



Provider Self-Audit Protocol

Overview

Partners Behavioral Health Management (BHM), a contractor with the NC Division of Medical Assistance (DMA), relies upon the health care industry to assist in the identification and resolution of matters that adversely affect the Medicaid Program. A cooperative effort serves a common interest of protecting the financial integrity of public funds while ensuring proper payments to providers. Partners BHM recommends that providers conduct periodic, voluntary self-audits to identify instances where services reimbursed are not in compliance with Medicaid and other public funding requirements. Self-auditing is a critical component in corporate compliance plans. This protocol does not affect the requirements of the Single Audit Act or other independent audit requirements.

The self-audit protocol facilitates the resolution of matters that, in the provider's reasonable assessment, potentially violate state or federal administrative law, regulation, or policy governing Medicaid or other publicly funded Programs, or matters exclusively involving overpayments or errors that do not suggest violations of law. Upon review of information submitted by the provider or upon further investigation, Partners BHM may determine that the matter implicates state criminal or federal law. In such instances, Partners BHM will refer the matter to the appropriate state or federal agency.

Inappropriate Payments

When a provider properly identifies an inappropriate payment and the acts underlying such conduct are not indicative of fraudulent activity, Partners BHM will accept full repayment made within 30 (thirty) calendar days of notification, without penalty. Providers must submit written notification to Partners BHM of any inappropriate payments identified and must clearly indicate the claim information and findings. To avoid any penalties, the repayment must be received in full within 30 (thirty) calendar days from the date on the letter submitted by the provider to the Partners BHM Finance Department.

The North Carolina General Assembly has defined in law (NCGS 147-86.23) interest and penalties shall be charged on all past due accounts from the due date until the date payment is received. Consistent with NCGS 105-241.21, this law requires the assessment of interest charges at a rate set semi-annually by the Department of Revenue and impose a one-time penalty of 10% on all past due accounts.

Inappropriate payments made by managed care organizations (MCOs) to providers within their networks inflate the costs of providing care to Medicaid and other publicly funded beneficiaries. Partners BHM retains its right and responsibility to identify and recover payments or take any other action available under law.

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CORPORATE OFFICE:
901 South New Hope Rd.
Gastonia, NC 28054

ELKIN REGIONAL OFFICE:
200 Elkin Business Park Dr.
Elkin, NC 28621

HICKORY REGIONAL OFFICE:
1985 Tate Blvd. SE, Suite 529
Hickory, NC 28602

Conclusion

Providers must implement necessary policies, processes, and procedures to ensure compliance with federal and state laws, regulations, and policies relating to publicly funded programs and compliance with MCO contractual requirements. Providers are encouraged to voluntarily disclose any overpayments or inappropriate payments to Partners BHM.

Questions relating to the Provider Self Audit Protocol may be submitted to the following email address: compliance@partnersbhm.org. All questions will be responded to within 2 business days.



**Partners Behavioral Health Management
Provider Self-Audit Refund Attachment**

Provider Name	Provider Medicaid Number	Overpayment Amount

Payment Options – Check One (1)

- Attached is a check for the full amount of overpayment. Make check payable to: Partners Behavioral Health.
- Withhold overpayment amount from future Medicaid payments.

Provider Contact Information

Name:	Phone Number:
Signature:	Date:

Mail/deliver this form to:
 Partners Behavioral Health Management
 Finance Department – Provider Self Audit
 901 S. New Hope Rd.
 Gastonia, NC 28054

In lieu of mailing, the completed electronic form may be emailed, encrypted, to:
compliance@partnersbhm.org