

**ALABAMA MEDICAID AGENCY
Program Integrity Division**

Provider Self-Audit Instructions

SELF-AUDIT DOCUMENTS TO SEND

1. Cover letter which summarizes:
 - a. Overview of the issues identified
 - b. Time period covered by the review (please evaluate the problem for the full time period for which it occurred)
 - c. Error percentage rate
 - d. What has been implemented to assure that these errors do not reoccur
 - e. Reason for error

2. Individual recipient information in **electronic format**, (Excel spreadsheet), which contains:
 - a. Recipient name
 - b. Medicaid ID number
 - c. Date of service
 - d. Procedure code found billed in error
 - e. ICN
 - f. Amount billed
 - g. Amount paid
 - h. Paid date
 - i. Amount to be repaid to Alabama Medicaid

Send payment and the documents listed above to:

Program Integrity
Self-Audit Program
Alabama Medicaid Agency
501 Dexter Avenue, Suite 6042
Post Office Box 5624
Montgomery, Alabama 36103-5624

Reminder: Include Self-Audit Control SPR number on all correspondence, including payment, that is sent to the Agency



DO NOT SEND ANY OF THESE DOCUMENTS TO HPE



****Acceptance of payment does not constitute agreement as to the amount of loss suffered by the Medicaid Program**