

Oklahoma HealthCare Authority

Living Choice Medically Fragile

Member's Name: _____

Provider Agency: _____

TC/CM Name: _____

Month & Year: _____

Case Management Performance Review Tool Worksheet

<i>Case Management Records document that services were delivered according to the authorized service plan; including the type, scope, amount, duration and frequency as specified.</i> <p style="text-align: right;"><i>PM (SP 4.1)</i></p>		
Met	Not Met	Reviewers Notes
<i>Case Management Records documents training of the member/family representative for the prevention of abuse, neglect and exploitation.</i> <p style="text-align: right;"><i>PM (HW 1.3)</i></p>		
Met	Not Met	Reviewers Notes
<i># and % of payment errors remediated in accordance with OHCA policy following error identification through independent provider financial reviews.</i> <p style="text-align: right;"><i>PM (FA1.2)</i></p>		
CM Units Documented	Claims Review	Discrepancies

Additional Notes: