

Alabama Medicaid Agency Program Integrity Division
Provider Self-Audit Instructions

The following steps may be used to assist a provider with the self-audit process.

Step 1. Complete and send a self-audit notification of intent to providerselfaudit@medicaid.alabama.gov.

Step 2. The Alabama Medicaid Agency (Medicaid) will respond back to you with a control number.
Note make sure you keep a record of this number.*

Step 3. Once you have received an email confirmation and control number, you must prepare and send the following documents in A through B below to providerselfaudit@medicaid.alabama.gov.
Note You **must** send the documents with an encryption to make sure you are properly sending potential protected health information.*

A. Cover letter on your business letterhead that summarizes:

1. Business Name
2. Billing NPI number
3. Overview of issues
4. Time period covered by the review (evaluate the problem for the full time period for which it occurred)
5. Type of sampling (100%, random, etc.)
6. Actions for what has been implemented to assure these errors do not reoccur
7. Error percentage rate
8. Copy of the refund check **OR** Withhold from checkwrite(s) instructions
9. Point of contact name and telephone number to discuss the self-audit

B. Audit findings in a Microsoft Excel electronic spreadsheet at a minimum must include the items below:

1. Recipient name
2. Medicaid ID number
3. Date of service
4. Procedure code found billed in error
5. ICN number
6. NPI number
7. Amount billed
8. Amount paid
9. Paid date
10. Refund amount to Alabama Medicaid
11. Reason for error

Note The provider may choose to include additional columns (i.e., modifier, units, tooth numbers, etc.) depending on your specialty.*

Step 4. Ensure that documents above in A through B are ready to submit to providerselfaudit@medicaid.alabama.gov. If the file is too large to send as an email attachment, send a zip file.

Note Documents must be sent with an encryption to ensure protected health information is secured.*

Step 5. When submitting a refund, the **Repayment Coupon** must be included. Choose a method of return from A or B below:

- A. Attach a check for the full amount of overpayment
 - 1. Make check payable to Alabama Medicaid Agency
 - 2. Include the control number on the check
 - 3. Include an Alabama Medicaid Agency Repayment Coupon to make sure your account is properly credited
 - 4. Mail to the address below

**Alabama Medicaid Agency
Attention: Finance, Accounts Receivable Unit, Self-Audit
Post Office Box 5624
Montgomery, Alabama 36103-5624**

- B. Withhold overpayment amount from future Medicaid checkwrite(s).
 - 1. Contact Medicaid at providerselfaudit@medicaid.alabama.gov
 - 2. Indicate withhold from checkwrite(s) on your email.

Note Participation in the self-audit program does not alleviate the possibility of further review by the Medicaid Program Integrity Division in this or future investigations, and does not affect in any manner the government's ability to pursue criminal, civil, or administrative remedies or to obtain additional damages, penalties or fines for the matters which are the subject of the self-audit.*

If you need further instructions or have any additional questions regarding the self-audit process, please contact Julie.Gilliland@medicaid.alabama.gov.

ALABAMA MEDICAID AGENCY
Program Integrity Division
Provider Self-Audit Notification of Intent

Complete, sign and email to providerselfaudit@medicaid.alabama.gov within 10 business days

Control Number: _____

Provider Name: _____

Provider Billing NPI: _____

(10-digit number)

Provider Medicaid Number {Location ID}: _____

(9-digit number)

Point of Contact: _____

Name: _____

Phone Number: _____

Email: _____

Type of audit method to be used: _____

Date Range: _____

Estimated Completion Date: _____

Signature: _____

Date: _____

Title: _____

STATEMENT SUMMARY

IN ORDER TO ENSURE THAT YOUR ACCOUNT IS PROPERLY CREDITED YOU MUST RETURN THIS STATEMENT WITH YOUR CHECK.

Please return this form and a copy of this letter along with your check, payable to **Alabama Medicaid Agency**.

Alabama Medicaid Agency

REPAYMENT COUPON

Control Number:

Provider Name:	Overpayment Amount:	_____
National Provider Identifier (NPI):	Amount Remitted:	_____
Medicaid ID:	Check Number:	_____
Date of Letter:		

To ensure accurate processing of your payment please remember to:

- ✓ Include the Control Number on your check,
- ✓ Include this page with your payment,
- ✓ Make checks payable to: **Alabama Medicaid Agency**
- ✓ And mail to:

Alabama Medicaid Agency
Attention: Finance, Accounts Receivable Unit, Self-Audit
Post Office Box 5624
Montgomery, Alabama 36103-5624