

Quality Management Monthly Service Verification and OIG Reporting Tool

Month:		Year:	
Form Completed By:			
Provider:			
Date Form Completed:			

Service Verification

A	B	C	D	E	F
# Client Visits in the Month	# Survey's completed	# Client's to be verified- at least 5% (Col A X .05)	# Survey's verified	# Survey verified as out of compliance	***If any surveys were out of compliance provide explanation otherwise indicate N/A

Were fraudulent claims discovered?	Was QM notified of fraud?	Were claim errors deleted by using the override service detail or changing the status to error?	Was a Claims Correction Spreadsheet (CCS) submitted?
Yes No	Yes No	N/A Yes No	Yes No

OIG/SAM/List of Excluded Individuals/Entites and MediCal List of Suspended or Ineligible Providers

Staff Conducting Query	All Non SmartCare Users Queried?	Were any agency staff identified on either list ?	If staff identified, was QM notified?
	Yes No	Yes No	Yes No