

USC DEPARTMENTAL PROFILE FOR BILLING MONITORING

The Department Profile form must be completed after the receipt of the signed monitoring contract, and then, once annually by each Department.

1. At the end of each fiscal year, the Monitor will initiate a request for an updated Department Profile.
2. The Department Compliance Administrator will complete the Department Profile form and return it to the Monitor (attachment 1).
3. An IDX Department Service Analysis report will be submitted with the profile.
4. The Department may request the Office of Compliance to submit the IDX reports on their behalf.

Date:		Department:		
Division:		Compliance Liaison Contact:		
Phone:		Email:		Form Completed By:
# of Physicians:		# of PA's:		
# of NP's		Other Billing Providers		Type:
Please attach a complete list of your Practice Locations and indicate the billing POS for each location				
<input type="checkbox"/> Hospital owned Outpatient Clinic-1206D (POS 22)	<input type="checkbox"/> Inpatient (POS 21)	<input type="checkbox"/> Outpatient Hospital (POS 22)	<input type="checkbox"/> Office Non Facility Based (POS 11)	
SECTION I – Define Business				
What types of services are rendered in this Department/Division (i.e., Evaluation and Management Services, Procedures, Diagnostic Studies, etc.)				
Does this department/division use an outside billing agency? If Yes, what agency?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
What is the payer mix? _____ % Medicare % Medicaid % Commercial % Other				

SECTION: II - Define Scope of Services

What types of Providers are used in the Department/Division?

Employed by: Practice Plan Hospital

Please put an X in gray area for all that apply, and identify who is hospital employed

Residents	Fellows	Ancillary Staff
Physician Assistants	Nurse Practitioners	Certified Nurse Midwives

CRNA	Other: (please specify)
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Does the Department/Division Utilize?

Primary Care Exception	Yes <input type="checkbox"/>	No <input type="checkbox"/>
“Incident-to” Provision	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shared Visits	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If NPP’s are utilized, do they have their own provider numbers?

	MEDICARE		MEDICAID	
Nurse Practitioner (NP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physician Assistant (PA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certified Nurse Midwife (CNM)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certified Registered Nurse Anesthetist (CRNA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does the Department/Division/Provider render any services that require an Advance Beneficiary Notice (ABN)?

Please list services which you would like monitored:

FOR MONITOR’S USE ONLY

What are the known High Risk areas for this department/division as identified through profile and date review? (i.e., New Procedures, Frequently Denied Services, Modifier Usage, etc.)

OTHER COMMENTS:

A copy of this form must be returned to the USC Office of Compliance on a yearly basis.