Please Include the following with this form

- A map indicating the distance between the main provider and the facility.
- A description of the physical setting of the main provider and the provider-based facility.

Indicate whether locations are “on campus” (located within 250 yards from the main provider building) or “off campus” (located 250 yards or greater from the main provider building, but subject to §413.65(e)(3)) with the main provider:

**Old Location\***  On Campus  
 Off Campus

**New Location\***  On Campus  
 Off Campus

### Special Instructions for On Campus to Off Campus Location Changes

The facility will need to submit a new PB Attestation with supporting documentation.

### Special Instructions for Off Campus to Off Campus Location Changes

Please select an option below:

- The new location is within a 35-mile radius of the campus of the potential main provider.
- Exception A: Disproportionate Share Adjustment: The facility or organization is owned and operated by a hospital or CAH that has a disproportionate share adjustment (as determined under §412.106 of chapter IV of Title 42) greater than 11.75 percent or is described in §412.106(c)(2) of chapter IV of Title 42 implementing section 1886(e)(5)(F)(i)(II) of the Act and is:
  1. Owned and operated by a unit of State or local government; or
  2. A public or nonprofit corporation that is formally granted governmental powers by a unit of State or local government; or
  3. A private hospital that has a contract with a State or local government that includes the operation of clinics located off the main campus of the hospital to assure access in a well-defined service area to health care services for low-income individuals who are not entitled to benefits under Medicare (or medical assistance under a Medicaid State plan).
- Exception B: High Level of Integration: The facility or organization demonstrates a high level of integration with the main provider by showing that it meets all of the other provider-based criteria and demonstrates that it serves the same patient population as the main provider, by submitting records showing that, during the 12-month period immediately preceding the first day of the month in which the attestation for provider-based status is filed with CMS, and for each subsequent 12-month period:
  1. At least 75 percent of the patients served by the facility or organization reside in the same zip code areas as at least 75 percent of the patients served by the main provider.
  2. At least 75 percent of the patients served by the facility or organization who required the type of care furnished by the main provider received that care from that provider (for example, at least 75 percent of the patients of an RHC seeking provider-based status received inpatient hospital services from the hospital that is the main provider); or
  3. If the facility or organization is unable to meet the criteria in (1) or (2) directly above because it was not in operation during all of the 12-month period described paragraph 8b, the facility or organization is located in a zip code area included among those that, during all of the 12-month period described in paragraph 8b, accounted for at least 75 percent of the patients served by the main provider.
- Exception C: If the facility or organization is attempting to qualify for provider-based status under this section, then the facility or organization and the main provider are located in the same State or, when consistent with the laws of both States, in adjacent States.

Note: During the review additional information/documentation may be requested.

### Certification Statement

I certify that the information presented is accurate, complete, and current as of this date. I acknowledge that the regulations must be continually adhered to. Any material changes in the relationship between the facility/organization and the main provider, such as change of ownership or entry into a new or different management contract, may be reported to CMS. (NOTE: ORIGINAL ink signature must be submitted)

Signature of Officer, Administrator, or authorized person\*

Date\*

Print Name\*

Title\*

Direct Phone Number\*

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