

Provider Self-Audit Protocol for Paid Claims Audits

Overview

Self-auditing is a critical component in provider compliance plans. A self-audit is an audit, examination, review or other quality assurance inspection in which the provider identifies or self-discloses billing anomalies, discrepancies, or overpayments. The Office of Inspector General's Compliance Program Guidance states health care providers should incorporate "the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas" into their ongoing compliance efforts. Vaya Health (Vaya) relies upon network providers to help identify and resolve matters that adversely affect the Medicaid program. A cooperative effort serves a common interest in protecting the financial integrity of the Medicaid program while ensuring proper payments to providers.

Vaya contractually requires providers to conduct self-audits no less than annually. We may require providers to conduct self-audits more often in response to identification of questionable billing practices or staff ineligibility for billing. Pursuant to the Social Security Act and/or the provider contract, providers must report any overpayment(s) or erroneous and/or fraudulent activities discovered within five business days of the conclusion of a self-audit. The provider also must remit overpayment to Vaya within 60 days of their identification of the overpayment.

Conducting a self-audit does not replace Vaya's program integrity and other monitoring activities. These include identification, detection, and prevention of fraud, waste, abuse, overutilization, questionable billing practices, quality of care concerns, health and safety issues, and violations of applicable law and contracts. The Provider Self-Audit Protocol helps resolve matters that, in the provider's reasonable assessment, potentially violate state or federal administrative law, regulation, or policy governing the Medicaid program or matters exclusively involving overpayments or errors that do not suggest violations of law.

Self-Audit Process

Providers have several options for conducting self-audits. Vaya recommends audits cover a period of at least three months. A provider may identify actual inappropriate payments by performing a 100% review of claims. We recommend this option in instances when a case-by-case review of claims is administratively feasible and cost-effective. Otherwise, a provider may identify a random sample of a certain percentage or number of all paid claims and service records for the audit period. This plan must include the sampling methodology and provide detailed justification regarding sample sufficiency.

Reporting Self-Audit Results When Improper Payments Are Identified

If a provider finds improperly paid claims through the self-audit, they must notify Vaya in writing no later than five business days after the conclusion of the self-audit by emailing Self.Audits@vayahealth.com or writing to:

Vaya Health
Finance Department
Attn: Provider Self-Audit Findings
200 Ridgefield Court, Suite 218
Asheville, NC 28806

In addition, the notification must include:

- A cover letter on the provider's business letterhead that clearly identifies the subject as "Paid Claims Self-Audit Findings" and summarizes:

- The date of identification of overpayment
- The type and scope of the audit, including type of sampling (100%, random, etc.)
- The time period covered by the review, including the reason for the time period selected
- Error percentage rate (if applicable)
- An overview of any issues identified and (if applicable) the corrective action taken to ensure that the errors do not reoccur in the future
- Provider Self-Audit Overpayment Workbook (filled out completely and accurately)
- Provider Plan of Correction addressing the issues identified in the workbook

Providers must return identified overpayments to Vaya no later than 60 days following the date of identification of the overpayment. To return the overpayment, the provider must either (a) revert the claims through Provider Portal, which will result in automatic recoupment from the next available approved claims, or (b) remit a refund check for the identified amount of overpayment, with “self-audit” in the memo line, to Vaya at the lockbox address below:

Vaya Health
 PO Box 93747
 Atlanta, GA 31193-5747

Note that the Provider Self-Audit Overpayment Workbook, [located on the Vaya website](#), is an Excel workbook that includes instructions on how to complete the form and an overpayment summary spreadsheet that includes a list of any claims identified for overpayment.

RETURN OF INAPPROPRIATE PAYMENTS:

When a provider properly identifies an inappropriate payment and the acts underlying such conduct are not indicative of fraudulent activity, the provider must return the overpayment within 60 calendar days of identification. If payment is not received by Vaya within 60 calendar days of identification of the overpayment, we will assess a late payment penalty against the provider, and monthly interest will begin to accrue 61 calendar days from the date of identification.

If a provider uncovers possible fraud, abuse, waste, or material noncompliance with Medicaid requirements, they should also self-disclose the information in a report in [EthicsPoint](#). Vaya reserves the right to validate all findings, outcomes, and overpayments. If Vaya identifies errors, the provider may be subject to adverse action or sanctions.

Reporting Self-Audit Results When No Improper Payments Are Identified

If a provider determines there are no improper payments or material noncompliance with Medicaid requirements, they should send a summary of the self-audit to self.audits@vayahealth.com. Vaya reserves the right to validate all findings and outcomes reported. If we identify errors, the provider may be subject to adverse action or sanctions.

For electronic submissions, the email subject must read “Paid Claims [Provider Name] Self-Audit Summary.” The summary should be in a letter format and must include the methodology for the review and outcome:

- The type and scope of the audit that includes the type of sampling (100%, random, etc.)
- The time period covered by the review that includes the reason for the time period selected

REMINDER: ANY SUBMISSIONS CONTAINING PROTECTED HEALTH INFORMATION AND/OR MEMBER/RECIPIENT IDENTIFIERS MUST BE SUBMITTED SECURELY EITHER VIA SECURE ELECTRONIC MAIL, HAND DELIVERY, U.S. MAIL OR COURIER. If you choose to use Zixmail for secure electronic mail, visit the [ZixMessage Center](#).

Questions may be sent to self.audits@vayahealth.com.