Provider Self-Audit Submission Instructions

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 Payment Form (if applicable)
   e. Copy of Refund check (if applicable)

   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 applicable)
   b. Payment Form (if applicable)
   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

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