



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.