

**ANCILLARY FOLDER CHECKLIST
SYSTEM REVIEW OUTPATIENT AUDIT**

<i>Client Name</i>	<i>Provider No.</i>	<i>Provider Name</i>

<i>Check-Off</i>	<i>Item</i>	<i>Detail/Notes</i>	<i>Purpose</i>
	Client Name and IS#	Each folder should be labeled	For easy identification
	Chart Order	Provide a list of the order of the documents in the chart	Facilitates the retrieval of documents
	Claiming Support Documents	Daily Service Logs or NCR forms during the audit period used for data entry*	Could potentially identify errors in data entry
	Medicare EOB	EOB for all Medi-Medi beneficiaries who received services during the audit period.	To ensure Medi-Cal is the payor of last resort
	IS Screen Prints	Print screen shots of service screens for all services claimed to Medi-Cal during the audit period. N/A for Contract Providers	Identifies the rendering provider(s) who delivered the service
	Voided Claims	Print screen shots of claim screens for all voided claims during the audit period. Upon receipt of the list of client records for audit discontinue voiding claims for services that occurred during the audit period.	Providing this information will document that a claim (identified for possible disallowance) was previously voided.
	Staff Information Sheet	A list of staff names and their signatures for all staff whose names appear in the record during the audit period	Providing this information assists the reviewers in identifying staff names from a signature
	Staff Category Verification	License/registration/waiver for staff as applicable; non licensed/registered/ waived staff provide resume, or diploma and resume, to document experience	Required for chart review to verify staff credentials
	DTI/DR Program Documentation	Day Treatment/Day Rehab Providers must include: Service activities and components (the therapeutic milieu, meetings, groups, psychotherapy, etc.); a description of each activity/component; and a detailed weekly schedule. See DTI/DR attachment.	Required for chart review