Provider Self-Audit Disclosure Form

PA Health & Wellness encourages providers to voluntarily come forward and disclose overpayments or improper payments of Medicaid (or Medical Assistance (MA)) funds within 60 calendar days after the date on which the overpayment was identified. While providers are required to promptly return inappropriate payments that they have received from PA Health & Wellness or the MA Program, the use of the Provider Self-Audit Protocol is voluntary. The protocol simply provides guidance to providers on the preferred methodology to return inappropriate payments. Providers should return any payments identified through this protocol directly to PA Health & Wellness if applicable but must also make the self-disclosure directly to DHS. Details on the DHS Self-Audit Protocol may be found on the DHS Website:
https://www.dhs.pa.gov/about/Fraud-And-Abuse/Pages/MA-Provider-Self-Audit-Protocol.aspx

Return the completed form by email to **PHWFWA@PaHealthWellness.com** or by mail to:

PA Health & Wellness
Compliance
1700 Bent Creek Blvd.
Suite 200
Mechanicsburg, PA 17050

Provider Name: _____

Provider TIN(s): _____

Provider NPI(s): _____

Your Name: _____ Job Title: _____

Phone: _____ Email: _____

Date of audit completion: _____

Time period covered by the review/dates of service: _____

Explain why this timeframe was selected: _____

Total dollar amount impacted: ☐ Estimated OR ☐ Projected

Was a refund check already sent? ☐ Yes ☐ No If Yes... Date: _____ Amount: _____

Overview of issues identified: _____

Describe corrective actions to be or already taken to assure errors do not reoccur in the future:

_____

To the extent that payments can be returned through the claim adjustment process, the provider should follow the claim adjustment instructions in the located in the Provider Manual. Otherwise, providers should send refund checks made payable to "**PA Health & Wellness**" at the following address:

PA Health & Wellness
P.O. Box 3765
Carol Stream, IL 60132-3765

**Refund checks should be accompanied by the list of the impacted claim(s).*