Department of Health

OFFICE OF THE COMMISSIONER
Medicaid Program Integrity

3601 C Street, Suite 902
Anchorage, Alaska 99503-5923
Main: 907.269.0399
Fax: 907.269.3460

Suggested Provider Self-Audit Steps

1. Determine the calendar year for audit; 2021 or 2022.
2. Based on 1099 data, determine the value of paid claims.
3. Determine if the self-audit is required or just the attestation form.
   a. Less than $10,000 then attestation form only.
   b. Between $10,000 and $30,000, then attestation and report but only required to turn in attestation form. Report needs to be available to the Department at any time.
   c. If over $30,000, the attestation and report are required, and both the attestation and report are required to be sent into the Department.
4. Using Remittance Advice (RA) information, make a listing of all Transaction Control Numbers (TCN); using an Excel Spreadsheet and changing the TCN column format to "TEXT" for the 17-digit number. If this step is not done, the TCN will round the last 2 numbers to "00". The number of paid TCNs is the universe of claims.
5. Using an Excel Spreadsheet, assign a sequential sample number to each TCN.
6. Determine your sample size using RAT-STATS or other calculator. Medicaid Program Integrity has created a "How to Determine the sample size in RAT-STATS" step by step guide.
7. Using RAT-STATS random number generator or any other random number generator, determine your RANDOM SAMPLE. Medicaid Program Integrity has created a "How to Obtain a Statistically Valid Random Sample in RAT-STATS" step by step guide.
8. The random numbers are your sample claims to review.
9. Conduct a review of supporting documentation each paid claim line within the TCN using Provider Self-Audit Checklist from Medicaid Program Integrity as a guide.
10. Determine if all paid claim lines are supported by medical record documentation.
    a. Make note of any overpayments identified.
11. Prepare attestation and report, if necessary, for submission to the Department. The report must contain method used to sample the claims, the sampled claims TCN, the outcome of the individual claims audit, identified amount of overpayment back to the department and corrective action plan, if appropriate. 7 AAC 160.115(g)
12. If an overpayment was discovered, not later than 60 days after identification of the overpayment, the provider shall repay the Department unless the provider has a repayment agreement with the Department. 7 AAC 160.115(i)
    a. Make check payable to "State of Alaska" and send payment to Medicaid Program Integrity, 3601 C St, Ste 902, Anchorage, AK 99503