Provider Self-Audit Submission Instructions

Process for Overpayments exceeding $10,000 being refunded by check

I. Prepare and send the following documents to the Alliance Health Office of Compliance:
   a. Cover letter on your business letterhead that summarizes:
      • Overview of the issues identified
      • Time period covered by the audit/review
      • Type of sampling (100%, random, etc.)
      • Error percentage rate
   b. Provider Self Audit Chart of Audit Findings
   c. Provider Plan of Correction
   d. Copy of completed Provider Payment Election Form
   e. Copy of Refund check (if overpayment exceeds $10,000)

   Send above items to the following address:
   Alliance Health
   Compliance – Provider Self Audit
   5200 W. Paramount Parkway Ste. 200
   Morrisville, NC 27560

II. Prepare and send the following documents to the Finance Department:
   a. Refund check (if overpayment exceeds $10,000)
   b. Provider Payment Election Form
   c. Provider Self Audit Chart of Audit Findings
   d. Copy of the cover letter that summarizes:
      • Overview of the issues identified
      • Time period covered by the audit/review
      • Type of sampling (100%, random, etc.)
      • Error percentage rate

   Send above items to the following address:
   Alliance Health
   Finance Department – Provider Self Audit
   5200 W. Paramount Parkway Ste. 200
   Morrisville, NC 27560

For overpayments less than $10,000, please send the Cover Letter, Chart of Audit Findings, Plan of Correction and Provider Payment Election Form by secure email to compliance@AllianceHealthPlan.org.

Please note that in order for your Overpayment to be processed the Provider Payment Election Form must be received with a valid signature/date and the correct designation box selected. The form can be located at https://www.alliancehealthplan.org/providers/publications-forms-documents/ under Finance and Claims Forms for Providers.

Questions related to the Provider Self Audit process may be directed to compliance@AllianceHealthPlan.org.