**Provider Self-Audit Tip Sheet**

Conducting the Medicaid Provider Self-audit can seem overwhelming, however there are plenty of tools to assist you along the way. We believe that with help from the State of Alaska’s Medicaid Integrity FAQ’s, consulting with your organizations management team, billing and coding staff and this tip sheet you can get the job done.

1. The first round of self- audits which may cover either 2017 or 2018 paid Medicaid claims, is **due to DHSS no later than December 31, 2020.**
2. The universe of claims is the total number of paid Medicaid claims for the selected calendar year at the claim header level; Transaction Control Numbers (TCN) identified on your Remittance Advices (RA).
3. The number of claims (sample size) is determined using a statistically valid random sampling tool such as RAT-STATS.
4. Depending on your universe, Medicaid Program Integrity is looking for a sample size in the range of **60-120 claims**.
5. The audit checklist (excel) should include at the minimum the 7 AAC 105.230 requirements for provider records and more specific based on the claims provider type.
6. Medicaid providers must submit a report of the self-audit, attach the list of claims audited, signed self audit attestation form, and if applicable Medicaid claim void/adjust forms.
7. The self-audit report should
8. Identify the method used to obtain the sample of claims i.e. RAT-STATS,
9. Observations, this should include what your organization did well then followed by listing any identified errors. i.e. 1 of 60 claims reviewed had a record not signed within 72 hours.
10. The list of claims with their Medicaid TCN and the outcome of the individual claims audited. A PDF copy of your audit checklist can be attached to your report. (For example see below)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Audit Item # | Patient Name | Medicaid ID | ANTHC CLAIM # | Medicaid TCN # | Records support the Medicaid payment RECVD Y /N | Comments |
| 1 | Doe, Jane | 6000000 | 300100100 | 1823456789812 | Y | Passes Audit |
| 2 | Joe, Doe | 6010001 | 300100200 | 1834567891230 | N | Note was not signed w/in 72 hours |

1. Include how any identified overpayments will be sent back to the department i.e. attached is the claim void/adjustment form or that it will be electronically voided within 10 days, and
2. A corrective action plan, if necessary. This would include all the steps taken by your organization so that the identified errors do not occur in the future.
3. I suggest having a member of the execute leadership team (CFO) sign the attestation.
4. Then finally sending this information certified mail will ensure delivery of your audit to DHSS.

Happy Auditing, Quyana!