HEALTH CARE AUTHORITY

Mi Via: Billing Tool

Agency/Region: **Service: Mi Via Consultant Services**

Participant / Identifier:

Surveyor Completing: **Date/Time:**

Surveyor Instruction: *You must review 3 months of billing. Consultants shall meet face to face with the participant at least 12 times a year to bill for a monthly unit (at least four visits per year, one per quarter, must be conducted in the participant's residence with the participant). During Pre-eligibility a maximum of one (1) unit per month can be billed not to exceed three (3) months, unless approved by DDSD. Other billing findings include but are not limited to NO name of the participant; location of the service; date of the service; start and end times of the service; signature and title of staff, no description of services, etc. This would not be met if there was no face to face or if there were missing documentation elements.*

	Dates of contact, location (i.e., Home HV or other location SV)	***Time of each visit***	***Total billable service time per month***	***Units Billed by AGENCY - Examine billing documentation; does it match the total service time listed in column to the left. IS IT JUSTIFIED? If not, why?***
MONTH 1				
MONTH 2				
MONTH 3				