

Participant CMHSP:
Date of Review:
Reviewer:
Verified By:

Corrective Action Required

Recoupment Required

Corrective Action / Recoupment Required

Information reported to the State

Scoring Key: 0 = Noncompliant 1 = Partial Compliance 2 = Full Compliance

Score

Comments (Required for any score of 1 or 0):

Section 1: External Claims - Care Management

Possible	Actual
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A	The consumer is eligible for Medicaid that paid for this service? Verification Source: CHAMPS, etc.	0	0
B	Is the Code Billed an eligible code for payment under Medicaid?	0	0
C	Are there other insurances identified as primary before Medicaid? (Enter yes or no below, if no skip to question I) Other Insurance:		
D	Can the service being reviewed be billed to another insurance carrier other than Medicaid? (Enter yes or no below. If yes, continue with the questions F-H. If no, skip to question I.)		
E	Non-Medicaid insurances are billed first?		
F	There is proof of other insurance payment/denial made when applicable?		
G	When the claim shows other insurance payment, the Medicaid payment is equal to the contracted rate minus <-> the other insurance payment amount?		
H	Is there an authorization that matches the Provider, date, and type of service billed?	0	0
I	Was the service identified included in the beneficiary's individual plan of service/treatment plan?	0	0
J	Does the service information include the following: Goal Objective Intervention	0 0 0	0 0 0
K	Is there documentation on file to support that the service was provided to the consumer?	0	0

L	The Clinician who signed the service documentation matches the Provider listed on the claim form.	0	0
M	Was the service provided by a qualified practitioner and falls within the scope of the code billed/paid?	0	0
N	The appropriate amount is paid (contracted rate or less) for Medicaid only claims? (do not answer this question if question G was answered above).	0	0
O	If claim was paid inappropriately (third party liability and/or poor documentation) there is evidence of an adjusted and/or re-billed claim.		
P	Are there any other services billed for the same date of service? If Yes, list service(s):		
Total		0	0
Reported to the State		0	0

Additional Comments:

