



Alaska Department of Health

Office of the Commissioner
Medicaid Program Integrity

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Provider Self-Audit Attestation

The Alaska Department of Health requires all Medicaid providers to conduct an internal self-audit once every two years and repay all identified overpayments (AS 47.05.235; 7 AAC 160.115).

Following each self-audit, providers must sign and submit to the Department this Provider Self-Audit Attestation. Additionally,

- Providers reimbursed **more than** \$30,000 annually, as determined by the provider's IRS Form 1099, must complete and submit a self-audit report to the Department.
- Providers reimbursed **less than** \$30,000 but more than \$10,000 annually, as determined by the provider's IRS Form 1099, must complete a self-audit but are not required to submit a self-audit report to the Department. Providers must have the report available for review by the Department upon request.
- Providers reimbursed **less than** \$10,000 annually are required to complete only this attestation.

Submit attestations and reports (if applicable) to DOH, Medicaid Program Integrity, 3601 C Street, Suite 902, Anchorage, AK 99503, or QAPIProgramIntegrity@alaska.gov.

This Provider Self-Audit Attestation form constitutes a medical assistance record under 7 AAC 105.230(a); this signed and dated form must be maintained as verification that the provider timely completed the self-audit of applicable Medicaid billing by the provider.

Provider ID*

Tax ID

Calendar Year

Enrolled Provider Name

Title

Enrolled Provider Signature

Date

I acknowledge and affirm under penalty of unsworn falsification (AS 11.56.210) that (i) I have prepared, or have caused to be prepared a Medicaid provider self-audit in accordance with the applicable Alaska Statutes and Regulations; (ii) the information in the self-audit is true, correct, complete, and in compliance with the applicable Alaska Statutes and Regulations; (iii) I have the authority to verify the accuracy of this self-audit on behalf of my organization and to bind my organization to the results of the self-audit; (iv) I am familiar with the applicable Alaska Statutes and Regulations governing the self-audit; (v) corrective actions are being implemented for all deficiencies identified in the self-audit; and (vi) all overpayments identified by the self-audit will be repaid in accordance with 7 AAC 160.115. Knowingly making a false statement on a medical assistance record constitutes medical assistance fraud in accordance with AS 47.05.210(a)(5).

* If multiple Provider IDs are associated with this tax ID, attach separate schedule and identify all provider IDs covered by the self-audit.