

Documentation to Submit with Attestation

The attestation cannot be processed without the appropriate documentation. Some of the key items need for each section are noted. This list is not all inclusive and additional information may be requested. **Please label all documentation, indicating section number (Section I, Section II, etc.).**

On and off campus:

Section I: Attestation Information

- Complete the form with requested information, indicating the type of facility/entity and type of filing
- Provider enrollment form (CMS Form 855A) previously submitted and processed

Section II: Location of Provider

- 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.

Section III: Licensure

- A copy of a current state license of the main provider
- A copy of a current state license of the provider-based facility or letter from the state indicating a state license is not required for the provider-based facility

Section IV: Clinical Services

- Organizational chart
- List of key personnel working at the provider-based facility showing job titles and names of employer
- Documentation to support the professional staff at the provider-based facility have clinical privileges at the main provider
- Description of the level of monitoring and oversight of the facility by the main provider
- Description of 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
- Written policy on how the medical records for patients in the facility are integrated into a unified retrieval system of the main provider.
- Information on how inpatient and outpatient services of the facility and the main provider are integrated, and examples of integration of services, including data on the frequency of referrals from inpatient to outpatient facilities of the provider, or vice versa.

Section V: Financial Integration

- A trial balance showing the location of the provider-based facility's revenues and expenses in relation to other departments within the hospital.
- Medicare cost report for the hospital presenting where the costs of the facility are reported on Worksheet A.

Section VI: Public Awareness

- Include examples that show the facility is clearly identified as part of the main provider (i.e., shared name, patient registration forms, letterhead, brochure, advertisement, signage, website).
- Include pictures of exterior signage.

Section VII: Hospital Outpatient Departments and Hospital-Based Entities

- Copy of the EMTALA policy
- Documentation to support compliance with the antidumping rules of 42CFR 489.20(i),(m)(q), and(r), and 42CFR 489.24
- Documentation to support services furnished at the based facility are billed with the correct site of service so appropriate physician and practitioner payment amounts can be determined (copy of a 1500 or UB claim).
- Documentation that the facility complies with all the terms of the hospital's provider agreement.
- Documentation of compliance with the Non-discrimination provision in accordance with 42CFR489.10 (b).
- Documentation that all Medicare patients, for billing purposes, are treated as hospital outpatients and not as physician office patients.
- Documentation of a payment window provision policy applicable to PPS hospitals and excluded units
- Copy of notice that identifies the beneficiary's potential financial liability for an outpatient visit. (Note: The notice can be read and understood by the beneficiary or beneficiary's representative.)
- Documentation that outpatient departments meet applicable hospital health and safety rules

Section VIII: Joint Venture (On Campus Only)

- Documents identifying ownership.
- Documentation confirming facility is located on the main campus of a partial owners.
- Documentation it is provider based to the main provider on whose campus it is located.

Off Campus – additional data:

Section IX: Operation Under Ownership and Control of Main Provider

- Documentation that shows the provider-based facility is 100% owned by the main provider, if applicable.
- Documentation that the main provider and the facility have the same governing body
- Documentation of common article of incorporation and by-laws and operating decisions
- Documentation that explains who has final responsibility for administrative decisions, final approval for contracts, final approval for personnel policies, and final approval over medical staff appointments for the provider-based facility.

Section X: Administration and Supervision

- List of key administrative staff (positions/titles only) at the main provider and the facility that reflects reporting relationship.
- Organization chart that includes the main provider and shows the department of the main provider in which the facility is included
- Description of the facility directors reporting requirement and accountability procedures for day-to-day operations.
- List of administrative functions at the facility that are integrated with the main provider such as billing services, records, human resources ...
- Copy of any contracts for administrative functions that are completed under arrangements for the main provider

Section XI: Management Contract

- Copy of relevant management contract(s) for the facility
- Documentation showing how the administrative functions of the facility are integrated with the main provider.
- Description of the main provider's control over the operations of the facility.