PREVENTING MEDICAID WASTE
Provider Self-Audits

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What is a provider self-audit?

A provider self-audit is when a provider identifies a potential for inaccurate or inappropriate billing in their data and self-initiates a review of their claims in accordance with Medicaid rules. Their audit may result in voluntarily returning identified overpayments to the Office of the Inspector General (OIG).

What if OIG has an open audit?

If you discover additional inaccurate claims upon receiving your desk preliminary letter from OIG, please contact your auditor. Your auditor can guide you on how to report the additional claims and findings, and how to submit payment. These findings are typically kept separate from the OIG audit.

How do I complete a self-audit?

1. Identify the types of claims you will review.
2. Identify the scope (time range) you will review.
3. Identify claims to include in your self-audit. If you intend on extrapolating your findings, the sample needs to be statistically valid.
4. Review the claims according to Wisconsin Administrative Code and Medicaid rules to verify the provision of services, the accuracy of your billing, and the appropriateness of the service.
5. Record all findings and overpayments in a report.
6. Optional: Extrapolate findings to the claims universe.
7. Document methodology including how you identified the sample and scope and the how you identified your overpayment.

What is waste?

Waste is the squandering of money or resources. Claims that are billed in error are considered waste. Most of the overpayments that are identified through OIG's audits and provider self-audits are considered waste because they are usually unintentional.

Why perform a self-audit?

Completing a self-audit allows the provider to be proactive in identifying claims billed inappropriately or in error.

Completing self-audits increases the chances of a successful OIG audit. OIG will not include identified claims from the self-audit in future OIG audits.

How do I submit results of my self-audit?

You will need to submit your documented methodology, report of findings and overpayments, and claims included in your sample. If you identified overpayments, you can also submit checks payable to the "State of Wisconsin" at the same time. OIG can work with you to establish a payment plan or withhold the overpayment from future remittances if you prefer. You can mail everything to:

Wisconsin BadgerCare Plus
ATTN: Cash Unit
313 Blettner Boulevard
Madison, WI 53784

Since January 1, 2016, providers have voluntarily returned over $3.6 million in the form of self-audits which identified services that were billed incorrectly or inappropriately.

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
OIG
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INSPECTOR GENERAL

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of HEALTH SERVICES