

Review of Provider:

Date of Review:

***PROVIDER COMPLIANCE REVIEW
SAMPLE KEY***

***THIS KEY IS CONFIDENTIAL PURSUANT TO OHIO REVISED CODE
5123.62(T); 5123.89 AND 5126.044(B)***

INDIVIDUAL'S REFERENCE # IN REPORT	INDIVIDUAL'S NAME
1	
2	
3	
4	
5	
6	
7	
8	

In order to protect the privacy of individuals, this document is being provided:

- 1. To identify individuals for which we may/will be requesting provider documentation**
- 2. To identify specific individuals/documentation that may be evidentiary in the findings within the “Provider Compliance Report”**
- 3. As a “Reference Table” to be used by providers to reference individuals when identifying issues cited in any Plan of Compliance, if indicated**

Suggested number of selected individual records to review during compliance review process:

# of individuals served by provider in that county	# of individual's selected records to review
1-2	1
3-8	2
9-15	3
16-32	4
33-75	5
Over 75	8%

