



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