

Provider Self-Audit Protocol and Attestation

The State of Alaska Department of Health and Social Services requires all Medicaid providers to conduct an internal self-audit once every two years, draft a report of the self-audit, and to repay all identified overpayments. See Alaska Statute 47.05.235 and Alaska Administrative Code 7 AAC 160.115.

Providers reimbursed **more than** \$30,000 as determined by the provider's 1099 form must complete a self-audit and submit a self-audit report to the department.

Providers reimbursed **less than** \$30,000, but more than \$10,000, as determined by the provider's 1099 form, must complete a self-audit but are not required to submit a self-audit report to the Department. Providers must have the report available for review by the Department.

Providers reimbursed **less than** \$10,000 are only required to complete this attestation. All other providers are required to submit a self-audit report in writing and a copy of this self-audit attestation form to the Department.

Mail attestations and reports (if applicable) to: **DHSS, Medicaid Program Integrity, P.O. Box 240249, Anchorage, AK 99524, or QAPIProgramIntegrity@alaska.gov.**

This Provider Self-Audit Protocol and Attestation form constitutes a medical assistance record under AS 47.05.290(12) and 7AAC 230(a) and this signed and dated form must be maintained as verification that the provider timely completed the self-audit of applicable Medicaid billing by the provider.

*Provider ID	Tax ID	Calendar Year
Enrolled Provider Name		Enrolled Provider Authorized Signature
Title		Date

I _____ acknowledge and affirm under penalty of UNSWORN FALSIFICATION (AS 11.56.210); (i) that I have prepared, or have caused to be prepared a Medicaid provider self-audit in accordance with the applicable Alaska Statutes and Regulations; (ii) that the information in the self-audit is true, correct, complete, and in compliance with the applicable Alaska Statutes and Regulations; (iii) that I have the authority to verify the accuracy of this self-audit on behalf of my organization and to bind my organization to the results of the self-audit; (iv) that I am familiar with the applicable Alaska Statutes and Regulations governing the self-audit; (v) that corrective actions are being implemented for all deficiencies identified in the self-audit; and (vi) all overpayments identified by the self-audit will be repaid in accordance with 7AAC 160.115. Knowingly making a false statement on a medical assistance record constitutes medical assistance fraud in accordance with AS 47.05.210(a)(5).

*If multiple Provider IDs are associated with this tax ID please attach separate schedule and identify all provider IDs covered by the self-audit.