

Date:

Reviewed	Item
<b>Outstanding Items</b>	
<input type="checkbox"/>	Parental Consents
<input type="checkbox"/>	Incomplete IEPs
<input type="checkbox"/>	Additional documentation required
<b>Providers</b>	
<input type="checkbox"/>	Missing documentation (POC, Therapy plan, etc.)
<input type="checkbox"/>	Incomplete documentation
<input type="checkbox"/>	Unsigned documentation
<input type="checkbox"/>	Expiring licenses/certifications
<input type="checkbox"/>	Time study responses
<b>Students</b>	
<input type="checkbox"/>	Services delivery
<input type="checkbox"/>	IEP expiration
<input type="checkbox"/>	Pre-approval expiration
<input type="checkbox"/>	Prescription expiration
<input type="checkbox"/>	Treatment authorization
<b>Claims</b>	
<input type="checkbox"/>	Pre-submission review
<input type="checkbox"/>	Submission/remittance
<input type="checkbox"/>	Checks
<input type="checkbox"/>	Denied claim review
<b>Other</b>	
<input type="checkbox"/>	Help desk calls review- Training needs
<input type="checkbox"/>	Help desk calls review – significant issues