Self-Audit Worksheet Explanation

A provider (agency/business) has an obligation to ensure that claims submitted to the Medicaid program are proper. When a provider (agency/business) determines that payments made to it were in excess of the amount due from the Medicaid program, the provider (agency/business) is obligated to return the improper amounts to the state. In fact, the provider can be sanctioned for failure to do so.

The worksheet is an example of a format that could be used to submit a self-audit to Medicaid Program Integrity. It is not the required format but is designed to ensure that you furnish Medicaid Program Integrity with all the information that is necessary to validate and accept your self-audit report. The chart below is an explanation of the items requested on the worksheet.

PROVIDER NAME – the name of the provider (agency/business) who received payment from Alaska Medicaid	**DATE** – the date the worksheet was prepared
MEDICAID PROVIDER NUMBER – the seven (7) digit provider number to which Alaska Medicaid made payment – this could be multiple IDs.	**CONTACT PERSON** – name of the person to contact about the self-audit
PROVIDER TYPE – enter the type of provider you are enrolled as (for this provider number) – this could be multiple	**EMAIL ADDRESS** – email address for contact person
PROVIDER ADDRESS – the mailing address of the provider submitting the self-audit.	**TAX I.D.** – the federal tax identification number for the provider conducting the self-audit
AUDIT PERIOD – calendar date of service covered by the audit period. Start (MM/DD/YYY) to end date (MM/DD/YYYY) – paid dates may vary and not be in the same calendar year.	**RANDOM SAMPLING METHODOLOGY USED** – explain the statistical software used in determining the sample size; i.e. RAT-STATS.
UNIVERSE SIZE – the total number of paid Medicaid claims for the dates of service in the selected calendar year	**SAMPLE SIZE** – sample size determined by your statistical software based on your universe of claims
CLAIMS SELECTED FOR SELF-AUDIT – identify the claims that were reviewed and the findings of the review. We recommend you review the Provider Self-Audit Checklist	**EXAMPLES OF DESCRIPTION OF COMPLIANCE/NON-COMPLIANCE** • correct claim • service not rendered • up-coding • lack of start and stop times for time-based codes • unqualified staff performing services • incorrect dates of service • incorrect recipient • duplicate services • unbundling • service not documented • failed to bill available third party