

Elite Accreditation

Healthcare Accreditation Experts

To better equip your consultant with the facts of your current OBL or ASC, please answer the following questions below. If you do not know the answer to a question, proceed to the next question and email us [here](#).

1. Client & Business Information

- Legal business name, DBA, and corporate structure (LLC, Corp, Partnership, Sole Prop)

- _____
- Primary contact name, title, phone, and email

- _____
- Business address (physical location of OBL) _____
- _____
- Mailing address (if different)

- _____
- Website and domain ownership status

- _____
- Federal Tax ID (EIN) _____
- NPI (National Provider Identifier) number _____
- CA State business license number (if applicable). _____
- Corporate entity registration date with California Secretary of State.

2. Ownership & Governance

- List of all owners/investors with percentage ownership

- _____
- Medical Director name, specialty, license number, and CV

- Governing body structure (board members, roles, meeting frequency).

- Any management agreements or MSO (Management Services Organization) arrangements _____

3. Facility & Location Details

- Physical space square footage and floor plan. _____ Attach floor plan__
 - Date facility construction/renovation was completed. _____
 - Zoning compliance for OBL/ASC use in that city/county. _____
 - Lease agreement or property ownership documents. _____
 - Parking and ADA compliance status. _____
 - Radiation shielding and inspection reports (if imaging services provided). _____
 - Date of last report created by a Physicist. _____
 - All radiological devices have been registered with the Radiological Branch of California _____
 - Number of lead aprons in use _____
 - Date for the most recent apron leak test. _____
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4. Licensing & Accreditation

- Accreditation agency choice (AAAASF, AAAHC, TJC, etc.)
 - Accreditation survey date or anticipated timeline (date you wish to be ready for inspection). _____ -
 - CA Department of Public Health license status (if applicable). _____
 - CLIA certificate status (for lab services). _____
 - DEA registration for controlled substances. _____
 - CA Board of Pharmacy license (if drugs are dispensed). _____
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5. Services & Procedures Offered

- List of all procedures to be performed in the OBL/ASC
 - _____

 - Specialty focus (vascular, interventional radiology, pain management, etc.).

 - Anesthesia type used (local, moderate sedation, general) _____
 - Imaging modalities in use (ultrasound, fluoroscopy, CT, MRI). _____
 - Lab testing performed on-site (yes/no, type). _____
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6. Staffing & Credentialing (ignore until instructed to begin this portion of the accreditation process)

- Complete staff roster with roles (MD, RN, RT, admin, etc.)
 - Professional licenses and certifications for each staff member
 - Credentialing policies and files for physicians and staff
 - Job descriptions for all positions
 - BLS/ACLS/PALS certifications as applicable
 - Evidence of TB, Hep B, and other health screenings
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7. Policies, Procedures & Compliance¹

- Current policy & procedure manual (including OBL-specific regulations)
 - Infection control plan & infection prevention officer name
 - Risk management and incident reporting procedures
 - HIPAA compliance policies and officer name
 - Emergency preparedness plan
 - OSHA safety plan and hazard communication
 - Fire/life safety inspection status
 - Controlled substance handling and security protocols
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8. Equipment & Maintenance²

- Inventory of all medical equipment (with model/serial numbers)
 - Preventive maintenance logs
 - Biohazard waste disposal agreement
 - Imaging equipment QC records
 - Crash cart with current medication and supply logs
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¹ The policies and procedures manual is customized to your facility operations and will be provided prior to the inspection date with the accrediting body of your choice

² This section will be pulled and reviewed by the consultant and once verified, placed into the binder labeled "facility binder"

9. Insurance & Contracts³

- Professional liability (malpractice) insurance coverage
 - General liability insurance coverage
 - Workers' compensation policy
 - Copies of payer contracts (Medicare, Medi-Cal, commercial)
 - Billing entity details (in-house vs. third-party billing)
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10. Financial & Operational Readiness

- Fee schedule
 - Have you created a fee schedule for costs associated with your procedures on the procedures list? _____
 - Have you audited this fee schedule to ensure your fees fall within a +/- of no more than 5% variance to the closest or most nearby business? _____
- Financial policies (patient payment, refund, collections). Do you have these policies written? _____
- Business bank account details. Bank Name _____ Address. _____ Branch number if applicable. _____ and point of contact with the banking staff: _____
- EHR/EMR system used and compliance with ONC standards. Name of EMR used: _____
- Patient scheduling system if different from EMR system: _____
- Marketing and referral sources: _____

³ Provide copies of the following documents