Client ID:	
Customer Name:	
Provider Name:	
Participant CMHSP:	
Date of Service:	
Service Code:	
Units:	
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 **Comments (Required for any score of 1 or 0):**	**Score**		
	Section 1: External Claims - Care Management	**Possible**	**Actual**	**Percent**
A	The consumer is eligible for Medicaid that paid for this service?	0		#DIV/0!
	Verification Source: CHAMPS, etc.			
B	Is the Code Billed an eligible code for payment under Medicaid?	0		#DIV/0!
C	Are there other insurances identified as primary before Medicaid? (Enter yes or no below, if no skip to question H)			
	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 E-G. If no, skip to question H.)			
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		#DIV/0!
I	Was the service identified included in the beneficiary's individual plan of service/treatment plan?	0		#DIV/0!
J	Does the service information include the following:			
	Goal	0		#DIV/0!
	Objective	0		#DIV/0!
	Intervention	0		#DIV/0!
	Clinician Signature	0		#DIV/0!

	Beneficiary/guardian signature	0		#DIV/0!
K	Is there documentation on file to support that the service was provided to the consumer?	0		#DIV/0!
L	Does the service documentation include the following:			
	Customer Name	0		#DIV/0!
	Date of Service	0		#DIV/0!
	Start and stop times (duration)	0		#DIV/0!
	IPOS goals, objectives and interventions addressed	0		#DIV/0!
	Signed and dated by rendering staff/clinician	0		#DIV/0!
M	The Clinician who signed the service documentation has the appropriate credentials to support the modifier used.	0		#DIV/0!
N	Was the service provided by a qualified practitioner and falls within the scope of the code billed/paid?	0		#DIV/0!
O	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		#DIV/0!
P	The claim/encounter includes the correct place of service code	0		#DIV/0!
Q	If claim was paid inappropriately (third party liability and/or poor documentation) there is evidence of an adjusted and/or re-billed claim.			
R	Are there any other services billed for the same date of service?			
	If Yes, list service(s):			
	Total	0	0	#DIV/0!
	Reported to the State	0	0	#DIV/0!
	Additional Comments:			