

Provider Self-Audit Information

Federal and state laws want providers to regularly audit their claims for overpayment.

Reporting overpayment by form

If an overpaid claim is found, a provider must:

1. Tell us in writing the reason for the overpayment.
2. Return the overpayment's full amount within 60 days of finding it.
3. Send in the Provider Self-Audit form.

Please complete all information and note:

- For claims less than two years old, retracting these claims is preferred.
- For claims more than two years old, please provide a check.
- If a listing of claims isn't provided, Highmark can't guarantee that the claims won't be audited again for the same reason.
- Depositing a provider check or retracting a requested claims doesn't mean complete agreement to the submitted self-audit results or overpayment amount.
- The Financial Investigations and Provider Review (FIPR) Department may contact the provider to discuss self-audit results as needed.

[Self-Audits Overpayment Form \(PDF\) – Medicaid](#)

[Self-Audits Overpayment Form \(PDF\) – DSNP](#)

Reporting overpayment online

Providers can also submit overpayments online using TRENDSsubmit. This safe, online process allows providers to get claim retraction updates in real-time.

TRENDSsubmit training resources and support is available. Please use these helpful details or send Jennifer Baron (jbaron@trendhealthpartners.com) an email to get set up.

[VIEW DETAILS \(PDF\)](#)

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Helpful Resources

Here are some more ways for Providers to get self-audit information.

- Send Highmark's Special Investigation Unit (SIU) an email at ProviderSelfAudits@highmark.com.
- [CMS e-bulletin on Self-Audits](#) (PDF)

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