



Quality Control (QC) Standard Operating Procedure

Western Region Site Verification Services (SVS West)

Last Updated On:

06/27/22

OVERVIEW

PURPOSE

The purpose of this document is to describe the steps in the Quality Control process to review and finalize site visit reports.

AUDIENCE

The audience for this SOP is the persons conducting quality control for SVS West Site Inspections.

ROLES AND RESPONSIBILITIES

Role	Organization	Individual	Responsibility
Business Function Lead (BFL)	CMS	Clay Groton	Oversee and manage Site Verification Services contract and adherence to the SOW
QC Case Analyst	Deloitte	Lezlee Hughes (lead), Aeryn Ardoin, Eliza Schulthies, Roque Bower, Sherri Maliszewski and Thomas Reynolds	Monitor scheduling and completion of SV by inspectors. Completes duties of Quality Assurance Analyst, including conducting quality review of site inspection reports
Contracting Officer's Representative (COR)	CMS	Perry Lazar	
Deputy Project Manager (PM)	Deloitte	Lauren Busick	Support the oversight and management of delivery of SVS West contract and relationship with stakeholders
Dispatcher	NMSI	Stephanie Patrom	Monitors scheduling and completion of SV by NMSI inspectors. Oversees the QC process and confirms the 100% accuracy and completion of all reports completed by NMSI inspectors
Inspector	Deloitte, NMSI, CSI Tech, Arthur Lawrence Management	Multiple	Conduct site verifications and inspections
Inspector Onboarding and Training Manager	Deloitte	Courtney McBride	Oversee and manage onboarding and training of inspectors
Logistics Coordinator	Deloitte	Peggy Sabol-Brindza	
Project Manager (PM)	Deloitte	Jillian Iacovelli	Oversee and manage delivery of SVS West contract and relationship with stakeholders
Quality Control (QC) Manager	Deloitte	Courtney McBride	Oversee Case Analysts and overall QC processes
RMS Admin	Deloitte/NMSI	Mandy Adkins/Boruch Akbosh	Review and manage the RMS requests and data loads
Site Inspector Manager	Deloitte	Ryan Harrington	

COMMON TERMS

Term	Definition
Report Status	Progress of Site Visit reports in RMS • Active- Report is still live and the inspector can still view and work in the report. • Ready for QC- Report has been submitted by the inspector, the inspector can no longer view or work in the report, and the Case Analyst begins the QC process. • Completed- Report has been submitted by the Case Analyst, the inspector can view the report. • Submitted- Report has been sent to the client • Invoiced- Report has been submitted and invoiced • Paid- Report has been paid • Cancelled- Report has been cancelled. • Cancellation Request- Client has requested a site visit be cancelled, but the cancellation has not been completed. • All- All reports, all statuses
RMS	Record Management System- Web-based application used to store and process site visit reports.
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics and Supplies
IDTF	Independent Diagnostic Testing Facility
Job Order Details	Page within RMS that displays the specifics of the site visit: address, business name, special instruction.

JOB ORDER PAGE ICONS

Icon	Function
	View—opens the Site Visit to view and edit.
	Message—opens the message option.
	Special Instructions—shows special instructions for the SV.
	Property Details—opens Google Maps with a pin of the location.
	Inspector Details—displays the inspector's name and email.
Re-Do	Re-Do—indicates the report has been sent back to the inspector

INSPECTION DETAILS PAGE ICONS

Icon	Function
	Show—toggles between Show and Hidden to hide photos from the final report.
	Information—displays the specs of the photo.
	Edit—opens the photo edit window.
	Download Photo—allows the photo to be saved outside of the report.
	Delete—removes the picture from the report.
	Add New—allows a photo to be added to the report.

1 ACCESSING RMS

1.1 NAVIGATE TO THE SITE VISIT REPORT

- 1.1.1 Enter the site, Secure.VirtualSiteInspections.com, using the log-in information provided by the QC Lead.
- 1.1.2 Navigate to the Ready for QC queue by clicking on the respective tab at the top of the screen.
- 1.1.3 Sort the reports in order of most urgent.
 - In the “Show Entries” field at the bottom of the screen, enter a number equal to or greater than the number of reports in the Ready for QC queue and click “Go.”
 - Click on the up/down sorting arrows in the “Client Due Date” column to sort the reports in order of soonest due date. Complete all reports due in the next three days.
 - Zoom out until the “Date Completed” column located at the far right of the screen is visible.
 - Click on the up/down sorting arrows in the “Date Completed” column to sort the reports to show those completed at the earliest date. Complete all reports that show in that order.
- 1.1.4 Choose the first report and click on the View icon to open the report.
- 1.1.5 Follow the steps respective to the site visit type to complete the report.

2 ALL REPORT TYPES

2.1 DATE OF EXECUTION

- 2.1.1 All SV reports must have a date and time entered for “Date of First Survey.” Look for:
 - Date to be prior to the “Client Due Date” and prior to the date when QC process is conducted.
 - Time to correctly be marked AM or PM.
 - Special Requests field.
 - If the hours of operation are listed, the site visit must be conducted during those hours,

excluding lunch hours of 12:00 to 1:00 PM, if lunch hours are not otherwise listed.

- If the hours of operation are not listed, the site visit must be conducted between 9:00 AM and 5:00 PM, excluding lunch hours of 12:00 PM and 1:00 PM.
- If the inspector arrives to find alternative hours physically posted at the location, and a second visit is required, the second visit must be conducted during the posted hours of operation, excluding lunch hours of 12:00 to 1:00 PM, if lunch hours are not otherwise listed.

Note: *If the facility has alternate business hours, a photo must be captured, and a clear explanation must be added in the "Additional Comments".*

- Photo time stamps to match the date and time listed as "Date/Time of First Survey" within 30-60 minutes for Observational SVs, and within 60-90 minutes for Detailed DMEPOS and IDTF SVs.
- The "Executed On" date entered near the signature line to match the date listed as "Date of First Survey" if only one visit was required.

2.1.2 If a return to the facility was required, the report must have a date and time listed for "Date of Second Survey." Look for:

- Date to be prior to the "Client Due Date," prior to the date when QC process is conducted, and after the "Date of First Survey."
- Time to correctly be marked AM or PM.
- Special Requests field.
 - If the hours of operation are listed, the site visit must be conducted during those hours, excluding lunch hours of 12:00 to 1:00 PM, if lunch hours are not otherwise listed.
 - If the hours of operation are not listed, the site visit must be conducted between 9:00 AM and 5:00 PM, excluding lunch hours of 12:00 PM and 1:00 PM.
 - If the inspector arrives to find alternative hours physically posted at the location, and a second visit is required, the second visit must be conducted during the posted hours of operation, excluding lunch hours of 12:00 to 1:00 PM, if lunch hours are not otherwise listed.

Note: *If the facility has alternate business hours, a photo must be captured, and a clear explanation must be added in the "Additional Comments."*

- The required photos time stamp to match the date and time listed as "Date of Second Survey" within 30-60 minutes (Required photos are the "exterior" and the "entrance" for Observational SVs, and ALL exterior photos required for Detailed DMEPOS and IDTF SVs).
- The "Executed On" date entered near the signature line to match the date listed as "Date of Second Survey." In this scenario, the "Date of Second Survey" overrides the "Date of First Survey."

2.2 JOB ORDER DETAILS CONFIRMATION

2.2.1 The exact address on the "Job Order Details" must be verified and documented accordingly.

- Navigate to the top of the "Inspection Details" page.
- Find the address and suite or unit number if included.
- Open the photos to verify the address. Look for the street name, building number, and suite number, if applicable.
- When address markers are not visible in the photos, an explanation must be entered in "Additional Comments."

2.2.2 The business name on the "Job Order Details" must be verified and documented accordingly.

- Navigate to the top of the "Inspection Details" page.
- Find the "Legal Business Name" and/or "(Supplier/Facility) Name," which may list similar or

differing names.

Note: *A third name might be listed in any field within the “Job Order Details.”*

- Open the photos to verify the business name. Look for business signs or a building directory with one of either listed name.
- If signage is not available or if the business name does not match the job order details, an explanation must be entered in “Additional Comments.” Look for a comment explaining that the facility is “doing business as” another name including the name and position of the person who confirmed the relationship.

2.3 COMMENTS

2.3.1 All comments and open-ended answers written in the site visit report must follow specific formatting guidelines. Look for:

- Full, complete sentences with proper capitalization, grammar, and punctuation.
- Tense and voice to be consistent within the report (e.g., I called, The inspector observed).
- Date and time to be properly formatted: Day to Day, X:00 AM to Y:00 PM (e.g., Monday to Friday, 8:00 AM to 5:00 PM).
- Names and positions to be formatted correctly: First Name Last Name, Title (e.g., John Doe, Office Manager).
- Size of facility to be entered with “Square Feet” fully spelled out.
- Telephone numbers to be entered with parentheses: (123) 456-7890
- Proper formatting when two visits were required: First Visit – DD/MM/YYYY – [Explain what happened during the visit]. Second Visit – DD/MM/YYYY – [Explain what happened during the visit].

Note: *Due to report capabilities, avoid line breaks and unnecessary special characters.*

2.4 PHOTO GUIDELINES

2.4.1 All photos must meet the photo standards to ensure quality and readability. Look for photos to be:

- Clear, not blurred or fuzzy.
- Readable/legible (e.g., documents, signs, hours of operation, etc.)
- Void of people or anyone’s reflection, including the inspector.
- Free from any PII (Personal Identifiable Information).
- Unobscured—free from thumbs or fingers blocking the camera, excessive tree coverage blocking signing, or any other obstructions that would need to be edited out.

2.4.2 All site visit reports must minimally have two photos that capture the required information:

- The full exterior of the building with the facility type clearly distinguishable.
- The entrance door, either exterior or the suite door for interior-corridor facilities.
- *Additionally, the following photos are required, unless the information was captured in one of the two main photos listed above.*
 - Business signage clearly showing the business in question.
 - The address markers (e.g., 1234).
 - The suite number where applicable.
 - The hours of operation if posted.

Note: *If a photo is missing or could not be included, an explanation must be entered in “Additional Comments.”*

2.4.3 Inspectors must attest to verifying all photos meet quality standards and contain all applicable

information. A statement must be made in “Additional Comments” declaring that the inspector confirmed all photos are accounted for or an explanation detailing why a photo was not included.

2.5 TYPE OF FACILITY

2.5.1 Each site visit must determine the type of facility the provider or supplier occupies. This is the type of structure at the address provided, not the type of service provided at the address.

- **Office Suite-Office Building**—an office in an enclosed, multi-tenant building with interior corridors and office entrance; may be of varying height. This type includes providers operating inside a hospital, assisted living, or nursing home.
Note: One single provider might occupy the entire building with suites/offices.
- **Office Suite-Strip Mall**—an office in an open-air shopping center where the stores are connected and arranged in a linear row, typically with a sidewalk in front.
- **Storefront**—a freestanding, single-tenant structure typically used for retail or business.
- **Warehouse**—a large building where raw materials or manufactured goods may be stored before distribution for sale.
- **P.O. Box**—a uniquely addressable lockable box located on the premises of a United States Post Office station.
- **Commercial Mailbox**—a uniquely addressable lockable box near or within a business (e.g., UPS Store, FedEx).
- **Private Residence**—any building, buildings, or part of a building owned by a private entity which serves as a permanent residence.
- **Other**—any location that does not fit any other facility type. (e.g., vacant lot, mobile building.) These will always require details in the dialog box that opens when “Other” is answered YES.
- Only one facility type can be marked “Yes.” All other facility types in the form must be marked “No.”

2.5.2 Look for the photos to match the selected facility type. The facility type should be clearly determined from the exterior photo alone.

2.6 FORM COMPLETION

2.6.1 The bottom of the report must be filled out and signed by the inspector to attest to the answers being true and correct.

2.6.2 “Executed On” date must be the day that the site visit was completed. The date should match what was entered for “First Visit,” unless a second visit was required where “Second Visit” will override the first visit date.

2.6.3 The “Organization” field must always say “Deloitte.” The inspector should not change this to any other name or organization.

2.6.4 The inspector should type in their first and last name in the Printed Name field. The name should be written exactly as it appears on the home page of the VSI app.

2.6.5 The inspector must sign in the “Signature of Declarant” field to complete the report.

3 OBSERVATIONAL SITE VISITS (GENERAL)

3.1 GENERAL OBSERVATIONS

3.1.1 Verify “Date of First and/or Second Survey,” “Executed On” date, and “Type of Facility” meet standards as defined in Section 2.

- 3.1.2 Verify all questions have been accurately and correctly answered.
- All NO answers require an explanation of what was found at the facility in “Additional Comments.”
- 3.1.3 Q2. Is the provider/supplier open for business?
- Yes/No question.
 - The inspector must reasonably determine if the facility is open for business: lights on, door unlocked, activity inside, etc.
- 3.1.4 Q3. Does the facility appear to have employees/staff present?
- Yes/No question.
 - The inspector must reasonably determine if employees or staff are present: uniformed/badged persons actively providing service within the facility.
Note: *Office building or third-party security staff are not employees of the provider or supplier. However, the owner of the business is considered a staff member.*
- 3.1.5 Q4. Does there appear to be signs of customer activity present during the survey?
- Yes/No question.
 - The inspector must reasonably determine if customers are present: people in the waiting room, in line for a transaction, or otherwise entering or exiting the facility.
- 3.1.6 Q7. Does the facility appear to be operational?
- Yes/No question.
 - Using the indicators from questions 2 through 4, the inspector must reasonably determine if the facility is operational.
Note: *Questions 2, 3, and 7 must agree. The facility cannot be verified as operational if it is not open or does not have employees.*
- 3.1.7 Verify required photos are included and that photos meet standards in section 2.4. Look for
- Exterior—required in the prelabeled photo box. The photo should show the entire exterior of the building and clearly display the facility type.
 - Interior Entrance—required in the prelabeled photo box. The photo should show the entrance into the provider’s space, either from the outside or the suite door if in an interior corridor.
 - Additional required photos—unless the information was captured in one of the two main photos listed above. Additional Photos are entered at the bottom of the site visit form.
 - Business signage that clearly indicates the business name on the Job Order Details. If the name does not match, an explanation must be entered in “Additional Comments.”
 - The address markers (e.g., 1234).
 - The suite number where applicable.
 - The hours of operation if posted.**Note:** *If a photo is missing or could not be included, an explanation must be entered in “Additional Comments.”*
- 3.1.8 Verify that notes in “Additional Comments” meet standards and include all necessary information. All comments must be in complete sentences with proper capitalization, grammar, and punctuation.
- 3.1.9 Continue to Section 7 to complete the report.

4 OBSERVATIONAL—DMEPOS

4.1 GENERAL OBSERVATIONS

- 4.1.1 Verify “Date of First and/or Second Survey,” “Executed On” date, and “Type of Facility” meet standards as defined in Section 2.
- 4.1.2 Verify all questions have been accurately and correctly answered.
- All NO answers require an explanation of what was found at the facility in “Additional Comments.”
- 4.1.3 Q2. Is the provider/supplier open for business?
- Yes/No question.
 - The inspector must reasonably determine if the facility is open for business: lights on, door unlocked, activity inside, etc.
- 4.1.4 Q3. Does the facility appear to have employee/staff present?
- Yes/No question.
 - The inspector must reasonably determine if employees or staff are present: uniformed/badged persons actively providing service within the facility.
Note: *Office building or third-party security staff are not employees of the provider or supplier. However, the owner of the business is considered a staff member.*
- 4.1.5 Q4. Does there appear to be signs of customer activity present during the survey?
- Yes/No question.
 - The inspector must reasonably determine if customers are present: people in the waiting room, in line for a transaction, or otherwise entering or exiting the facility.
- 4.1.6 Q5. Does the facility have a sign that indicates the business name?
- Yes/No question.
 - If the answer is YES, verify that the inspector located and photographed the business sign.
Note: *The name of the provider/supplier in the “Job Order Details” must match the name of the business on the sign. If a different name is posted, verify that an explanation is entered in “Additional Comments.”*
 - If the answer is NO, verify that an explanation is entered in “Additional Comments” (e.g., Business signage was not visible on the exterior or entrance of the facility. The inspector confirmed the business name with Richard, optometrist technician.).
 - Verify that the hours of operation are photographed and entered if posted at the facility. If they are not posted, verify that a comment is entered in the dialog box stating that the hours of operation were not posted.
- 4.1.7 Q6. Does the facility appear to have inventory present?
- Yes/No question.
 - If the answer is YES, verify that the inspector located and photographed a sample of DMEPOS inventory present in the facility.
 - If the answer is NO, verify that an explanation is entered in “Additional Comments” (e.g., John Smith, Pharmacy Manager, states the supplier does not stock DME Inventory.).
Note: *Inventory must be DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, Supplies). (E.g., DME at a pharmacy is located on the shelves near the pharmacy counter; DME at a dentist’s office might be a sleep apnea device or a night guard, etc.)*
- 4.1.8 Q7. Does the facility appear to be operational?
- Yes/No question.
 - Using the indicators from questions 2 through 6, the inspector must reasonably determine if the facility is operational.
Note: *Questions 2, 3, and 7 must agree. The facility cannot be verified as operational if it is not open or does not have employees.*

- 4.1.9 Verify required photos are included and that photos meet standards as outline in Section 2.4.
- Exterior—required in the prelabeled photo box. The photo should show the entire exterior of the building and clearly display the facility type.
 - Interior Entrance—required in the prelabeled photo box. The photo should show the entrance into the provider’s space, either from the outside or the suite door if in an interior corridor.
 - DMEPOS inventory stored at the facility—If Question 6 was answered YES, a photo of the inventory must be included in the prelabeled photo box. If Question 6 was answered NO, an explanation must be added to the “Additional Comments.”
 - Additional required photos—unless the information was captured in one of the two main photos listed above. Additional Photos are entered at the bottom of the site visit form.
 - Business signage that clearly indicates the business name on the Job Order Details. If the name does not match, an explanation must be entered in “Additional Comments.”
 - The address markers (e.g., 1234).
 - The suite number where applicable.
 - The hours of operation if posted.
- Note:** If a photo is missing or could not be included, an explanation must be entered in “Additional Comments.”*
- 4.1.10 Verify that notes in “Additional Comments” meet standards and include all necessary information. All comments must be in complete sentences with proper capitalization, grammar, and punctuation.
- 4.1.11 Continue to Section 7 to complete the report.

5 INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)

5.1 AUTHORIZED REPRESENTATIVE OR INTERVIEWEE

- 5.1.1 Name of Authorized Representative(s) or Interviewee(s)—Look for: First Name, Last Name, Position Title of each person that participated in the site visit.

5.2 VISIT DATES

- 5.2.1 Verify “Date and Time of First and/or Second Visit” and “Executed On” date meet standards.

5.3 FACILITY INSPECTION

- 5.3.1 **Performance Standard #3** requires IDTFs to maintain a physical facility on an appropriate site.

Verify the type of facility is selected and meets standards outlined in Section 2.

- **Office Suite-Mall**—an office in an open-air shopping center where the stores are connected and arranged in a linear row, typically with a sidewalk in front.
- **Office Suite-Office Building**—an office in an enclosed, multi-tenant building with interior corridors and office entrance; may be of varying height. This type includes providers operating inside a hospital, assisted living, or nursing home.

***Note:** One single provider might occupy the entire building with suites/offices.*

- **Private Residence**—any building, buildings, or part of a building owned by a private entity which serves as a permanent residence.
- **Warehouse**—a large building where raw materials or manufactured goods may be stored

before distribution for sale.

- **Other**— any location that does not fit any other facility type. (e.g., vacant lot, storefront, motor coach, or tractor trailer.) These will always require details in the dialog box.

Note: A Yes or No answer is required for every type of facility. Only one type of facility can be answered YES; all the others should be answered NO.

5.3.1.2 Q1. Is the ITDF located on an appropriate site?

- Yes/No question.
- Look for photo to clearly show an acceptable site: fixed/permanent location or a mobile unit, appropriate for the service being provided, not located in an open-air space, under a temporary tent, a post office box, a commercial mailbox, in a hotel, motel, etc.
- If the answer is NO, an explanation must be entered in the dialog box.

5.3.1.3 Q2. Is the IDTF handicap accessible?

- Yes/No question.
- If the answer is YES, look for a photo to clearly show how the facility is accessible from the outside: curb cutout, ramp, flat surface into the entrance, elevator for higher exterior floors, etc.
 - Barriers such as steps or curbs indicate that the facility is not handicap accessible.
 - Additional features like interior elevators and automatic doors can be included in addition to the exterior access.
- If the answer is NO, an explanation must be entered in the dialog box.

5.3.1.4 Q3. Were there patients in the facility during the inspection?

- Yes/No question.
- If the answer is NO, an explanation must be added in the dialog box (e.g., the time of the visit, the location is the main office, but patients do not visit the site).

5.3.1.5 Q4. If this IDTF is at a fixed location, does the facility contain adequate space for testing, including all tests listed on the enrollment application, facilities for handwashing, adequate patient privacy accommodations, and storage of business and medical records?

- Yes/No/N/A question.
 - **Mobile** – refers to the unit/site/location (e.g., the provider travels to different locations to provide the services).
 - **Portable** – refers to the equipment. The piece of equipment could be moved from one room to the next or from one site to another. It is not necessary for the piece of equipment to be moved unless it is needed in another room/site (e.g., ECG machine with mobile cart).
 - **Fixed** – refers to the equipment or the facility type. The piece of equipment is permanently fixed/attached to the floor/wall/ceiling and cannot be removed, or the facility type is permanent (non-mobile).
- N/A should be selected if the facility is a mobile unit only without a fixed component.
- If the answer is YES:
 - Look for photos of adequate space for testing – space for equipment and to conduct the different testing services.
 - Look for photos of handwashing facilities– adequate handwashing station via a public restroom within the facility or a handwashing station located in the space.
 - Look for photos of patient privacy accommodations – e.g., a room with door/curtain/partition to provide privacy to patients.

Note: HIPAA privacy practices postings do not satisfy this standard.

- Look for photos of storage of business and medical records – e.g., file cabinets, locked storage cabinets, a computer screen for electronic files.
- If the answer is NO, an explanation must be entered in the dialog box (e.g., Handwashing facilities and privacy accommodations are not provided at the facility where the testing is performed.).

5.3.1.6 Q5. If this IDTF is a mobile facility, does the mobile unit have access to facilities for hand washing, adequate patient privacy accommodations, and a home office location for the storage of business and medical records?

- Yes/No/N/A question.
- **Mobile** – refers to the unit/site/location (e.g., the provider travels to different locations to provide the services).
- **Portable** – refers to the equipment. The piece of equipment could be moved from one room to the next or from one site to another. It is not necessary for the piece of equipment to be moved unless it is needed in another room/site (e.g., ECG machine with mobile cart).
- **Fixed** – refers to the equipment or the facility type. The piece of equipment is permanently fixed/attached to the floor/wall/ceiling and cannot be removed, or the facility type is permanent (non-mobile).
- N/A should be selected if the facility is a fixed location only without a mobile component.
- If the answer is YES:
 - Look for photos of handwashing facilities– adequate handwashing station via a public restroom within the facility or a handwashing station located in the space.
 - Look for photos of patient privacy accommodations – e.g., a room with door/curtain/partition to provide privacy to patients.
- **Note:** HIPAA privacy practices postings do not satisfy this standard.
- Look for photos of storage of business and medical records – e.g., file cabinets, locked storage cabinets, a computer screen for electronic files.
- If the answer is NO, an explanation must be entered in the dialog box (e.g., Handwashing facilities and privacy accommodations are not provided at the facility where the mobile testing is performed.)

5.3.2 Performance Standard #4

5.3.2.1 Q1. Does the IDTF maintain a catalog of portable diagnostic equipment, including diagnostic testing equipment serial/registration numbers, at the physical site?

- Yes/No/N/A question.
- If the answer is YES, look for a photo of the catalog of portable diagnostic equipment (list) containing the description and serial number of each piece of portable equipment.
- If the answer is NO, an explanation must be entered in the dialog box (e.g., Portable equipment is included in provider’s fixed equipment inventory list.)

Note: Providers may combine the catalog of portable equipment and the inventory.

- The answer will be N/A if the provider has no portable equipment.

5.3.2.2 Q2. Did the IDTF make the portable equipment or mobile unit(s) available for inspection?

- Yes/No/N/A question.
- If the answer is YES, look for photos of the portable equipment.
- If the answer is NO, an explanation needs to be entered in the dialog box (e.g., Specific pieces of equipment were not available because they were in use at remote locations.).

Note: The Inspector should ask for the portable equipment to be available when scheduling the site

visit thus, a NO answer should be infrequent.

- The answer will be N/A if the provider has no portable equipment.

5.3.2.3 Q3. Does the IDTF maintain a current inventory of diagnostic equipment, including diagnostic testing equipment serial/registration numbers?

- Yes/No question.
- If the answer is YES, look for a photo of the inventory of diagnostic equipment (list) containing the description and serial number of each piece of equipment.
- If the answer is NO, an explanation needs to be entered in the dialog box (e.g., inventory list is maintained at another location.)

5.3.2.4 Q4. Has the IDTF provided updates to the MACs regarding equipment changes in accordance with existing regulation?

- Yes/No question.
- If the answer is NO, an explanation needs to be entered in the dialog box (e.g., The provider has had no changes to report.).

5.3.3 Performance Standard #5

5.3.3.1 Q1. Is the business telephone located at the IDTF or within the home office for the mobile IDTF?

- Yes/No question.
- If the answer is NO, an explanation needs to be entered in the dialog box (e.g., The facility does not maintain a dedicated phone line.).

5.3.3.2 Q2. Is the business telephone number listed in local telephone directory or is it available through directory assistance?

- Yes/No question.
- If the answer is NO, an explanation needs to be entered in the dialog box (e.g., According to whitepages.com, the phone number is listed in the name of an individual or parent company.).

5.3.4 Performance Standard #6

5.3.4.1 Q1. Did the IDTF provide proof of insurance upon request?

- Yes/No question.
- If the answer is YES, look for a photo of the certificate of liability insurance.
- If the answer is NO, an explanation needs to be entered in the dialog box (e.g., The provider did not have the document available for review.).

5.3.5 Performance Standard #7

5.3.5.1 How does the IDTF solicit new business?

- Look for an explanation in the dialog box (always required). (E.g., the provider markets to physicians, nursing homes, assisted living facilities, and/or home health agencies for referral of new customers.)
- The comment should be formatted as a full and complete sentence.

5.3.6 Performance Standard #8

5.3.6.1 Q1. Does the supplier have a written complaint resolution procedure established?

- Yes/No question.
- If the answer is YES, look for a photo of a complaint policy or procedure AND a photo of a complaint form or log—both photos are required.

- If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., Complaints are handled by a different office.)
- If the answer is YES, but two photos cannot be obtained, an explanation must be entered in “Additional Comments” at the end of the report. (E.g., The complaint policy was presented, but the complaint log is maintained electronically and was not able to be photographed.)

5.3.7 Performance Standard #9

5.3.7.1 Q1. Has the IDTF posted the standards found at 42 CFR § 410.33 in the IDTF or home office for a mobile IDTF?

- Yes/No question.
- If the answer is YES, look for a photo of the posted standards.

Note: The standards must be the 42 CFR § 410.33. Any other posters such as employment, OSHA, HIPAA, etc. are not acceptable.

- If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., The standards are not posted.)

5.3.8 Performance Standard #11

5.3.8.1 Q1. Does the IDTF have proof that diagnostic equipment has been calibrated and maintained per equipment instructions in accordance with manufacturer’s instructions?

- Yes/No question.
- If the answer is YES, look for a photo of the calibration log.

Note: Many providers keep a separate log for each piece of equipment.

- If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., Equipment is factory calibrated. Or EEG and Sleep study equipment self-calibrates at the beginning of each test.)

5.3.8.2 Q2. Did the IDTF provide a copy of the maintenance log upon request?

- Yes/No question.
- If the answer is YES, look for a photo of the maintenance log.

Note: Many providers keep a separate log for each piece of equipment.

- If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., Maintenance logs are maintained by a contractor and not available at the time of the site visit.)

5.3.9 Performance Standard #12

5.3.9.1 Q1. Can the IDTF furnish the applicable Federal/State licenses and/or certifications for the individuals performing these services?

- Yes/No question.
- If the answer is YES, look for photos of federal licenses, state licenses, and certificates.
 - **Federal** License – license issued by the Federal government
 - **State** License – license issued by the state where the IDTF is located
 - **Certifications** of individuals – those performing the services must be certified. Certification should state the type of service the individual is allowed to perform (e.g., Certified X-Ray Technician, Certified Radiologist Assistant)
- If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., the licenses are kept at the home office and were not available for review.)

5.3.9.2 Q2. Can technical staff identify the supervising physician(s)?

- Yes/No question.

- If the answer is YES, the name of the supervising physician(s) should be listed in the dialog box. (E.g., Doctor Jane Doe is the supervising physician.)
 - If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., The X-ray technician was not able to name supervising physician.)
- 5.3.9.3 Q3. Is the supervising physician(s) on site?
- Yes/No question.
 - If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., The physician visits the site on Mondays, Wednesdays, and Fridays. The physician is not present because no patients are scheduled. The physician is available on-call.)
- 5.3.9.4 Q4. Did the IDTF provide a written list of the technician(s) that will be furnishing services at this IDTF upon request?
- Yes/No question.
 - If the answer is YES, look for a photo of the written list of technicians furnishing services at this location.
 - If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., The provider did not have a written list available at the time of the site visit.)
- 5.3.9.5 Q5. Did the IDTF provide a written list of the supervising physician(s) that will be supervising services at this IDTF upon request?
- Yes/No question.
 - If the answer is YES, look for a photo of the written list of supervising physicians.
 - If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., The provider did not have a written list at the time of the site visit.)

5.3.10 Performance Standard #13

- 5.3.10.1 Q1. Can the IDTF retrieve medical records within 2 business days?
- Yes/No question.
 - If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., The provider stated records are stored offsite and cannot be retrieved within 2 business days.)
- 5.3.10.2 Q2. Does the IDTF have proper medical records storage?
- Yes/No question.
 - If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., The provider stated records are stored in unsecured cardboard boxes.)
- 5.3.10.3 Q3. How are the records stored?
- **On-Site** – e.g., a file cabinet
 - Yes/No question.
 - If the answer is YES, look for a photo of a file or storage cabinet. This photo may be the same as the required photo in Performance Standard #3, Question 4 or 5.
 - **Electronically** – e.g., in a computer/hard drive/cloud storage
 - Yes/No question.
 - If the answer is YES, look for a photo of the locked computer screen. This photo may be the same as the required photo in Performance Standard #3, Question 4 or 5.
 - **Storage Facility** – e.g., an outside vendor collects all the records and stores them at a facility away from the IDTF site
 - Yes/No question.
 - **Other** – e.g., any additional form of storage not previously mentioned
 - Yes/No question.

- If the answer is YES, an explanation needs to be entered in the dialog box.

5.3.11 Performance Standard #14

5.3.11.1 Q1. Is the IDTF accessible during regular business hours?

- Yes/No question.
- If the answer is NO, an explanation needs to be entered. (E.g., The provider is available by appointment only.)

5.3.11.2 Q2. Does the facility maintain posted hours of operation?

- Yes/No question.
- If the answer is YES
 - The hours of operation must be entered in the applicable fields using the proper format: XX:XX AM/PM (e.g., 8:00 AM, 12:00 PM, 5:00 PM).
 - The Open, Close, and Appointment Needed fields must be answered for each day of the week.
 - “Closed” should be entered in the Open and Close fields for days the provider is not open.
 - Look for a photo of the hours of operation and verify that the hours photographed match the hours entered in the site visit form. This photo may be combined with the provider’s signage or entry photos.
- If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., The hours of operation are not posted.)

5.3.12 Performance Standard #15

5.3.12.1 Q1. Does the IDTF share its practice location?

- Yes/No question.
- If the answer is YES
 - An explanation needs to be entered in the dialog box. (E.g., The mobile IDTF shares its home office with another provider, AAA Occupational and Physical Therapy.)
 - Look for a photo showing how the IDTF shares its practice location (e.g., signage for both businesses, equipment for both businesses).

5.3.12.2 Q2. Does the IDTF share diagnostic equipment?

- Yes/No question.
- If the answer is YES, an explanation needs to be entered in the dialog box. (E.g., The hospital-based provider shares its portable equipment with the emergency department or walk-in clinic.)

5.3.12.3 Q3. Does the IDTF lease or sublease its operation or its practice?

- Yes/No question.
- If the answer is YES, an explanation needs to be entered in the dialog box. (E.g., the IDTF uses its operation and/or practice location on Monday, Tuesday, Wednesday, Thursday, and leases its operation and/or practice location to another Medicare-enrolled IDTF on Friday, Saturday, and Sunday.)

5.4 ADDITIONAL QUESTIONS FOR INSPECTOR

5.4.1 Was the inspector able to complete the site visit?

Note: The inspector is required to make an appointment in advance. If during the visit, the inspector is not able to conduct the inspection, the inspector is required to call their Help Desk for further direction.

- Yes/No question.
- The answer is YES when
 - The provider/staff member assists with the inspection, answers the questions, and presents the documentation.
 - The provider/staff member answers any questions that they can, but they do not have all or some of the documentation.
- The answer is NO when
 - The provider refuses the visit and does not allow the inspector to proceed
 - There is no one to assist the inspector with the site visit.
 - The inspector is asked to return. The inspector must inform the facility that they are required to complete the visit at that time or the site visit will be submitted as unsuccessful.
 - The site was closed.
 - The site is non-existent.
- If the answer is NO, an explanation needs to be entered in the dialog box that states the inspector coordinated with their Help Desk regarding the inability to complete the site visit.

5.4.2 Additional Comments—Look for:

- Explanations that could not be clarified under the individual question.
- An explanation for a second visit, as applicable, written in the correct format.
- Explanations for any missing or unavailable photos.
- The inspector's attestation regarding accuracy and clarity of the photos.

5.4.3 Beyond what is disclosed in this site visit worksheet, was there any evidence obtained during the site visit that could indicate that the supplier is not in compliance with the provisions in 42 CFR 410.33?

- Yes/No question.
- If the answer is YES, an explanation needs to be entered in the dialog box.

5.4.4 Photographs Required

- Exterior of building
 - Look for the address on the exterior of the building. If the address is not visible, a separate picture of the address marker must be included.
- Facility entrance
 - Look for the provider's business signage. If the business name is not visible, a separate photo of the provider's signage must be included.
 - Look for the provider's hours of operation. If the hours of operation are not visible, a separate photo of the hours of operation must be included.
- How the facility is accessible to the disabled.
 - Look for evidence that the facility entrance is handicap accessible from the outside of the building. A handicap parking space is not sufficient.
- Interior of facility
 - Look for space for equipment appropriate to the services designated on the enrollment application. This may be combined with the photo of the equipment showing the equipment installed in a room with adequate space for the testing being performed.
 - Look for facilities for handwashing.

- Look for adequate patient privacy accommodations (e.g., room with door/curtain/partition).
 - Look for the storage of business records applicable to the selected answer for Performance Standard 13, Question 3:
 - On-Site – paper/hard copy (e.g., file cabinet) – **Photo required**
 - Electronically – computer/hard drive – **Photo of the computer required**
 - Storage facility – outside storage service – **No photo required**
 - Current medical records within the office setting of the IDTF, or IDTF home office. Not within the actual mobile unit applicable to the selected answer for Performance Standard 13, Question 3:
 - On-Site – paper/hard copy (e.g., file cabinet) – **Photo required**
 - Electronically – computer/hard drive – **Photo of the computer required**
 - Storage facility – outside storage service – **No photo required**
 - Proof of liability insurance
 - The catalog of portable diagnostic equipment, if applicable
 - All diagnostic testing equipment used by provider (including serial/registration number(s) on the equipment). Two pictures for each piece of equipment must be included:
 - The piece of equipment in full view
 - The serial number of the equipment

***Note:** If the inspector cannot capture a photo of an MRI machine, a comment must be entered in “Additional Comments.”*
 - Diagnostic testing equipment calibration log (including the name/type, model, and equipment calibration dates)
 - Diagnostic testing equipment maintenance log
 - Applicable federal and state licenses
 - Written list of technicians providing services at the IDTF
 - Written list of supervising physicians
 - Written complaint resolution AND forms
 - Posted 42 CFR § 410.33 standards
 - Evidence that the IDTF is sharing their practice location, if applicable
- 5.4.5 Continue to Section 7 to complete the report.

6 SITE INVESTIGATION FOR SUPPLIERS OF DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS)

6.1 GENERAL OBSERVATIONS

- 6.1.1 Verify “Date of First/Second Visit,” “Executed This On” date, and “Date of Inspection” meet standards as defined in Section 2

6.2 FACILITY INFORMATION

6.2.1 Q1. Type of Facility—**PHOTO REQUIRED**

- Verify the type of facility is selected and meets standards outlined in Section 2.
- A Yes or No answer is required for every type of facility. Only one type of facility can be answered YES; all the others should be answered NO.
 - **Storefront**—a freestanding, single-tenant structure typically used for retail or business.

- **Suite-Mall/Plaza**—an office/space in an open-air shopping center where the stores are connected and arranged in a linear row, typically with a sidewalk in front.
 - **Suite-Office Building**--an office in an enclosed, multi-tenant building with interior corridors and office entrance; may be of varying height. This type includes providers operating inside a hospital, assisted living, or nursing home.
Note: One single provider might occupy the entire building with suites/offices.
 - **Private Residence**—any building, buildings, or part of a building owned by a private entity which serves as a permanent residence.
 - **Warehouse (Only)**—a large building where raw materials or manufactured goods may be stored before distribution for sale.
 - **Office-Warehouse Attached**—an office space (normally located up-front) with a large building attached (normally located at the back) where raw materials or manufactured goods may be stored before distribution for sale
 - **Other**— any location you encounter that does not fit any other facility type. (e.g., vacant lot) If the answer is YES, look for a description in the dialog box.
 - Attach Photo
 - A photo of the facility must be attached. Look for the photo to include the entire exterior of the photo clearly displaying the facility type the inspector selected.
 - The report cannot be submitted without a photo in this position.
- 6.2.2 Q1a. What is the approximate size of the facility?
- Short answer question; requires an entry in the dialog box.
 - Look for the information in square feet. The answer must be entered as “[Number] Square Feet” (e.g., “12,000 Square Feet”).
- 6.2.3 Q1b. Is access to facility restricted (gated community, call box, etc.)?
- Yes/NO question.
 - If the answer is YES, an explanation needs to be entered in “Additional Comments” at the end of the report. (E.g., The facility is located on a military base. The facility is located inside a building that requires a security passcode.)
- 6.2.4 Q1c. Are there customers or signs of business activity during the inspection?
- Yes/No question.
 - If the answer is NO, an explanation needs to be entered in “Additional Comments” at the end of the report. (E.g., The site visit was scheduled when the supplier was closed.)
- 6.2.5 Q1d. Is this facility normally visited by beneficiaries, (customers)?
- Yes/No question.
 - If the answer is NO, an explanation needs to be entered in “Additional Comments” at the end of the report. (E.g., The supplier meets beneficiaries in provider offices to custom fit orthotics.)
- 6.2.6 Q1e. If a home-based business, are all local zoning requirements met?
- Yes/No/N/A Question.
 - The answer will always be N/A unless the facility type is marked “Private Residence.”
 - If the answer is NO, an explanation needs to be entered in “Additional Comments” at the end of the report. (E.g., The supplier stated they were unaware of any zoning requirements.)
- 6.2.7 Q2. Is the facility accessible to the disabled?—**PHOTO REQUIRED.**
- Yes/No question.
 - If the answer is YES
 - Look for the Attach Photo option to be marked YES.

- Look for a photo to clearly show how the facility is accessible from the outside: curb cutout, ramp, flat surface into the entrance, elevator for higher exterior floors, etc.
 - Additional features like interior elevators and automatic doors can be included in addition to the exterior access.
 - If the answer is NO
 - Look for the Attach Photo option to be marked YES.
 - Look for a photo clearly showing how the facility is not accessible from the outside: barriers, steps, curbs, etc.
 - An explanation must be entered in the dialog box describing how the supplier accommodates the disabled. (E.g., The supplier offers curbside service.)
- 6.2.8 Q3. Is there a permanent, visible sign with the supplier's business name posted on the facility?
- Yes/No question.
 - If the answer is YES
 - Look for the Attach Photo option to be marked YES.
 - Look for a photo of a permanent sign. The sign can be on the outside of the building, at the suite door, etched on the glass window or door, etc. A sign held by tape or strings/cords is NOT permanent.
 - If the answer is NO
 - Look for the Attach Photo option to be marked NO.
 - An explanation must be entered in the dialog box describing how the business was verified and what was found at the site. (E.g., The building was not marked with business signage, but the receptionist Jane Doe confirmed the business name.)
- 6.2.9 Q4. Are hours of operation posted?
- Yes/No Question.
 - The answer is only YES if the hours are posted and visible to the public. This does not include verbal confirmation of the hours.
 - If the answer is YES
 - Look for the Attach Photo option to be answered YES.
 - Look for a photo of the hours of operation.
 - Open 24/7 (Open 24 hours a day, 7 days a week)
 - Yes/No Question.
 - The answer is only YES when the supplier is open to the public on a continuous basis and never closes its doors. Having an emergency or on-call number posted with the hours of operation does not qualify the supplier as open 24/7.
 - By Appointment Only (no fixed days or hours)
 - Yes/No Question.
 - The answer is only YES when the supplier is open only by appointment and the supplier has no poster or fixed hours of operation other than "By Appointment Only."
 - The answer is NO when the supplier lists their hours of operation as a combination of days, times, and by appointment only (e.g., Monday to Friday, 9:00 AM to 5:00 PM, Saturday by appointment only. In that scenario, the hours of operation are considered Monday to Friday, 9:00 AM to 5:00 PM.)
 - If the answer is NO, the prompt "Please list the hours of operation below" will populate.
 - Look for an entry in the dialog box for each day of the week and the total hours using the correct format (e.g., 9:00 AM to 5:00 PM, Closed).

- Verify that the hours of operation entered in the site visit form match the hours in the uploaded photo.
- If the hours of operation are not posted, the appropriate entry is “Hours are not posted.” Hours of operation obtained from other sources, (the supplier’s staff, internet, etc.) should not entered.

6.2.10 Q5. Was the site visit completed? If unable to conduct site visit for any reason (supplier not operational or inspection refused), please explain in the “Additional Comments” section at the end of this form.

Note: *The inspector is required to make an appointment in advance. If during the visit, the inspector is not able to conduct the inspection, the inspector is required to call their Help Desk for further direction.*

- The answer is YES when
 - The provider/staff member assists with the inspection, answers the questions, and presents the documentation.
 - The provider/staff member answers any questions that they can, but they do not have all or some of the documentation.
- The answer is NO when
 - The provider refuses the visit and does not allow the inspector to proceed
 - There is no one to assist the inspector with the site visit.
 - The inspector is asked to return. The inspector must inform the facility that they are required to complete the visit at that time or the site visit will be submitted as unsuccessful.
 - The site was closed.
 - The site is non-existent.
- If the answer is NO, an explanation needs to be entered in “Additional Comments” that states the inspector coordinated with their Help Desk regarding the inability to complete the site visit.

6.3 INTERVIEW OF INDIVIDUAL PRESENT

6.3.1 Q6. Individual(s) Interviewed

- Verify that one title is selected and that the individual’s last name and first name are entered in the dialog boxes.
- If “Other” is selected, a full name (first and last) and the title must be entered in the “If Other Please Describe” dialog box.
- Verify that a comment in the “Additional Information” dialog box refers to the individual interviewed (e.g., the owner is also the manager, additional people participated in the site visit).

6.3.2 Q7. The supplier must provide a list of all owners and management with day-to-day control, including name and title.—**PHOTO REQUIRED**

- NOT a Yes/No question.
- If a list is provided
 - The Photo Attached option must be marked YES
 - Look for a photo containing the owner and manager information. An organizational chart that does include ownership details or business cards are not acceptable.
- If a list is not provided
 - The Attach Photo option must be marked NO
 - A comment must be added to “Additional Comments” at the bottom of the report.

6.3.3 Q8. Does the supplier have other locations that service Medicare beneficiaries? If additional space is needed, please use the “Additional Comments” section at the end of this form.

Note: “Other locations” are separate facilities with the same ownership and management. If the management of the supplier being surveyed is not also the management of the “Other Location” it is likely an “Other Medical Entity.” If the supplier does not know the PTAN number of the “Other Location” it is likely an “Other Medical Entity.”

- Yes/No question.
- If the answer is YES
 - Verify that the Business Name, Address, City, State, Zip Code and PTAN are entered in the dialog boxes.
 - If the supplier has more than one additional location, the Business Name, City, State, Zip Code and PTAN for each additional location must be listed in “Additional Comments” at the end of the report.

6.3.4 Q9. Does the owner or any relatives own(ed) any other medical entities? If additional space is needed, please use the “Additional Comments” section at the end of this form.

Note: “Other Medical Entities” are organizations that provide services to Medicare Beneficiaries. The owner can be a corporation or an individual (e.g., Walgreens Pharmacies, CVS Pharmacies, hospital system facilities).

- Yes/No Question.
- If the answer is YES
 - Verify that the Owner’s Last Name, Owner’s First Name, Relationship, Business Name, Address, City, State, and Zip Code are entered in the dialog boxes.
 - If the supplier has more than one other medical entity, the Owner’s Last Name, Owner’s First Name, Relationship, Business Name, Address, City, State, and Zip Code for each additional entity must be listed in “Additional Comments” at the end of the report.

6.3.5 Q10. Does the supplier share office space with other DME suppliers or other medical businesses?

Note: Shared space included two or more organizations functioning in the same space (e.g., an optical shop that shares space with an ophthalmology or optometry practice. They may share entrances, waiting rooms, and possibly staff, but they bill separately using different provider numbers.)

- If the answer is YES
 - Verify that the Attach Photo option is answered YES.
 - Look for a photo to be uploaded that clearly shows the area(s) being shared. If more than one photo is required to demonstrate the situation accurately, additional photos should be added at the bottom of the report.
 - Verify that the Business Name, Type of Business, Owner’s Last Name, and Owner’s First Name are entered in the dialog boxes.
 - Verify that the additional populated questions are answered.
 - A. Entrances
 - Yes/No question.
 - If YES, look for an explanation in the dialog box and a photo at the bottom of the report.
 - B. Office personnel/ownership
 - Yes/No question.
 - If YES, look for an explanation in the dialog box and a photo at the bottom of the report.
 - C. EIN, (Employer Identification Number)

- Yes/No question.
 - If YES, look for an explanation in the dialog box and a photo at the bottom of the report.
- D. Telephone
 - Yes/No question.
 - If YES, look for an explanation in the dialog box and a photo at the bottom of the report.
- E. Inventory
 - Yes/No question.
 - If YES, look for an explanation in the dialog box and a photo at the bottom of the report.
- If the answer is NO, the additional questions will not populate but will be visible on the final PDF will be unanswered but will still show question.

6.4 RECORDS AND TELEPHONE

6.4.1 Q11. Are the patient records maintained (check all that apply)?

Note: *This series of questions must be confirmed verbally by the inspector. Photos of patient records must not be included in the report.*

- At this location?
 - Yes/No question.
 - If all or some of the records are maintained at the location, this question should be answered YES.
- At an off-site storage facility?
 - Yes/No question.
 - If all or some of the records are sent to an off-site storage facility, this question should be answered YES.
- Electronically?
 - Yes/No question.
 - If all or some of the records are kept electronically, this question should be answered YES.
- Q11a. Do these records include physician ordering/referral documentation?
 - Yes/No question.
 - If the answer is NO, an explanation must be entered in the dialog box.
- Q11b. Do these records include beneficiary communications, such as questions received from beneficiaries and progress notes?
 - Yes/No question.
 - If the answer is NO, an explanation must be entered in the dialog box.
- Q11c. Do these records include documentation of delivery?
 - Yes/No question.
 - If the answer is NO, an explanation must be entered in the dialog box.
- Q11d. Do these records include documentation of maintenance, repairs, or exchanges?
 - Yes/No question.
 - If the answer is NO, an explanation must be entered in the dialog box.
- Q11e. Do these records include proof the supplier provided equipment warranty?
 - Yes/No question.
 - If the answer is NO, an explanation must be entered in the dialog box.
- Q11f. Do these records include proof the supplier advises beneficiaries that they may either rent or purchase inexpensive or routinely purchased equipment, and of the capped rental policy?
 - Yes/No question.
 - If the answer is NO, an explanation must be entered in the dialog box.

- Q11g. Do these records include proof the supplier provides beneficiaries with written information and instructions on how to use Medicare covered items safely and effectively?
 - Yes/No question.
 - If the answer is NO, an explanation must be entered in the dialog box.
- 6.4.2 Q12. Does the supplier have a written complaint policy/procedure established and document for logging complaints?
 - Yes/No question.
 - If the answer is YES
 - Verify that the Attach Photo option is answered YES.
 - Look for 2 separate photos to be uploaded that clearly show the Complaint Policy and Complaint Log or Form.
- 6.4.3 Q13. Does the supplier have a business phone number (other than a cellular phone) listed in a local telephone directory under the business name?
 - Yes/No question.
 - Verify that the phone number is listed in the dialog box regardless of the answer. The proper format for the telephone number is (123) 456-7890.
 - Q13a. How was the phone number verified (check all that apply)?
 - Verify one of the corresponding options is marked YES.
 - White/Yellow Pages – Yes/No
 - Directory Assistance – Yes/No
 - If the phone number was not verified by one of the methods above, verify that Question 13 was answered NO and that there is an explanation in “Additional Comments” at the end of the report. (E.g., The phone number is listed in the name of an individual. The phone number is listed to another entity.)
 - Q13b. Was there telephone activity during the site inspection?
 - Yes/No question.

6.5 LICENSING/CERTIFICATION

- 6.5.1 Q14. Are the supplier’s business, customers, and employees covered by comprehensive liability insurance? (Obtain current certificate of insurance with NSC as the certificate holder.)
 - Yes/No question.
 - If the answer is YES
 - Verify that the Attach Photo option is answered YES.
 - Look for a photo of the liability insurance policy that is clear and readable.
 - Verify that the certificate holder is “NSC” or National Supplier Clearinghouse. This information is located at the bottom left corner of the document. If NSC is not the certificate holder, look that the inspector entered a comment in “Additional Comments” at the end of the report.
 - If the answer is NO, an explanation needs to be entered in the dialog box. (E.g., The supplier could not produce the certificate of insurance at the time of the site visit.)
- 6.5.2 Q15. Does the supplier have valid state and federal licenses applicable to their business?
 - Yes/No question.
 - If the answer is YES
 - Verify that the Attach Photo option is answered YES.
 - Look for a photo of the license issued by the state or federal government that is clear and readable.
 - If the supplier has additional state and/or federal licenses, additional photos should be included at the end of the report.
 - If the answer is NO

- Verify that the Attach Photo option is answered NO.
 - An explanation must be entered in the dialog box. (E.g., The supplier is not required to be licensed. The license was not available during the site visit.)
- 6.5.3 Q16. Does the supplier provide custom fitted or fabricated Orthotic and Prosthetic items?
- Yes/No question.
 - If the answer is YES
 - Verify that the inspector entered the full name and title/qualifications of each person providing the service in full sentence format. (E.g., John Doe and Mary Smith are Certified Prosthetists.)
 - Verify that the Attach Photo option is answered YES
 - Look for a photo of each person's qualifications/certifications/licenses that is clear and readable. If the supplier has more than one person providing the service, the additional photos should be added at the bottom of the report.
- 6.5.4 Q16a. Does the supplier fabricate items onsite?
- Yes/No question.
 - If Question 16 is NO, Question 16a must be NO.
 - If the answer is NO, review the "If No" question.
 - Yes/No question.
 - If Question 16 is answered NO, the "if No" question should also be answered NO.
 - If the "If No" question is answered YES, look for the company name, address, and telephone number to be entered in the dialog boxes.
- 6.5.5 Q17. Does the supplier provide diabetic footwear?
- Yes/No question.
 - If the answer is YES
 - Verify that the full name and title/qualifications of each person providing the service is entered in the dialog box in correct sentence format. (E.g., "John Doe and Mary Smith are certified to provide diabetic footwear.")
 - Verify that the Attach Photos option is answered YES.
 - Look for a photo of each person's qualifications/certifications/licenses that is clear and readable. If the supplier has more than one person providing the service, the additional photos should be added at the bottom of the report.
- 6.5.6 Q18. Does the supplier provide oxygen or oxygen related equipment?
- Yes/No question.
 - If the answer is YES
 - Verify that the full name and title/qualifications of each person providing the service is entered in the dialog box in correct sentence format. (E.g., "John Doe and Mary Smith are licensed respiratory therapists.")
 - Verify that the Attach Photos option is answered YES.
 - Look for a photo of each person's qualifications/certifications/licenses that is clear and readable. If the supplier has more than one person providing the service, the additional photos should be added at the bottom of the report.

6.6 Inventory

- 6.6.1 Q19. Does the supplier have inventory stored on site?
- Yes/No question.
 - If the answer is YES
 - Verify that a description of all the items in inventory has been entered in the dialog box entered in correct sentence format.
 - Verify that the Attach Photos option is answered YES.
 - Look for photos of ALL DME inventory listed in the dialog box. Additional photos should be

uploaded at the bottom of the report.

6.6.2 Q19b. Does the supplier maintain an off-site storage facility?

- Yes/No question.
- If the answer is YES, verify that the full address of the facility is entered in the dialog boxes.

6.6.3 Q19c. Does the supplier accept other types of health insurance?

- Yes/No question.
- If the answer is YES, the insurances should be listed in the dialog box. If the list of insurances is too long, a relevant comment can be added
 - The supplier accepts most major health insurance plans, including [insert the insurance companies listed by the inspector]
 - The supplier accepts most major health insurance plans except for [list the two or three insurances that are not accepted]

6.6.4 Q21. Does the supplier rent Durable Medical Equipment?

- Yes/No question.
- If the answer is YES, Question 21a, “Does the supplier directly service, maintain or replace DME items it has rented to beneficiaries” must be answered.

Note: If Question 21 is answered NO, Question 21a will be hidden.

6.6.5 Q21b. Do they have a service contract with another supplier?

- Yes/No question.
Note: If Question 21 is answered NO, Question 21b must be answered NO (i.e., if the supplier does not rent DME, there is no need to have a service contract).
- If the answer is YES
 - Verify that the “If Yes” question has been answered (Yes/No question).
 - If the “If Yes” question is answered YES, verify that the full name, address, and telephone number are entered in the dialog boxes.
 - If the “If Yes” question is answered YES, verify that the Attach Photo option is marked YES.
 - Look for a photo of the contract.
- If the answer is NO, verify that a comment has been added to the dialog box. (E.g., The supplier provides all service in-house. The supplier does not rent medical equipment.)

6.7 CONTACT WITH BENEFICIARY

6.7.1 Q22. Is a copy of the current Supplier Standards provided to all Medicare patients?

- Yes/No question

6.7.2 Q23. Does the supplier directly solicit (or utilize any third-party vendors to solicit) beneficiary referrals via telephone?

- Yes/No question
- If the answer is YES, verify that the dialog box contains the full name of the company or companies soliciting the beneficiaries or a description of how the supplier directly solicits beneficiaries.
- If the answer is NO, verify that the dialog box explains the methods the supplier uses to obtain new customers. (E.g., Physicians refer new patients to this supplier.)

6.7.3 Q24. Does the supplier furnish contact information to beneficiaries at the time of delivery? Example: an equipment sticker label listing the supplier’s name and telephone number.

- Yes/NO question.
- If the answer is YES
 - Verify that the Attach Photo option has been answered YES.
 - Look for a photo capturing the method in which the contact information is shared.
Note: The photo may be anything with the supplier’s information including name and telephone number (e.g., the sales receipt or delivery document).

6.7.4 Q25. Does the supplier accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from

beneficiaries?

- Yes/No question
- If the answer is NO, verify that an explanation has been entered in the dialog box.

6.7.5 Continue to Section 7 to complete the report.

7 EDITING THE REPORT

7.1 DETERMINE NEEDED CHANGES

7.1.1 QC Case Analysts can only modify open text answers and move, hide, or delete photos. Determine what changes need to be made based on findings in Sections 2 through 6.

7.2 RELOCATING PHOTOS

- 7.2.1 If a photo is attached at the bottom of the report but needs to be moved to one of the designated locations, it must be saved locally and uploaded to the form.
- Download the photo by clicking the “Download Image” icon.
 - Save the image to a folder where you will easily be able to retrieve it. Name the photo with the Job Order number and photo label (e.g., 10012345 Sign). Change the file format to JPEG.
 - Navigate to the photo spot where you want to move the photo to and select “Click Here” to add the photo.
 - Find the correct photo file and click “Open.”
 - Check that the photo displays correctly in the report.
 - Click “Save” at the bottom of the report.
- 7.2.2 If a photo is attached at the top of the report and is better located at the bottom of the report:
- Open the photo by clicking the “View” (eye) icon.
 - Position the cursor on the photo and right click. Select “Save Image As.”
 - Save the image as a JPEG file to a folder where you will easily be able to retrieve it. Name the photo with the Job Order number and photo label (e.g., 10012345 Exterior).
 - Navigate to the “Images” section and select “Click Here to Upload Images”
 - Find the correct photo file and click “Open.”
 - Check that the photo displays correctly in the report.
 - Click “Save” at the bottom of the report.

7.3 EDITING, HIDING, AND DELETING PHOTOS

- 7.3.1 If a photo contains reflections or images of people, PII/PHI, or any obstructions that can be removed, the photo should be edited using Paint or a photo editing application.
- The photo should be modified as little as possible leaving most of the image intact.
 - PII/PHI should be redacted using bars, erasure, or blurring—whichever method is the most effective.
 - Reflections and images of people should be blurred to not be identified.
- 7.3.2 If a photo does not need to be visible in the final report, it should be hidden from view.
- This applies to photos at the bottom of the report. Photos in designated photo locations cannot be hidden.
 - Navigate to the photo to be hidden.
 - Click the “Show” (eye) icon to toggle to “Hidden” mode.

- Hide all necessary photos.
- Click “Save” at the bottom of the report.

7.3.3 If a photo is not relative to the report in question, the photo should be deleted.

- The only photos that should be deleted are photos that do not make any reference to the visit (e.g., a photo of a backpack, a photo of the ground, a blank photo).
- This also applies when moving a photo from a designated photo location.
- Navigate to the photo to be deleted.
- Click the “Delete” icon.
- Double check that the correct photo was deleted. If a photo was deleted by accident, navigate out of the job order form without saving to reset the form.
- Click “Save” at the bottom of the report.

7.4 PROOF READING TEXT

7.4.1 All free text answers must meet the standards outlined in Section 2.3. Determine if the text is properly formatted with correct capitalization and spelling.

- In the text box, make corrections to spelling, grammar, capitalization, and format.
- Pay special attention to line breaks and special characters.
- Ensure all pertinent information is included. Review the report form questions to verify any “No” answers are addressed in “Additional Comments.”
- Click “Save” at the bottom of the report.

7.5 RETURNING THE REPORT

7.5.1 Based on the state of the report, determine whether the report needs to be sent back to the inspector for re-do or corrections. Look for:

- Date or time does not match across all entries/photo time stamps.
- Questions answered improperly (e.g., two facility types chosen, Questions 2, 3, and 7 do not align.)
- Business name or address in Job Order unconfirmed.
- Photos that did not properly upload to the form.
- Missing or unclear comments.

7.5.2 Click “Send Back to Inspector.”

7.5.3 The Reason to Send Back window will populate.

7.5.4 Enter the date and your initials. Then, enter a clear explanation of everything that needs to be corrected or explained in the Reason field. (E.g., 01.02.23 – ABC – [Explanation])

Note: QC Case Analysts cannot direct the inspector to choose specific answers. The inspector must answer the questions truthfully and to their best ability with the information provided to them during the site visit.

7.5.5 Click “Save” to send the report and reason.

7.5.6 The report moves into the Active queue.

- Monitor the report for response from the inspector.

8 COMPLETING THE REPORT

9.1.1 The report is ready for completion when all questions are appropriately answered, and all

photos are properly included as necessary.

9.1.2 Start at the top of the Inspection Details page and review the information a final time. Look for:

- Date and time match in all entries.
- All questions are answered appropriately.
- All photos are included and labeled.
- The form is signed.

9.1.3 Click “Save” to secure the form.

9.1.4 Pull the PDF version and review its accuracy

9.1.5 Click “Complete” to submit the form.

9.1.6 The form moves into the Completed queue.

9.1.7 *Important Note: Always follow the steps as indicated in Section 8*

APPENDIX A – ACCEPTABLE COMMENTS

GENERAL:

Scenario	Comment
Hours of operation not posted	The hours of operation were not posted.
Hours of Operation	Day to Day, X:XX AM to X:XX PM; Day X:XX AM to X:XX PM; Day X:XX AM to X:XX PM i.e., Monday to Friday, 8:00 AM to 5:00 PM; Saturday, 9:00 AM to 5:00 PM; Sunday, 10:00 AM to 5:00 PM
Hours of Operation + Photo	• Observational ✓ Are the hours posted? - YES – Photo/YES, Comment/NO – Photo/NO, Comment/NO • Observational DMEPOS ✓ Are the hours posted? - YES – Photo/YES, Comment/YES - NO – Photo/NO, Comment/The hours of operation were not posted
Not open for business	The facility was not open. The doors were locked and the lights were off. The site was found closed.
Telephone Number	(123) 456-7890
Two visits were completed	First Visit – XX/XX/2022 – [Enter what happened during the first visit]. Second Visit – XX/XX/2022 – [Enter what happened during the second visit].
Calling the provider/supplier	The inspector called (123) 456-7890 and spoke to [name + title]
Photos are missing the geotag stamp	The inspector confirms the photos were taken at the site on the date/time recorded.
Address and/or Suite number and/or business sign not posted	The inspector confirmed the address number was not posted. The inspector confirmed the suite number was not posted. The inspector confirmed a business sign was not posted.
A second visit was needed to retake the photos which did not upload during the first visit	Due to technical issues, a second visit was conducted to retake the photo(s).
Names and Titles must be capitalized and separated by a comma	John Doe, the Administrator, ...
Numbers	Single-digit numbers (from zero to nine) must be spelled out in the sentence (i.e., one, two, three...) Double-digit numbers (from 10 and above) are written in numbers (i.e., 10, 11, 12...)
Punctuation	Proper punctuation must be used such as commas, periods, colon, semi-colon, etc. All comments must be written in full sentences uses proper written grammar. Abbreviations must not be used.

IDTF:

Scenario	Comment
Patients are not present during the site visit	No patients were scheduled for testing at the time of the site visit. Patients are not tested at this location. The provider tests patients in [their home, doctor's office, etc.].
How does the supplier solicit new business?	Physicians refer new patients to this provider.
Supervising Physician	Doctor [John Doe] is the supervising physician.

DETAILED DMEPOS:

Scenario	Comment
List of insurances when there are more than ten	The supplier accepts most major health insurance plans, including [insert the insurance companies listed by the inspector]
The supplier accepts a large number of insurances except for one, two, or three	The supplier accepts most major health insurance plans except for [list the two or three insurances that are not accepted]
Incorrect document presented by the supplier	Question X, The supplier provided the [enter the document] when asked for [enter the document requested]. Example: Question 15, The supplier provided their accreditation certificate when asked for state and federal licenses applicable to the business.
The supplier did not provide the required document	Question X, The supplier did not provide [enter the document requested]. Example: Question 7, The supplier did not provide a written list of owners and managers.
Question 21.b, when Question 21 is answered NO	The supplier does not rent medical equipment.
Size of the facility	[enter the number in digits] Square Feet – i.e., 3000 Square Feet

APPENDIX C – SITE VISIT SCENARIOS

Facility Status	Scenario	Inspector Instructions	Case Analyst Instructions
The facility is open for business	Business signage matches the name in the job order.	Take all required photos, conduct the site visit, and complete and submit the report as normal.	Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Complete the report as normal.
	Business signage indicates a similar business with a different name (e.g., the job order lists ABC Physical Therapy, but business signage is for XYZ Physical Therapy).	Enter the facility and ask an employee if the two businesses are related. Record their first and last name and position and the response they provided in Additional Comments. Take all required photos and complete and submit the report as normal.	Look for a comment explaining the different business name and listing the name and position of the employee they spoke with. Look in the Special Requests box in the Job Order Details Tab for any DBA. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.
	The address in the job order is slightly incorrect, but the correct facility is clearly visible very nearby (e.g., the suite number is different but within the same building, business signage is visible across the street).	Photograph the original, incorrect address proving that it is incorrect. Go to the correct address, take all of the required photos, and note the address difference in Additional Comments. Complete and submit the report as normal.	Look for a comment explaining the different address. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.
The facility is <u>NOT</u> open for business	The address in the job order is for a PO Box/Commercial mailbox. PO Box is within a USPS post office. Commercial mailbox is a facility used ONLY for mail delivery, typically UPS Store or similar.	Take all required photos clearly indicating the facility type, mark all questions "No," and enter clear notes in Additional Comments. Complete and submit the report as normal.	Look for a photo proving the location is a mailbox. Look for a comment explaining that the location is a mailbox. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.
	Business signage indicates a similar business with a different name (e.g., the job order lists ABC Physical Therapy, but business signage is for XYZ Physical Therapy).	Take all required photos including the business sign. Enter clear notes in Additional Comments explaining what was found at the facility on the first attempt. Save the report but do not submit. Return for a second attempt during the posted hours or during regular business hours. If the facility is open, enter and ask an employee if the two businesses are related. Record their first and last name and position and the response they provided in Additional Comments. Complete and submit the report as normal. If the facility is still closed, mark all questions "No," enter clear notes in Additional Comments, and complete and submit the report as normal.	Look for valid dates and times for the first and second visits. Look for comments to clearly explain what was found on the first and second visits. Look for a comment explaining the name difference and employee they spoke with. Look for a photo of posted hours of operation and a comment to explain if alternate hours were considered on the second visit. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.

	Upon arrival to the address in the job order, a sign is posted that the provider or supplier has moved.	Take all of the required photographs as well as the "we have moved" sign. If the address is within 20 miles, go to the new address and conduct the site visit. Enter the new address information in Additional Comments. Complete and submit the report as normal. If the new address is more than 20 miles away, mark all questions "No," and enter clear notes in Additional Comments. Complete and submit the report as normal.	Look for a photo of the posted sign and both the original and new location. Look for comments to explain the distance to the new address and/or steps that were taken after finding the sign. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.
	Upon arrival to the address in the job order, alternative business hours are posted.	Take all of the required photographs as well as the posted hours of operation sign. Return to conduct a second attempt during the posted hours. Enter clear notes about the hours of operation and what was observed on both site visit attempts in Additional Comments. Complete and submit the report as normal.	Look for valid dates and times for the first and second visits. Look for comments to clearly explain what was found on the first and second visits. Look for a photo of the posted hours of operation and a comment to explain the alternate hours. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.
	Upon arrival to the address in the job order, the facility is vacant, under construction/renovation, or a for sale/lease sign is posted.	Take all of the required photos. Ensure the photos clearly show that the facility is not operational and include any pertinent signage, construction equipment, empty rooms, etc. Mark all site visit questions "No," enter clear notes in Additional Comments, and complete and submit the report as normal. A second visit is not required.	Look for photos proving the facility is vacant. Look for comments to clearly explain what was found at the facility. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.
	Upon arrival to the address in the job order, the address appears correct, but the facility is not open for business.	Take all of the required photos. Enter clear notes in Additional Comments explaining what was found at the facility on the first attempt including how it was determined the facility was not open. Save the report but do not submit. Return on another day during regular business hours for a second attempt. If the facility is open on the second attempt, enter clear notes in Additional Comments and complete and submit the report as normal. If the facility is not open on the second attempt, mark all site visit questions "No," enter clear notes in Additional Comments, and complete and submit the report as normal.	Look for valid dates and times for the first and second visits. Validate photos agree with the listed dates and times. Look for comments to clearly explain what was found on the first and second visits. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.

	Upon arrival to the address in the job order, a completely different business is found (e.g., the job order lists Main Street Eye Doctor, but the business at the address is Happy Time Florist).	Take all required photos, mark all site visit questions "No," and enter clear notes in Additional Comments. Complete and submit the report as normal. A second visit is not required.	Look for photos proving the business is clearly not the business in question. Look for comments to clearly explain what was found at the facility. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.
	Upon arrival to the address in the job order, the facility appears to be a private residence. This does not apply to buildings repurposed into commercial space that are zoned for business.	Do not approach the facility. Do not contact the provider/supplier regardless of instructions in Special Requests. Take photos of the exterior of the facility and proof of address from a distance of at least the street. Mark all site visit questions "No," and enter clear notes in Additional Comments. Complete and submit the report as normal.	Look for photos proving the facility is a private residence. Look for comments to clearly explain what was found at the facility. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.
	Upon arrival to the address in the job order, a sign is posted stating that the facility is open by appointment only.	Take all required photos including the posted sign. Call the phone number listed in the job order and discretely explain the purpose of the visit. Request a window of time that someone will be available at the facility to conduct the site visit. Do not schedule a specific appointment time to return. Enter clear notes containing the date, time, phone number called, and name/position of the person spoken to. Save but do not submit the report. Return for a second attempt during a time that the provider or supplier indicated someone would be available. Enter clear notes in Additional Comments and complete and submit the report as normal.	Look for valid dates and times for the first and second visits. Validate photos agree with the listed dates and times. Look for comments to clearly explain what was found on the first and second visits and include date, time, and phone number called. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.
	Upon arrival to the address in the job order, a sign is posted stating that access is restricted due to COVID.	Take all required photos including the posted sign. Call the phone number listed in the job order, discretely explain the purpose of the visit, and request access. If access is granted, enter clear notes in Additional Comments and conduct the SV as normal. If access is denied, enter clear notes in Additional Comments, save but do not submit the report, and call the Help Desk for further instructions.	If access was granted, look for valid dates and times for the first and second visits. Validate photos agree with the listed dates and times. Look for comments to clearly explain what was found on the first and second visits and include date, time, and phone number called. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal. If access was not granted, do not complete the report. Notify the Quality Control leaders by emailing the SVS West QC mailbox.

	Upon arrival to the address in the job order, a sign is posted stating that the facility only operates via telehealth or all associates work remotely due to COVID.	Take all required photos including the posted sign. Call the phone number listed in the job order, discretely explain the purpose of the visit, and ask if the facility is used for patient services. If the facility is used for patient service and access is granted, enter clear notes containing the date, time, phone number called, and name/position of the person spoken to in Additional Comments and conduct the SV as normal. If the facility is not used for patient services (closed, no employee or patient activity), enter clear notes in Additional Comments, and complete and submit the report as normal. As with appointment-only facilities, a second visit may need to be arranged. See above for directions.	Look for photos of the sign. Look for comments to clearly explain what was found at the facility. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.
	Upon arrival to the address in the job order, the facility is a co-working space (WeWork, etc.) that is shared among various subscribers but does not designate specific office space and may also be used for mail service.	Take all of the required photos including signage proving the facility is a shared office. Call the phone number listed in the job order and discretely explain the purpose of the visit. Request a window of time that someone will be available at the facility to conduct the site visit. Do not schedule a specific appointment time to return. Enter clear notes containing the date, time, phone number called, and name/position of the person spoken to. Save but do not submit the report. Return for a second attempt during a time that the provider or supplier indicated someone would be available. If no patient services (telehealth) are performed at the shared office space, the facility should be marked not operational. Enter clear notes in Additional Comments and complete and submit the report as normal.	Look for valid dates and times for the first and second visits. Validate photos agree with the listed dates and times. Look for comments to clearly explain what was found on the first and second visits and include date, time, and phone number called. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal.
	Can't find the facility Upon arrival to the address in the job order, the exact location cannot be found (e.g., suite number is not listed on the directory, entrance is not easily visible.)	Take all required photos including any applicable signage. Call the phone number listed in the job order, state your location, and request directions to the facility. If the facility is located reasonably nearby, enter clear notes containing the date, time, phone number called, and name/position of the person spoken to in Additional Comments, and complete and submit the report as normal. If the facility cannot be located because the address is incorrect, enter clear notes in Additional Comments, mark all site visit questions "No," and complete and submit the report as normal.	Look for photos and comments to explain what was found at the site and what steps were taken to find the facility. Comments should include date, time, name of employee, and phone number called, if a call was made to locate the facility. If the facility/address could not be located, conduct a simple street view map search of the address. If the map matches the photos in the report showing the address/facility is not there, complete the report as normal. If the map does not match the photos in the report, and the map clearly shows the correct business name at the correct address, send specific details to the inspector to better locate the facility and request a second visit.

	Upon arrival to the address in the job order, the facility is a large office building, strip mall, etc., but a suite or unit number is not included in the address	Look for a building directory or sign that specifies the suite or unit number. Take all required photos including any applicable signage. If a directory or sign is not available, call the phone number listed in the job order and request further clarification. Enter clear notes containing the date, time, phone number called, and name/position of the person spoken to in Additional Comments. Go to the suite or unit listed on the directory or provided over the phone. Take all applicable photos including the suite or unit number, enter clear notes in Additional Comments, and complete and submit the report as normal. If the suite or unit cannot be located OR if the provider states over the phone that the address is incorrect, take all required photos, mark all site visit questions "No," enter clear notes in Additional Comments, and complete and submit the report as normal.	Look for photos and comments to explain what was found at the site and what steps were taken to find the facility. Comments should include date, time, name of employee, and phone number called if a call was made to locate the facility. If the facility/address could not be located, conduct a simple street view map search of the address. If the map matches the photos in the report showing the address/facility is not there, complete the report as normal. If the map does not match the photos in the report, and the map clearly shows the correct business name at the correct address, send specific details to the inspector to better locate the facility and request a second visit.
The facility is in a secure location	Upon arrival to the address in the job order, the facility is located within a secure facility (e.g., gated community, office building with reception personnel, security code required).	Take all required photos including any applicable signage. Call the phone number listed in the job order and discretely explain that you need access to the facility. It is acceptable to explain the purpose of the visit. If access is granted, enter clear notes containing the date, time, phone number called, and name/position of the person spoken to in Additional Comments and complete and submit the report as normal. If access is denied, enter clear notes in Additional Comments. Save but do not submit the report. Contact the Help Desk for further instructions.	If access was granted, look for valid dates and times for the first and second visits. Validate photos agree with the listed dates and times. Look for comments to clearly explain what was found on the first and second visits and include date, time, and phone number called. Verify all of the questions are answered correctly, photos are attached and clear, and comments meet standards. Send back the report or complete the report as normal. If access was not granted, do not complete the report. Notify the Quality Control leaders by emailing the SVS West QC mailbox.
Can't find the address	Using GPS navigation, the address in the job order maps to a general area but not the exact address (e.g., stops in an intersection, pin drops in the middle of the street).	Look around the area for address markers on buildings or street signs. Navigate to where the exact address should most logically be located (e.g., adjacent to the next chronological address, within the block listed on the cross-street signs). If the facility is located, take all required photos, enter clear notes in Additional Comments, and complete and submit the report as normal. If the facility cannot be located, photograph the applicable street signs, landmarks, or adjacent address markers to clearly show that the facility is not located at that address. Mark all questions "No," enter clear notes in Additional Comments stating exactly how the address was determined, and complete and submit the report as normal.	Look for photos and comments to explain what was found at the address and what steps were taken to find the facility. If the facility/address could not be located, conduct a simple street view map search of the address. If the map matches the photos in the report showing the address/facility is not there, complete the report as normal. If the map does not match the photos in the report, and the map clearly shows the correct business name at the correct address, send specific details to the inspector to better locate the facility and request a second visit.

	Using GPS navigation, the address in the job order automatically corrects to an alternate address or new address for the facility.	Attempt to locate the address in the job order using a different mapping app. Do not attempt the site visit at any address other than the one listed in the job order. Call the Help Desk for further instructions.	Do not complete the report. Notify the Quality Control leaders by emailing the SVS West QC mailbox.
	Using GPS navigation, the address does not populate, the address is missing key details, or the address is not clear.	Do not attempt the site visit. Call the Help Desk for further instructions.	Do not complete the report. Notify the Quality Control leaders by emailing the SVS West QC mailbox.