Wisconsin Medicaid Provider Self-Audit Overpayment Report

Purpose: The Wisconsin Department of Health Services (DHS) – Office of the Inspector General (OIG) created this form to help providers report and return overpayments identified during self-audits of Wisconsin Medicaid claims. While providers may submit their own report instead of using this form, OIG encourages the use of all fields below to help reduce inquiries from auditors during self-audit reviews.

Instructions:

- Complete each section of the form.
- Review information for accuracy.
- Sign and date the form.
- Email a copy of the completed form to DHSOIGSelfAudit@dhs.wisconsin.gov using this subject line: Self-Audit (Insert NPI/Medicaid ID).
- Refer to the Return Overpayments section and follow instructions under the selected option.

Help: Call Provider Services at 800-947-9627 or email DHSOIGSelfAudit@dhs.wisconsin.gov.

Provider Information			
Provider Name	NPI/Provider Medicaid ID		
Address	City	State	Zip Code
Submitter Name	Submitter Title		
Submitter Phone Number	Submitter Email Address		
Contact for Questions (Complete only if different than above)			
Contact Name	Contact Title		
Contact Phone Number	Contact Email Address		

Self-Audit Details
Please summarize the self-audit process and results. Only include claims with identified overpayments.

Scope/Date Range From: To:	No. of Claims	No. of Members	Total Overpayment $
Focus			

Identified Issues

Document Methodology

Please explain the process used to identify and assess risks, review claims, document results, and correct errors.

Explanation

Claim Details

Please complete each field in the table below for every claim with an overpayment.
Provide the Internal Control Number (ICN) to help prevent listed claims from being included in future audits.

To add more lines, place the cursor in the bottom right field → right click → select Insert Row Below.

ICN	Member's Medicaid ID	Date of Service	Overpayment Amount
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

Return Overpayments

Please review and select the preferred option for returning the total overpayment amount.
Providers must return overpayments within 30 days under Wis. Admin. Code § DHS 106.04(5)(a).

Please select one:

- ☐ Provider will mail a check payable to the State of Wisconsin with a copy of this completed form to: Wisconsin BadgerCare Plus, ATTN: Cash Unit, 313 Blettner Blvd., Madison, WI 53784-0001
- ☐ Provider agrees to have OIG deduct identified overpayments from future amounts owed to the provider by the DHS.
- ☐ Provider will email DHSOIGSelfAudit@dhs.wisconsin.gov to discuss any overpayments identified in error.

Attestation

By signing and dating below, I confirm to the best of my knowledge
that all information provided is true, accurate, and complete.

COMPLETER'S SIGNATURE	COMPLETER'S PRINTED NAME	DATE SIGNED