

## 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 Health Options 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 \(PDF\) – D-SNP](#)

### 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](mailto:jbaron@trendhealthpartners.com)) an email to get set up.

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

### Helpful Resources

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

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

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