

SERVICE SPECIFIC ON-SITE REVIEW

Home Delivery of pre-packaged Medication

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On-Site Evaluation.

EMPLOYEE Records Review					
Provider					
Date					
Monitor					
Start and Termination Date if applicable					
Number of reference checks					
CORI Check					
Orientation: Date					
Job Description(s)					
Driver's license, if applicable					
Ongoing training dates					
OIG monthly checks					
Performance appraisal dates					
TB testing, if applicable					
Comments					

SERVICE SPECIFIC ON-SITE REVIEW

Home Delivery of pre-packaged Medication

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On Site Evaluation

CONSUMER Records Review					
Provider					
Date					
Monitor					
CONSUMER ID #					
ID Info – name; address; phone; DOB					
Emergency contact(s) and phone					
Current case manager/RN phone					
Service start date					
Current authorization					
Termination date, if applicable					
Comments					
NOTE: Shaded data elements are only required in the Consumer File if provider is not on Provider Direct. Otherwise the PD Demonstrator will be asked to illustrate “on screen”.					
Name and Position of Provider Direct Demonstrator					