



Audit Appeal Process

Audit Appeals - The provider has the right to appeal audit results if the provider can provide documentation or evidence that would support the reconsideration of the audit findings.

1. The provider must submit a letter of appeal to the Compliance Manager within 30 days of receiving audit results.
 - a. The provider must submit additional documentation or evidence with the letter of appeal.
2. The Compliance Manager will review the letter of appeal and evidence to determine when the information will be reviewed by the Appeals Committee.
3. The Compliance Manager will schedule an Appeals Committee Meeting.
4. The Compliance Manager will send notification to the provider, County HealthChoices Designee, and BPI that the appeal has been received and scheduled within two weeks of receiving the letter of appeal.
5. The Compliance Manager will provide a written notification of the appeal decision within 30 days after the Appeals Committee has adjourned.