Quality Management Monthly Service Verification and OIG Reporting Tool

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

Service Verification

A	B	C	D	E	F	G
# 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	Was QM Manger notified if fraudulent claims discovered?	Were claim errors processed for deletion
					☐ Yes ☐ No	☐ Yes ☐ No

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

All Non Avatar Users Queried?	Staff Conducting Query	Was QM notified if agency staff was identified on either list
☐ Yes ☐ No		☐ Yes ☐ No