What is the Patient Audit Program?

The Patient Audit Program, which began in July 1988, was designed to reward you for helping to control the rising cost of health care in West Virginia. It is becoming increasingly clear that errors may occur in the billing or payment of health care services. These errors are unintentional, but costly. The Patient Audit Program has been designed to help detect and correct these errors.

Who Can Participate?

All active employees and retirees who have Public Employees Insurance Agency (PEIA) health coverage may submit Patient Audit report forms.

Errors must be at least $50.00 to qualify for this program. Participants in HMO's are not eligible to participate, although it still makes sense to check hospital bills to see that they are correct.

What Charges Qualify?

Types of errors, which qualify for this program, are charges for services you did not receive and overcharges or overpayments resulting from clerical error or miscalculation.

You must initiate your Patient Audit report for any overpayments ***prior*** to the receipt of any recovered amounts by the Claims Administrator. If the Claims Administrator detects and corrects an error before you have made your Patient Audit report, your report will be denied.

How Does It Work?

To file a Patient Audit report, complete the form on the opposite page. When filing a report, follow these steps:

1. Review and compare your explanation of benefits and the detailed itemization of charges (you may have to request an itemized bill from the provider). If there are differences, make a list of them to discuss with the provider of services.
2. Contact the provider of service to discuss the billing errors. If necessary, make an appointment and take along the copies you have been working with on the claim. Point out the differences in the bills and try to come to an agreement about the error.
3. If the provider of service agrees that there was an error, ***request a correct bill or written confirmation of your findings.*** Get the name, title, address and telephone number(s) of the person you contacted.
4. If the provider disagrees about the error, get the name, title, address, and telephone number(s) of the person with whom you spoke with on the claims. ***Request a written explanation of why the provider disagrees.***
5. Fill out the Patient Audit form and send with the detailed itemization of charges, correct bill (or explanation of disagreement), and a copy of all explanations of benefits to the Patient Audit Coordinator at the address on the form. Keep copies of all these documents, please!

Any person who shall knowingly attempt to secure benefits under this program to which they are not entitled shall be liable for any overpayment.

What Happens Now?

A thorough investigation and review will occur on all possible billing or payment errors. If the billing or overpayment error qualifies, the claims administrator will recover the overpayment from the provider. The policyholder will be sent 50% of the recovered amount, up to $1,000.00 annually for any Patient Audit report that qualifies. If you have questions, check with your payroll location or call the Patient Audit Coordinator at: (304) 558-7850 or toll free (888) 680-PEIA.

PUBLIC EMPLOYEES INSURANCE AGENCY
PATIENT AUDIT PROGRAM

Employee Name:_____Policyholder ID:_____
Report is being made for: ☐ Self ☐ Spouse ☐ Dependent Child
Patient Name:_____
Address_____City:_____State_____Zip_____
Is the patient covered under other health insurance coverage? ☐ Yes ☐ No
If yes, complete the following: Policy Number:_____
Name of Insurance Company:_____
Name of Policyholder:_____

PLEASE ATTACH "EXPLANATION OF BENEFITS" FROM OTHER INSURANCE COMPANY

Have you ever filed a report through the Patient Audit Program? ☐ Yes ☐ No
What type of error have you identified? ☐ Billing Error ☐ Overpayment ☐ Services Not Received

NOTE: If you found errors in more than one explanation of benefits, please use a separate form for each one.

Please indicate the following regarding your contact with the hospital or provider:
Name of representative with whom you spoke:_____
Title:_____ Provider Name:_____
Address:_____ City:_____ State:_____Zip:_____
Date (s) of contact: ____/____/____ and ____/_____/_____ and _____/_____/_____ and _____/_____/_____
Please explain why you believe an errors exists, and if the provider does not agree, the reason for the disagreement:_____
_____
_____

I hereby authorize the above-named hospital/provider to release and provide any information relating to this error upon request of : PEIA, Wells Fargo TPA or Express Scripts

Employee Signature:_____ Date:_____

Home Telephone Number:_____ Work Telephone Number:_____

Enclose your explanation of benefits from PEIA and any other insurance company. Also include a detailed itemization of charges, a corrected bill, and an explanation of disagreement (if applicable). Mail your form and documents to:

Patient Audit Program Coordinator
Public Employees Insurance Agency
601 57th St., SE
Suite 2
Charleston, WV 25304-2345

Patient Audit form must be submitted within ninety (90) days from the date of payment by the Claims Administrator, otherwise, submission under the program is invalid.

In the event of an award in my favor, I authorize PEIA to use my name and likeness in promotions to increase public awareness of the Patient Audit Program.

Authorized Signature:_____ Date:_____
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