WE ARE HERE TO HELP YOU!

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We are here to help ensure that you have everything that you need to care for Alliance members and that your experience as an Alliance Provider is positive.

We have created a guide to the Alliance Provider Portal. This guide provides key information on how to create an account, check a patient's eligibility, coverage, and claim status, submit and view authorizations and referrals, submit a provider appeal or dispute, and more.

The features described in this guide are subject to change. For the most up-to-date information, please visit the Alliance Provider Portal. You can also call the Alliance Provider Services Department at **1.510.747.4510**.
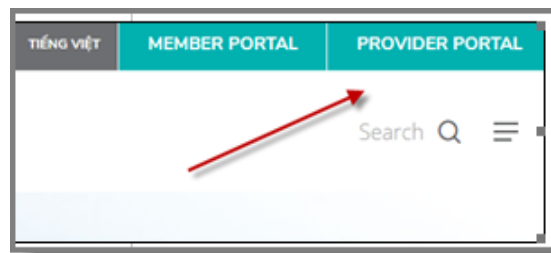
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![Alameda Alliance for Health logo]
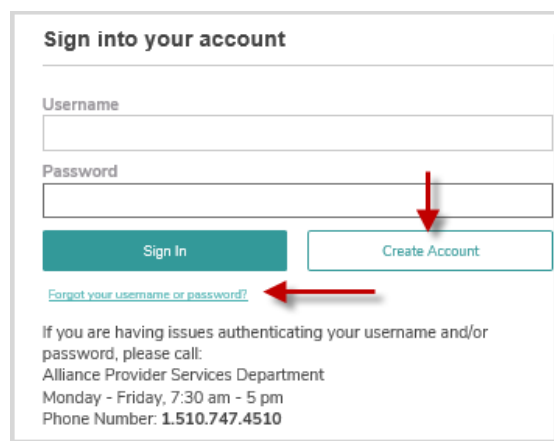
Creating an Account

Below is the information about how to create a provider account.

Step 1: Visit the Alliance website at **www.alamedaalliance.org**.

Select **Provider Portal** at the top right corner. You will be redirected to the Alliance Provider Portal webpage.

Step 2: Select **Create Accoun**t, on the right side of the page.

Please Note: If you have already created an account and cannot log in, please click **Forgot your username or password?** to update your information and/or reset your password.

Step 3: Review the License Agreement. To agree, please select the **Accept** checkbox and click **Next**.

Step 4: Complete all fields. When done, please click **Add Provider**.

A pop-up box will appear.

Step 5: Enter your provider **Tax Identification Number (TIN)** and **National Provider Identifier (NPI)**. When done, please click **Add Provider**.

To add an additional provider to your account, please click **Add Provider** and repeat. There is no limit to how many providers you can add.

Step 6: When all providers have been added, please click **Next**.

Step 7: Complete all fields. When done, please click **Next**.

Your access request will be submitted for approval.

Please allow **two (2) business days** for the Alliance Provider Service Department to review and respond.

Access Pending

Thank you for submitting your request for your on-line Provider Portal account!

Our Provider Services team will respond to your request within 2 business days.

If you have any questions, please contact our Provider Relations Department Call Center at: **1.510.747.4510, option #3**

If you have any questions, please contact:

Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
Email: **providerservices@alamedaalliance.org**

Provider Portal Homepage

Below is the information on how to navigate the homepage after you have logged in, including icons and the navigation toolbar.

On the Alliance Provider Portal homepage, you can view the Alliance Provider Services Department contact information and hours, and the following headers:

- News and Updates – The latest provider news and updates.
- Contact Us – The Alliance contact information.
- Locations – The Alliance mailing information.

To view more information, please click on the header to expand the content.
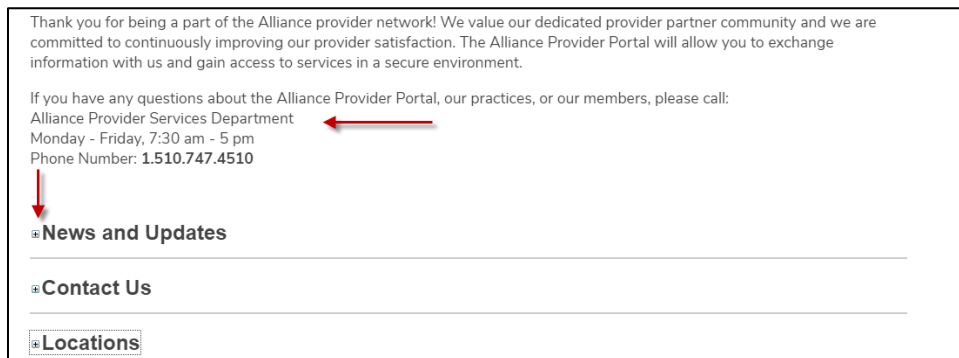
Icons

There are several icons located on the right panel of the homepage after you log in.
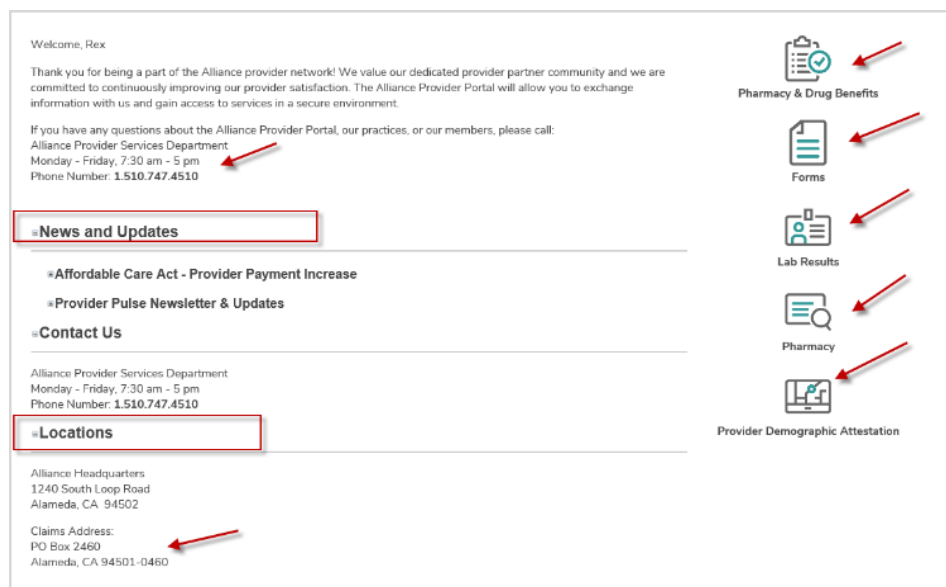
Pharmacy & Drug Benefits

Links to our Drug Formulary, Prescription Drug Prior Authorization (PA) Request Form, and more.

Forms

Links to frequently used forms.

Lab Results

Links to the Quest Diagnostic website to view lab information.

Pharmacy

Links to instructions to submit authorization requests for a medication electronically or by fax.

Provider Demographic Attestation

Links to a list of providers to review and approve based on the NPIs in your account (to be completed on a yearly basis).

Navigation Toolbar

At the top of every page, there is a navigation toolbar. Some pages that are displayed in the navigation toolbar require additional permission from the Alliance. To obtain access, please contact the Alliance Provider Services Department.
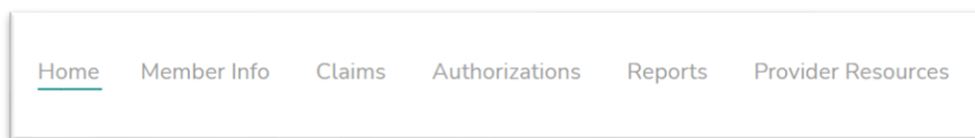
If you have any questions, please contact:

> Alliance Provider Services Department
> Monday – Friday, 7:30 am – 5 pm
> Phone Number: **1.510.747.4510**
> Email: **providerservices@alamedaalliance.org**

Member Info

Below is the information about how to navigate the pages under **Member Info** in the navigation toolbar.

When your cursor hovers over **Member Info** in the navigation toolbar, the following links will appear:

- Member Eligibility
- Member Roster
- Pharmacy

Member Eligibility
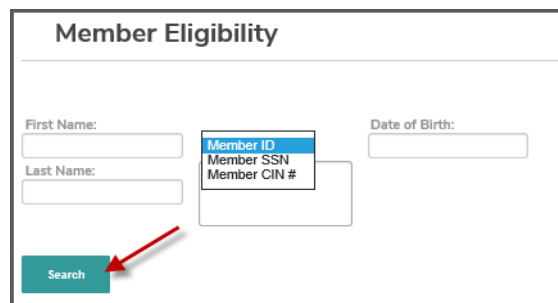
Step 1: To search for an Alliance member, please use your cursor to hover over **Member Info** in the navigation toolbar and select **Member Eligibility**.

Step 2: Complete the appropriate fields.

Member eligibility can be searched by one (1) of the following:

- Member Name (First Name and Last Name)
- Member ID (nine-digit format: 000000000)
- Member SSN (000000000)
- Member CIN # (00000000E)
- Date of Birth

After you are done entering the information for any of the options above, please click **Search**.

Please Note: You can search for multiple Alliance **Member ID** numbers by separating each member ID with a comma (,) or by pressing **Enter** after each number.

Step 3: **Member Eligibility** shows member status as of the date of search.

The following headings are listed under **Member Eligibility**:

- Member ID
- Member Name
- Date of Birth
- Gender

- PCP
- Plan (Medi-Cal or Group Care)
- Status (Active or Terminated)

Select the member's name to view additional information.

To download results in an excel format, please click **Download Results**.

Step 4: **Member Details** provides the following:

- Member Status (Active or Terminated)
- Current Date
- Member Name
- Member ID
- Gender

- DOB
- Address
- Preferred Language(s)
- Home Phone
- Relationship

PCP Details provides the following:

- PCP or Clinic Name
- NPI
- Gender
- Network

- Address
- Phone Number
- Website
- Email

PCP History provides the following:

- Start Date
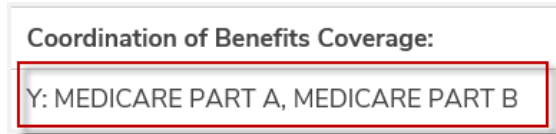- End Date
- PCP

- Group Type (Medi-Cal or Group Care)

Eligibility Information provides the following:

- Effective Date
- Plan (Medi-Cal or Group Care)

- Copays
- Coordination of Benefits Coverage

If a member has coordination of benefits coverage, you will see the following:

Please Note: The **Effective Date** is the initial effective date of coverage with the plan.

Current Profile provides the following:

- Member Benefits (PDF) (Medi-Cal or Group Care)
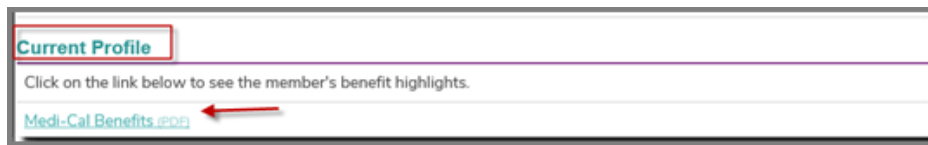
Please Note: Some teal-colored text will display additional information if you hover your cursor over it.

Member Roster

Step 1: To view all members who are assigned to a primary care provider (PCP), please use your cursor to hover over **Member Info** in the navigation toolbar and select **Member Roster**.

Step 2: Select a **Provider NPI** from the dropdown list.

A list of members associated with the selected NPI will appear.

Please Note: If no patients are found under the selected NPI, the message "**No patients** found" will appear.

Step 3: The following headings are located under **Member Roster**:

- PCP Begin Date
- Member ID
- Member Name
- Date of Birth

- Gender
- PCP
- Plan (Medi-Cal or Group Care)
- Status (Active or Terminated)

To download in an excel format, please click **Download Results**.

Pharmacy

Step 1: To view an Alliance Group Care member's prescription information, please use your cursor to hover over **Member Info** in the navigation toolbar and select **Pharmacy**. *Please note, Alliance Medi-Cal member prescriptions are carved out to Medi-Cal Rx effective Friday, April 1, 2022. For more information, please visit **https://medi-calrx.dhcs.ca.gov/home/**.*

Step 2: Select a **Provider TIN** from the dropdown list.

Step 3: Complete the appropriate fields.

Prescription information can be searched by one (1) of the following:

- Prescription Number(s)
- Member ID (nine-digit format: 000000000)
- Member SSN (000000000)
- Member CIN # (00000000E)
- Date of Birth

Prescriptions can also be searched by date of fill. To locate prescriptions within a date range, please include the **Begin Date** and **End Date**.

After you are done entering the information for any of the options above, please click **Search**.

Please Note: You can search for multiple prescription numbers by separating each prescription with a comma (,) or by pressing **Enter** after each number.

Step 4:   The prescription(s) associated with the Alliance member will appear.

The following headings are located under **Pharmacy**:

- Rx Number
- Member First Name
- Member Last Name
- Pharmacy

- Date Filled
- Days Supply
- Prescriber Name

To download results in an excel format, please click **Download Results**.

Step 5:   Select **RX Number** to expand results.
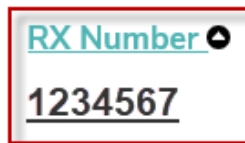
Step 6:   **Member Details** provides the following:

- RX Number
- Pharmacy Name
- Date Filled
- Prescriber Name

- Member Name
- Member ID
- Member DOB

Prescription Summary provides the following:

- Label Name
- Quantity
- Prescribed Date
- Days Supply

You can select to go **Back to Search Results** or **Print** the line details below the table.

Claims

Below is the information about how to navigate the pages under **Claims** in the navigation toolbar.

When your cursor hovers over **Claims** in the navigation toolbar, the following links will appear:

- Search Claim Status
- Submit Professional Claims

Search Claim Status

Search by Tax Identification Number (TIN)

Step 1:   To search for a member's claim status by TIN, please use your cursor to hover over **Member Info** in the navigation toolbar and select **Claim Status**.

Step 2:   Click **Select Provider TIN** and select from the dropdown list. All claims associated with the same TIN will appear.

The following headings are located under **Claim Status**:

- Claims Status
- Claim Number
- Member Name
- Member ID
- Start Date of Service
- End Date of Service
- Rendering Provider
- Total Billed
- Amount Paid

Step 3:   Select a heading to filter results by section.

Step 4: Click **Claim Number** to expand results.

Step 5: **Claim Detail for Member** provides the following:

- Member Name
- Member Number
- Claim Number
- Claim Status
- Date of Service
- Date Received

- Rendering Provider
- Total Charges
- RA Date
- Total Paid
- Member Cost/Responsibility

The following headings are located under **Services and Charges**:

- Line (line number on claim)
- From Date
- Through Date
- CPT Codes and Modifiers
- Services
- Quantity
- Amount Billed

- Amount Approved
- Other Amount
- Amount Paid
- Status
- RA/Check Date
- Check Number

Please Note: For delegated claims, you will not see a paid, in process, or denied status. Claim status will be included with **Encounter Data**.

You can select **Back to Search Results** or **Print** the line details below the table.

Search by Claim Number

Step 1:   To search for a member's claim status by claim number, please use your cursor to hover over **Member Info** in the navigation toolbar and select **Claim Status**.

Complete the appropriate fields.

Claim status can be searched by one (1) of the following:

- Claim Number(s)
- Member ID (nine-digit format: 000000000)
- Member SSN (000000000)
- Member CIN # (00000000E)
- Date of Birth
- Check Number

Existing claims can also be searched by date of service. To locate a single claim, please include the **Begin Date** and **End Date**.

You can search for multiple entries by separating each claim with a comma (,) or pressing **Enter** after each number.

After you are done entering the information for any of the options above, please click **Search**.

Please Note: The **Begin Date** and **End Date** search functions can be used to look up claims with dates of service within one (1) year of the search date.

Step 2: The following headings are located under **Claim Status**:

- Claims Status
- Claim Number
- Member Name
- Member ID
- Start Date of Service

- End Date of Service
- Rendering Provider
- Total Billed
- Amount Paid

Step 3: Select a heading to filter results by section.

Step 4: Click **Claim Number** to expand results.

Step 5: **Claim Detail for Member** provides the following:

- Member Name
- Member Number
- Claim Number
- Claim Status
- Date of Service
- Date Received

- Rendering Provider
- Total Charges
- RA Date
- Total Paid
- Member Cost/Responsibility

The following headings are located under **Services and Charges**:

- Line (line number on claim)
- From Date
- Through Date
- CPT Codes and Modifiers
- Services
- Quantity
- Amount Billed

- Amount Approved
- Other Amount
- Amount Paid
- Status
- RA/Check Date
- Check Number

Please Note: For delegated claims, you will not see a paid, in process, or denied status. Claim status will be included with **Encounter Data**.

You can select to go **Back to Search Results** or **Print** the line details below the table.

Submit Professional Claim

Completing the Member / Patient Information

Step 1:   Select the dropdown for the **Resubmission Claim**.

The following options are available for selection:

- 1-Original
- 6-Corrected claims (Field 22 on standard (Std) 1500 Claim Form)
- 7-Replacement (Field 22 on Std 1500 Claim Form)

Step 2:   Click on the search icon for the **Member ID**.

Search by **Alliance Member ID/MCAL CIN/SSN**.

Select which drop-down option to search by and enter the information.

- AAH Member ID
- MCAL CIN
- SSN

Search by **Last Name, First Name, Date of Birth.**

Enter the information and click **Search**.

The results will appear for the member and will display the following fields:

- Member ID (Field 1A on Std 1500 Claim Form)
- ID Type (This will display HSN which is the Alliance internal ID type)
- Last Name (Field 4 on Std 1500 Claim Form)
- First Name (Field 4 on Std 1500 Claim Form)
- Date of Birth (Field 3 on Std 1500 Claim Form)
- Address (Field 7 on Std 1500 Claim Form)
- Status (Eligibility status with the Alliance on the date of the search)

Click **Select** to the left of the member record to add the member.

The page will return to the claim form and the selected data will populate into the respective fields.

Step 3: Select the drop-down option for the **Carrier Type.**

The available options to select from are:

- CI – Commercial Insurance (Field 1 on Std 1500 Claim Form)
- MA – Medicare Part A (Field 1 on Std 1500 Claim Form)
- MB – Medicare Part B (Field 1 on Std 1500 Claim Form)
- MC – MediCal (Field 1 on Std 1500 Claim Form)

Step 4: Select the drop-down option for the **Is Patient's Condition** related to the field.

The available options to select from are:

- Not Applicable (Must use if not entering for any of the options below)
- Auto Accident (Field 10B on Std 1500 Claim Form)
- Employment Accident (Field 10A on Std 1500 Claim Form)
- Other Accident (Field 10C on Std 1500 Claim Form)

Step 5: If it is a newborn claim, select the **Newborn Claim** checkbox.
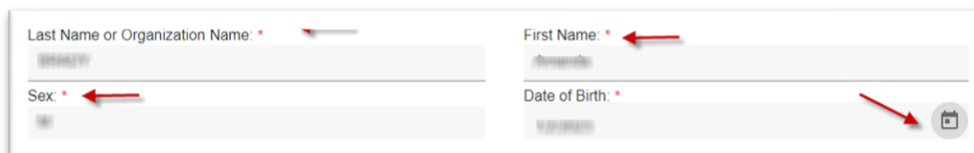
Newborns are covered using the mother's member ID when the mother is an Alliance Medi-Cal member for the month of birth, and the month after following the month of birth.

When the **Newborn Claim** box is checked, the **Name**, **Sex**, and **Date of Birth** can be modified to provide the information for the newborn (Field 2 & 3 on Std 1500 Claim Form).
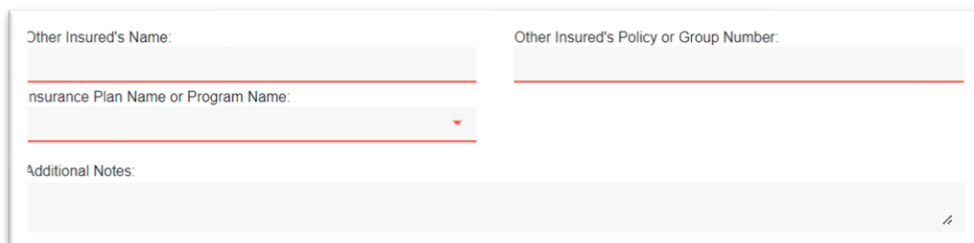
Step 6: If there is a different primary insurance, select the **Other Insurance is Primary** checkbox (Field 9, 9A, and 9D on Std 1500 Claim Form).

Additional fields will then appear to enter the primary insurance information.

Step 7:   Once you have completed the **Member / Patient Information**, please click **Next**.

Completing the Provider / Physician Information

Step 8: Enter the **Patient Control Number** (Field 26 on Std 1500 Claim Form)**.**

- Enter the **Date of Current Illness,** and the **Other Date** if applicable (Field 14 & 15 on Std 1500 Claim Form).
- Enter the **Prior Authorization Number**, if applicable (Field 23 on Std 1500 Claim Form).
- Enter a **Claim Note**, if applicable (Field 19 on Std 1500 Claim Form). Below is an example of a **Claim Note**:
  - Anesthesia Minutes Start time: 7:00 am End time:8:30 am

Step 9: Enter the **Provider NPI** under the **Referring Provider / Other Source Information** section (Field 17 & 17B on Std 1500 Claim Form).

Click the search icon to search by **NPI** or **TIN.**

Select the **NPI** or **TIN** from the drop-down options.

A field will appear to enter the data.

Then click **Search**.

The available options will be listed below.

Click **Select** to the left of the option you would like to select for the **Referring Provider / Other Source Information**.
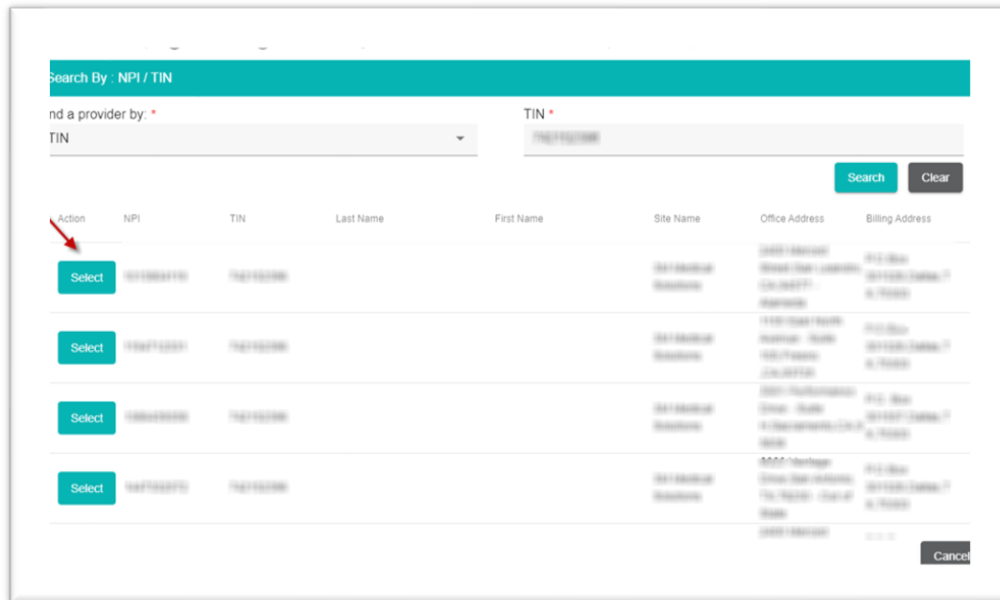
You can also search the **Provider NPI** for the **Referring Provider / Other Source Information** by **Last Name/Organization, First Name, Phone Number, City, State and Zip Code**.

Select the bubble for **Last Name/Organization, First Name, Phone Number, City, State and Zip Code**.

Enter information in at least one (1) field. A minimum of one (1) data field must be completed to search. The available options will appear based on the data entered in the search fields.

Click **Search** to display results.

The following provider data appears.

- Action
- NPI
- TIN
- Last Name
- First Name
- Site Name
- Office Address
- Billing Address

Click **Select** to the left of the option to select.

You will return to the **Claims** page and the information will be auto-populated in the **Referring Provider / Other Source Information**.

Step 10: Select the **Provider Qualifier**, if applicable (Field 17A on Std 1500 Claim Form):

- DN/Referring Doctor
- DK/Ordering Doctor
- DQ/Supervising Provider

Click **Next**.

Completing the Billing Provider / Service Facility Location Information

The **Billing Provider NPI** and **TIN** are generated based on the billing provider NPI and TIN that is registered on the user's Provider Portal account (Field 33 & 33A on Std 1500 Claim Form).

*If the correct option does not appear, please call the Alliance Provider Services Department at **1.510.747.4510** to request it be updated before proceeding to submit the claim through the Provider Portal.*

Step 11: Select from the drop-down options for:

- Billing Provider NPI
- TIN

The **Last Name** and **First Name** or **Organization** will automatically populate.

If billing addresses are available, they will be displayed in the drop-down options under **Select Billing Address** to choose from, if no address displays, you can enter one manually.

Step 12: **Select Billing Address** from the drop-down option or skip to the next section and enter the following information:

- Billing Provider Address
- City
- State
- Zip Code

Step 13: If the **Billing Address** is the same as the **Service Facility Location**, select the **Same as Billing Provider** checkbox (Field 32 on Std 1500 Claim Form).

The billing provider information will automatically be copied to the **Service Facility Location Information**.

To enter the **Service Facility Location Information**, please click the search icon for **Service Facility Location NPI** (Field 32A on Std 1500 Claim Form).

Search by one (1) of the following options:

- NPI
- TIN

A second field appears to enter the data.

Click **Search** to display results.

The following provider data will appear:

- Action
- NPI
- TIN
- Last Name
- First Name
- Site Name
- Office Address
- Billing Address

Click **Select** on the row to select.

You can also search the **Service Facility** by **Last Name/Organization, First Name, Phone Number, City, State and Zip Code**.

Select the bubble for **Last Name/Organization, First Name, Phone Number, City, State and Zip Code**.

Enter information in at least one (1) field. There are no minimum data fields that need to be entered to search. The available options will appear based on the data entered in the search fields.

Click **Search** to display results.

The following provider data will display:

- Action
- NPI
- TIN
- Last Name
- First Name
- Site Name
- Office Address
- Billing Address

Click **Select** to the left of the option to select.

The page will return to the claim page and the information will automatically populate in its respective fields.

Click **Next**.

Completing the Diagnosis – Service Line(s) / Procedure Information

Step 14: Enter the **Diagnosis** (Field 21 on Std 1500 Claim Form).

A minimum of the first three (3) letters or numbers for the description or ICD-10 code are required to display results. (Do not include punctuations, such as a period/dot. For example, ICD-10 code R.510 would be entered as R510.)

Select the **Diagnosis** from the drop-down options.

Click **Add Diagnosis**.

Once you have added a diagnosis, you can enter an additional diagnosis. When done, please click **Add Diagnosis**.

The following diagnosis information will display:

- Sequence
- ICD Indicator
- Code
- Description
- Action

Step 15:   Enter the **Service Start Date** (required).

Step 16:   Enter the **Service End Date** (if applicable), by typing the date in a MM/DD/YYYY format or by using the calendar icon to select the MM/DD/YYYY (Field 24A on Std 1500 Claim Form).

Step 17:   Select the **Place of Service** from the drop-down list (Field 24B on Std 1500 Claim Form).

The example **Place of Service** to select from are; however, this list is subject to change:

01 – PHARMACY
02 – TELEHEALTH PROV OTHER THAN IN PATIENT HOME
03 – SCHOOL
04 – HOMELESS SHELTER
05 - INDIAN HEALTH SVC FREE-STANDING FACILITY
06 – INDIAN HEALTH SVC PROVIDER-BASED FACILITY
07 – TRIBAL 638 FREE-STANDING FACILITY
08 – TRIBAL 638 PROVIDER-BASED FACILITY
09 – PRISON – CORRECTIONAL FACILITY
10 – TELEHEALTH PROV IN PATIENT'S HOME
11 – OFFICE
12 – HOME
13 – ASSISTED LIVING FACILITY
14 – GROUP HOME
15 – MOBILE UNIT
16 – TEMPORARY LODGING
17 – WALK-IN RETAIL HEALTH CLINIC
18 – PLACE OF EMPLOYMENT WORKSITE
20 – URGENT CARE FACILITY
21 – INPATIENT HOSPITAL
22 – OUTPATIENT HOSPITAL

23 – EMERGENCY ROOM
24 – AMBULATORY SURGICAL CENTER
25 – BIRTHING CENTER
26 – MILITARY TREATMENT FACILITY
31 – SKILLED NURSING FACILITY
32 – NURSING FACILITY
33 – CUSTODIAL CARE FACILITY
34 – HOSPICE
41 – AMBULANCE LAND
42 – AMBULANCE AIR OR WATER
49 – INDEPENDENT CLINIC
50 – FEDERALLY QUALIFIED HEALTH CENTER
51 – INPATIENT PSYCH FACILITY
52 – PSYCHIATRIC FACILITY -PARTIAL HOSPITAL
53 – COMMUNITY MENTAL HEALTH CENTER
54 – INTERIM CARE FACILITY
55 – RES SUBSTANCE ABUSE TREATMENT FACILITY
56 – PSYCH RESIDENTIAL TREATMENT CENTER
57 – NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
60 – MASS IMMUNIZATION CENTER
62 – COMPREHENSIVE OTPT REHAB FACILITY
65 - END-STAGE RENAL DISEASE TREATMENT FACILITY
71 – PUBLIC HEALTH CLINIC
72 – RURAL HEALTH CLINIC
81 – INDEPENDENT LABORATORY
99 – OTHER PLACE OF SERVICE

Step 18: Enter the Rendering Provider NPI by clicking the search icon or selecting the **Same as Billing NPI** checkbox (Field 24J on Std 1500 Claim Form).

If you click on the search icon, you can search by:

- NPI/TIN
- Last Name/Organization, First Name, Phone Number, City, State and Zip Code

Step 19: Enter the procedure information (Field 24D-G on Std 1500 Claim Form):

- CPT Code – Description (required)
- Procedure Modifier 1 (if applicable)
- Procedure Modifier 2 (if applicable)
- Procedure Modifier 3 (if applicable)
- Procedure Modifier 4 (if applicable)

- Diagnosis Pointer (required and based on the diagnosis sequence entered in Step 14 above)
- Units of Measurement (required)
  - Minutes
  - Units
- Quantity (required)
- Charges (required)

Step 20: Enter the following **Drug Information** for in-office injectables (if applicable) (Field 24D in the red-out area or 19 in the note section on Std 1500 Claim Form).

- Enter the **NDC**
- Enter the **Drug Quantity**
- Select the **Drug Unit of Measure**

Drug Information
NDC: Drug Quantity: Drug Unit of Measure:

Once all **Service Line(s) / Procedure Information** has been entered, please click **Add Service Line**.

Service Line(s) / Procedure Information

Service Start Date: *   Service End Date:
                                             MM/DD/YYYY
Place of Service: *

Rendering Provider NPI:
                              Q   ☐ Same as Billing NPI
CPT Code - Description: *

Procedure Modifier 1:   Procedure Modifier 2:
                                             Please type to search procedure modifier
Procedure Modifier 3:   Procedure Modifier 4:
Please type to search procedure modifier   Please type to search procedure modifier
Diagnosis Pointer: *

Units of Measurement: *   Quantity: *

Charges ($): *

Drug Information
NDC: Drug Quantity: Drug Unit of Measure:

NOTE: The rendering NPI must be linked to your Provider Portal user account, if the correct option does not appear, please contact the Alliance Provider Services at telephone number 510.747.4510 to request it be updated before proceeding to submit the claim through the Provider Portal.

Add Service Line

The **Service Line(s) / Procedure Information** that was added will appear at the bottom of the section.

The following information will display:

- Start Date
- End Date
- POS (Place of Service)
- Rendering NPI
- CPT Code
- Mod (Modifier) 1
- Mod 2

- Mod 3
- Mod 4
- Diagnosis Pointer
- NDC
- Qty (Quantity)
- Units
- Charge(s)

Once you have added a Service Line, you can scroll to the top of the **Service Line(s) / Procedure Information** to include an additional Service Line, and then click **Add Service Line**.

The **Total Charge** will appear based on the sum of each procedure charge (Field 28 on Std 1500 Claim Form).

Click **Next**.

To see the standard (Std) 1500 Claim Form field-by-field instructions, please visit **https://www.cms.gov/Regulations-and Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf**

Completing Attachment(s)

Attachments are needed when submitting a Medicare or primary payor Evidence of Benefits (EOB) statement.

Review the allowable attachment formats and size requirements listed.

Step 21:   Click **Upload File(s)**.
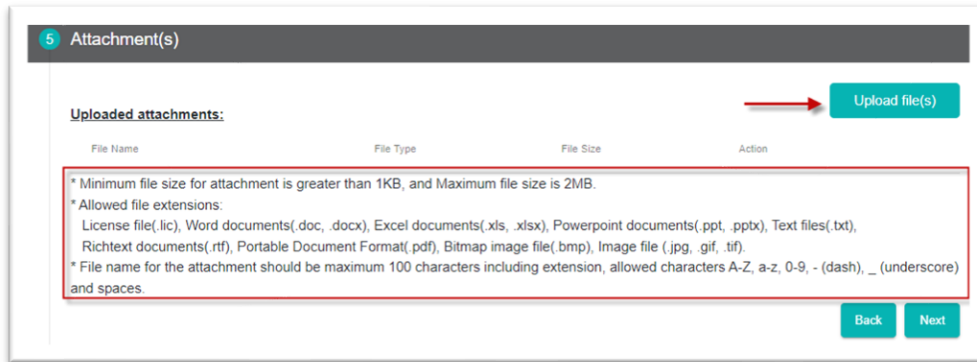
Search for and select a file from your computer.

The attachment will appear under **Uploaded attachments**.

Click **Next**.
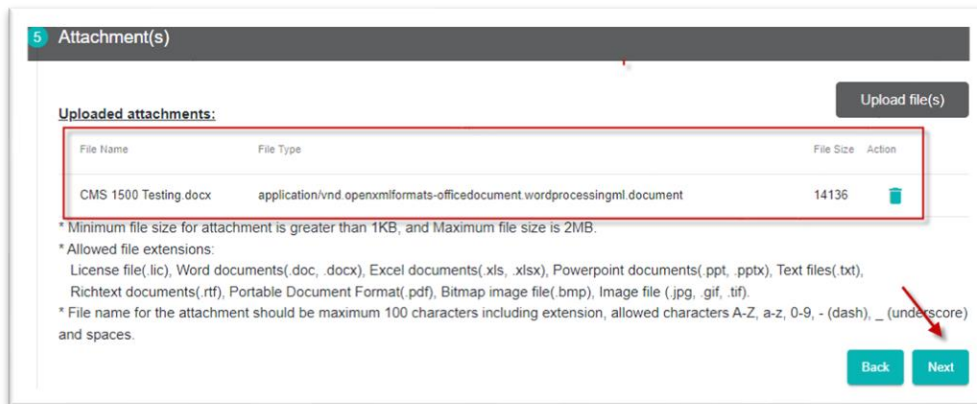
Completing Preview & Submit

Step 22: Review the information.

You can click on the pen icons to the right of the sections to return to the section to edit.

Click **Submit**.

Please wait for **Saving changes** to clear to complete the submission.

Alameda Alliance FOR HEALTH

Searching Previously Submitted Provider Portal Claims

Once you submit a claim you will be brought to the page where you can view or search for claims that were submitted via the Provider Portal.

Step 23: Select **Claim search by** filter to use.

Below are the options available:

- Tracking Number (Tracking number generated for the Provider Portal submission)
- Patient Control Number (Entered as part of the claim)
- AAH Member ID, Date of Service

Click **Search**. If you do not want to **Search**, but would rather enter another claim, click **Back**.

The search results will appear below.

The following will display:

- Action
- Tracking ID (AAH Tracking ID)
- AAH Member ID
- ID Type (HSN is the Alliance internal ID Type)

- Submitted Date
- Patient Control Number
- Referring NPI
- Billing NPI
- Total Changes

Click **Preview** to view the claims details.

A list of 10 previously submitted online claims will also appear below. Starting from the most recently submitted Provider Portal claim.

You can click **Preview** to view the claim details.

You can also click **Search Online Claims** at the top of the **Professional Claim Form** page to search for previously submitted claims via the Provider Portal.

After **two (2) business days** you can search for the claims status and follow the instructions in the **Search Claim Status** section of this guide.

Electronic Remit Advice (eRA)/Explanation of Payment (EOP)

Below is information on how to view the **Electronic Remit Advice (eRA)/Explanation of Payment (EOP)**. You can view eRAs within the **Claims Status** section of the Provider Portal.

Step 1:   To search for an eRA/EOP, please use your cursor to hover over **Member Info** in the navigation toolbar and select **Claim Status**.

Step 2:   Complete the appropriate fields.

eRAs/EOP can be searched by one (1) of the following:

- Claim Number(s)
- Check Number

After you are done entering the information for any of the options above, please click **Search**.

Please Note: You can enter more than one claim number by separating them by a comma (,) or pressing **Enter** after each number.

Step 3:   Click **Claim Number** to view **Claim Detail for Member**.

Step 4: Scroll down to the bottom of the page and click **View EOP**.

The **Statement of Remittance** for the week will appear.
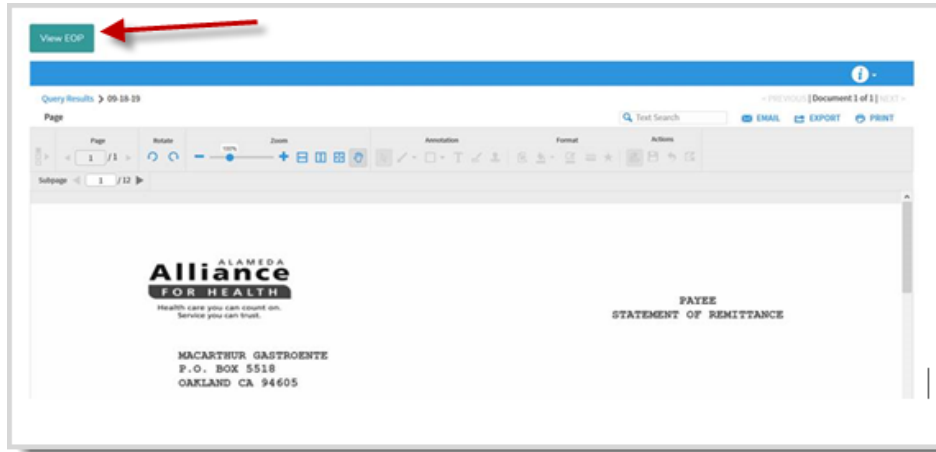
To view another EOP by claim number, click **Back to Search Results.**

Authorizations

Below is information on how to navigate the pages under **Authorizations** in the navigation toolbar.

When your cursor hovers over **Authorizations** in the navigation toolbar, the following links will appear:

- Search Authorizations
- Submit New Authorization

Search Authorizations

Step 1: To search for an existing authorization, please use your cursor to hover over **Authorizations** in the navigation toolbar and select **Search Authorizations**.

Step 2: Complete the appropriate fields.

Authorizations can be searched by one (1) of the following:

- Authorization Number
- Member ID (nine-digit format: 000000000)
- SSN (000000000)
- CIN # (00000000E)

Please Note: No additional information is required if you enter an **Authorization Number**.

You may also select **Search for member** to look up a member by one (1) of the following:

- SSN
- Alternate ID
- First name, Last name, DOB

After you are done, please click **Find Member**.

Enter the **Date of Service** or **Date of Request**, and select **Status** and choose from the dropdown list:

- Any status
- Pending
- Approved

- Denied
- Canceled

After you are done entering the information for any of the options above, please click **Search**.

Step 3: The authorization associated with the Alliance member will appear.

The following headings will be displayed:

- Auth Number
- Member ID
- Member (Name)

- Group (MC or GC)
- Start Date
- End Date

Step 4: Click on the **Auth Number** from the list to view expanded details.

View Authorization provides the following:

- Authorization #
- Status
- Requested Type
- Approved Type
- Requested Date of Service
- Requesting Provider
- Servicing Provider

- Member Name
- Member ID
- Date of Birth
- Diagnosis Code
- Description
- Diagnosis Date
- Diagnosis Status

View Authorization

🖶 Print

Authorization #OP00462

Authorization #:	OP00462	Status:	APPROVE	Requested Type:	OUTPATIENT	Approved Type:	OUTPATIENT	Requested Dates of Service:	12/20/2019
Requesting Provider:	Washington Township Medical Foundation			Servicing Provider:					
Member Name:	Jane Doe	Member ID:	12345	Date of Birth:	01/01/1901				
Diagnosis Code:	C61	Description:	MALIGNANT NEOPLASM OF PROSTATE			Diagnosis Date:		Diagnosis Status:	

Service Details provides the following:

- Service Line number
- Procedure Code
- Status
- Description
- Study Result
- Place of Service

- Charge Amount
- Requested Units
- Approved Units
- Date of Purchase
- Date of Study
- Approved Date From

Service Details

Service 1

Procedure Code:	J2185	Status:	APPROVE
Description:	INJECTION MEROPENEM 100 MG	Study result:	N/A
Place of Service:	Outpatient Hospital	Charge Amount:	N/A
Requested Units:	1	Approved Units:	N/A
Date of purchase:	N/A	Date of study:	N/A
Approved date from 12/26/2019 to 3/25/2020			

The following data fields are displayed under **Requesting Provider** as submitted on the request:

- Provider: Provider Name
- Phone: Phone Number
- NPI: Referring Provider NPI

- ID: Provider ID we have assigned
- Address: Physical provider address

If you need to cancel an existing authorization or extend the service dates on an existing authorization, please select **Click here**.

Click here if you need to:

- Cancel an existing authorization
- Extend the service dates on an existing authorization

Submit New Authorizations

Step 1: To submit a new authorization, please use your cursor to hover over Authorizations in the navigation toolbar and select **Submit New Authorization**. The links that are available on this page will route to the **Forms** section of the portal for the additional forms that are available.

Step 2: Choose the appropriate request from the **Select A Form** dropdown list:

- Behavioral Health Autism ABA Form: Outpatient
- Utilization Management Form: Inpatient Elective Authorizations
- Utilization Management From: Outpatient Authorizations

Step 3: Complete the form. Fields with an asterisk (*) are required.

Step 4: Please attach supporting clinical documentation to avoid further delay in the review or possible denial of services.
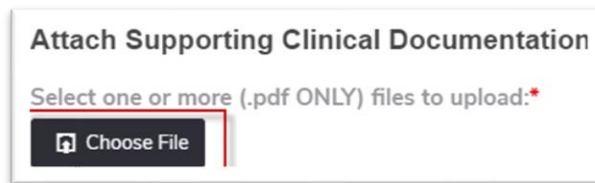
Step 5: When complete, please click **Submit Request.**

Please Note: If required information is missing, the form will not be submitted and you will be prompted to enter the missing fields.

Modify an Authorization

Step 1:   To modify an existing authorization request, please select **Click here** at the top of the authorization page.
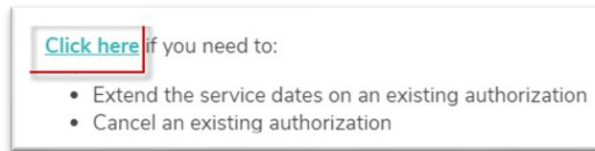
You will be redirected to an **Authorization Change** page.

Step 2:   Complete the form. Fields with an asterisk (*) are required.

The following options are available:

- Change an authorization – Enter the information needing change.
- Cancel an authorization– Select a reason for cancellation.
- Extension of Service Dates for unused Visits – Enter the previous authorization number and number of visits used.

Step 3: To include an attachment, please select the **Attachments** tab.
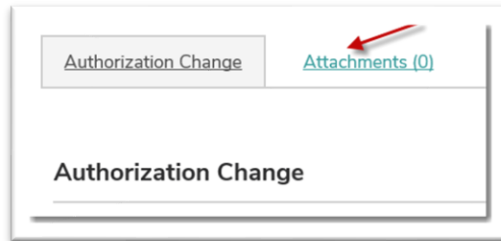
Step 4: Attach the file you would like to include.

When done, please click **Add** to upload the file.
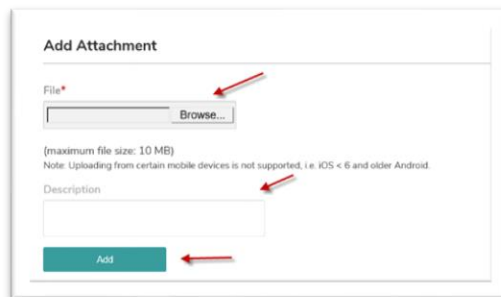
Step 5: After you have completed the form and attached the document (if applicable), please return to the **Authorization Change** tab.

To submit the form, please click **Submit**.

To save results for submission at a later time, please click **Save**.

Reports

Below is information about how to retrieve the reports the Alliance uploads every month for Alliance contracted primary care providers (PCPs). The reports are made available to help PCPs in closing gaps in care for assigned members and increase the pay-for-performance points.

Current Reports

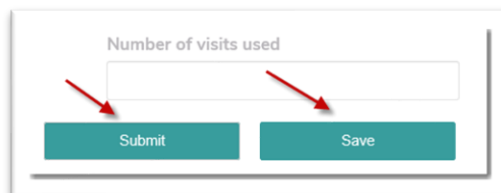When you select **Reports** in the navigation toolbar, the following reports will be available to view and download for the current measurement year:

- ER (Emergency Room) Visits Reports – PCPs Only
- Gap Care Reports – PCPs Only
- IHA (Initial Health Appointment) Eligible members – PCPs Only

Click the **Excel and/or PDF** link to save, download, or view the report.

Archived Reports

Reports from the previous measurement year will be placed under the Archived Reports header.

Provider Resources

Below is information about how to navigate the pages under **Provider Resources** in the navigation toolbar.

When your cursor hovers over **Provider Resources** in the navigation toolbar, the following links will appear:

- Provider Directory
- Provider Manual
- Provider Portal Instructions Guide

Provider Directory

Step 1: To search for a doctor or facility in the Alliance network, please use your cursor to hover over **Provider Resources** in the navigation toolbar and select **Provider Directory**.

Step 2: To search for a PCP, specialist, facility, or hospital, please select the **Provider Search** tab.

To search for a pharmacy, please select the **Facility** tab.

Fields with an asterisk (*) are required.

When done, please click **Search**.

Please Note: You can narrow down your search with additional information by clicking **More Search Options**.

Step 3:   To request a printed copy of the Provider Directory or to report an error in the Provider Directory, please select the corresponding box located at the top of the page.

Step 4:   To view a copy of the Alliance Provider Directory, please select the Alliance health care program:

- Medi-Cal
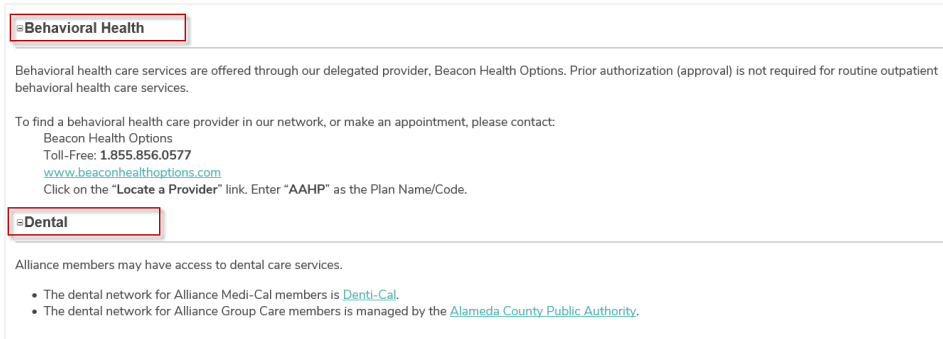- Alliance Group Care

Step 5:   To view a list of healthcare services, information regarding language and interpreter services, access for people with disabilities, and definitions, please scroll past the provider directory search fields.

Step 6: To view more information, please click on the header to expand the content.

Provider Manual

Step 1: To view the most current Alliance Provider Manual, please use your cursor to hover over **Provider Resources** in the navigation toolbar and select **Provider Manual**.

Step 2: Select **Click here**.

A new tab will open to display a PDF of the Alliance Provider Manual.
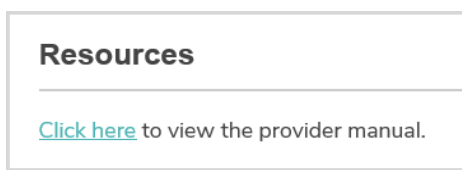
Provider Portal Instructions Guide

To view and download the most current Alliance Provider Portal Instructions Guide, please visit any of the following locations:

1. Alliance Provider Portal
   a. On the home page under the **Provider Portal Instruction Guide section**.
   b. In the navigation toolbar, hover your cursor over **Provider Resources** and select **Provider Portal Instructions Guide**.
2. Alliance Website
   a. In the navigation toolbar, select **Providers**. Use your cursor to hover over the **Providers** header and select **Provider Resources** from the dropdown list. Click to expand the **Provider Portal** section, and select **click here**.

Care Plans

Care Plans can now be viewed and downloaded from the Alliance Provider Portal.

How will it work?

An Alliance Care Manager will call your office to alert you when a Care Plan has been uploaded into the portal.

What if I have question about a care plan?

For any questions, please contact:

> Alliance Case Management Department
> Monday – Friday, 8 am – 5 pm
> Phone Number: **1.510.747.4512**
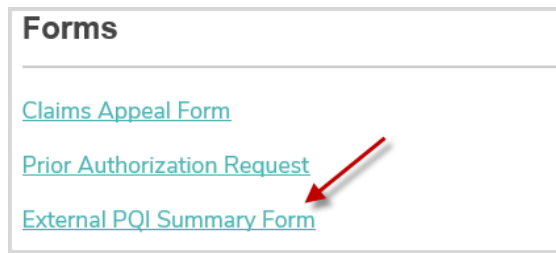> Toll-Free: **1.877.251.9612**

Potential Quality Issue (PQI) Referral

Below is the information about how to submit a **Potential Quality Issue (PQI) Referral**.

Step 1:   From the Alliance Provider Portal homepage, please click on the **Forms** icon on the right panel.

Step 2:   Select **External PQI Summary Form**.

Step 3:   Complete the form. Fields with an asterisk (*) are required.

Step 4: To include an attachment, please select the **Attachments** tab.

Attach the file you would like to include.

When done, please click **Add** to upload the file.

Step 5: After you have completed the form and attached the document, please return to the **PQI Referral** tab.

To submit the form, please click **Submit**.

To save results for submission at a later time, please click **Save**.

Provider Appeal/Dispute

Below is information on how to submit a **Provider Appeal/Dispute**.

Step 1:   From the Alliance Provider Portal homepage, please click on the **Forms** icon on the right panel.
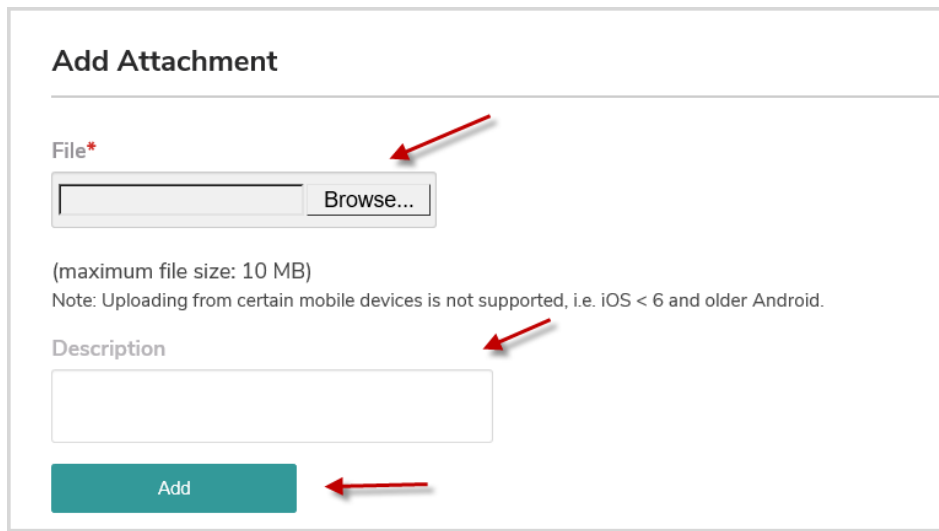

Step 2:   Select **Claims Appeal Form**.
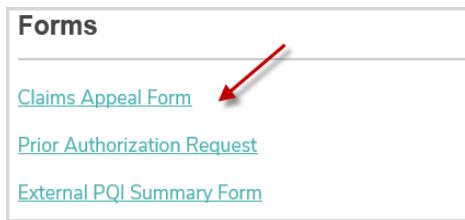
Step 3:   A new tab will open to display a PDF of the Alliance Provider Dispute Resolution Request form.

Please print and complete the form. Fields with an asterisk (*) are required.

Step 4:   Mail the completed form with attachments to the address below:

Notice of Provider Dispute Unit
PO Box 2460
Alameda, CA 94501-4506

Interpreter Services

Below is information about **how to access telephonic interpreter services** and **how to submit an Interpreter Request Form through the Provider Portal**.

Providers may directly access a telephonic interpreter 24 hours a day, 7 days a week by calling the **Alliance Interpreters Line** at **1.510.809.3986**. Please have your **patient's 9-digit Alliance member ID number** and **PIN** number ready.

| Medical Group	PIN Numbers
Alameda Health Systems (AHS)	1005
Behavioral Health Care	1003
Children First Medical Group (CFMG)	1002
Community Health Center Network (CHCN)	1001
Other Alliance Providers	1004

Providers may request in-person or video interpreter services for eligible Alliance members for Alliance-covered services by completing an **Interpreter Services Request Form**. Please use the steps below to request an in-person or video interpreter. For more information about eligibility and/or our interpreter services, please see the **Alliance Interpreter Services Guide for Providers** on the Alliance website at **www.alamedaalliance.org**.

Step 1: From the Alliance Provider Portal homepage, click on the Forms icon on the right panel.
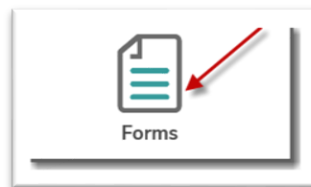
Step 2: Select Interpreter Request Form.

Forms

Claims Appeal Form

Prior Authorization Request

External PQI Summary Form

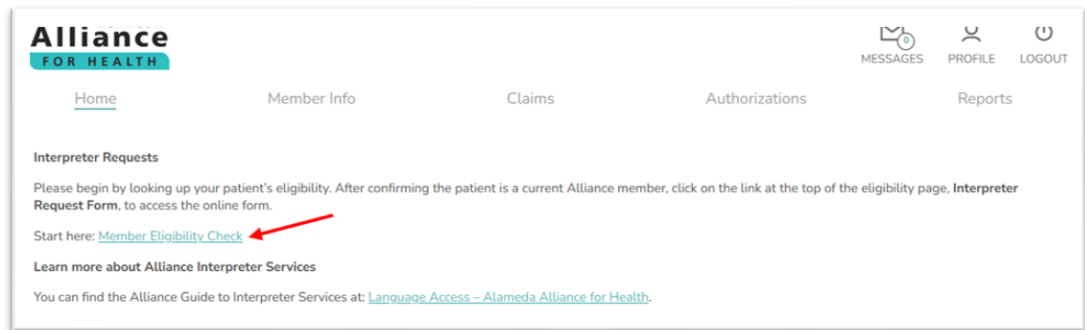Interpreter Request Form
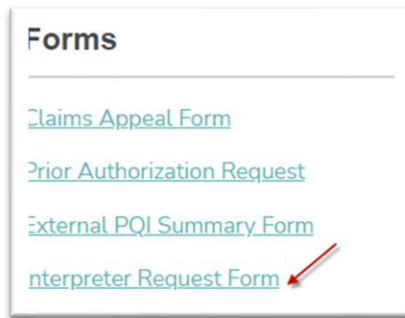
Step 3: Before submitting an Interpreter Request Form, please review and verify your patient's eligibility by clicking on **Member Eligibility Check**.


Member eligibility can be searched by one (1) of the following:

- Member Name (First and Last Name)
- Member ID (nine-digit format: 000000000)
- Member SSN (000000000)
- Member CIN # (00000000E)
- Date of Birth

After you are done entering the information for any of the options above, please click **Search**.

Step 4: Select the member's name from the list to get to the **Member Details** page. Here you can confirm eligibility, and complete an **Interpreter Request Form** by selecting **Click here to fill out the Interpreter Request form**.
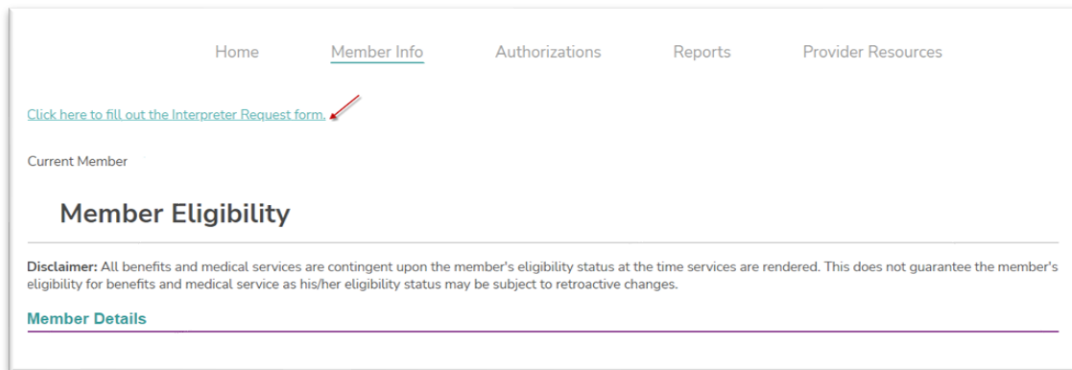
Please Note: Fields with an asterisk (*) are required.

Step 5: Submit the form by clicking on **Submit** at the bottom of the page.
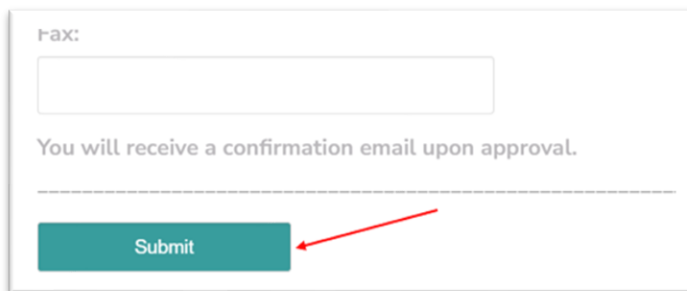
Please Note: You will receive an email confirmation from the Alliance Provider Portal once you submit the form. Please make sure you have a Tracking ID number.

Your request will be scheduled with Hanna Interpreting Services within five (5) business days prior to the date of appointment, and you will receive two (2) email confirmations from Hanna. The first to acknowledge submission of your request and a second to confirm an interpreter.

The **Status** of your request won't change in the **Message List** section and will remain in the **Pending** status.

Message List

All Messages Inbox (7) Sent Drafts (0) Archived

	SUBJECT	FROM	UPDATED DATE	SUBMITTED DATE	TRACKING #	GROUP	STATUS
☐	Interpreter Services Request	Alameda Alliance for Health	5/5/2023	5/5/2023	15410360		Pending

Thank you for being a part of the Alliance provider network! Together, we are creating a healthier community for all.

We are Here to Help

If you have any questions, please contact:

Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
Email: **providerservices@alamedaalliance.org**