

ALAMEDA ALLIANCE FOR HEALTH PROVIDER PORTAL INSTRUCTIONS GUIDE



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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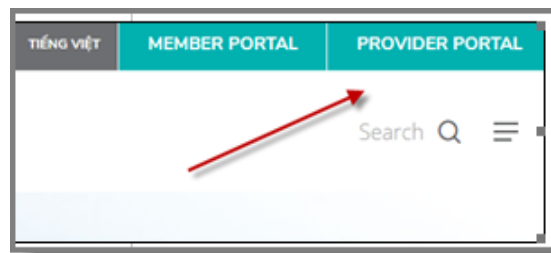
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Creating an Account

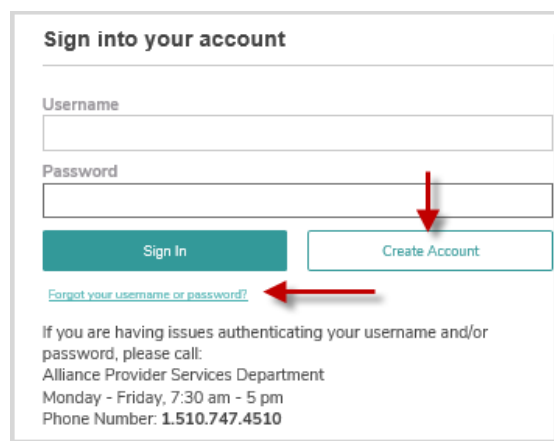
Below is the information about how to create a provider account.

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 Account**, on the right side of the page.

A screenshot of the 'Sign into your account' form. The form has a title 'Sign into your account' at the top. Below the title are two input fields: 'Username' and 'Password'. At the bottom of the form, there are two buttons: 'Sign In' (a teal button) and 'Create Account' (a white button with a teal border). A red arrow points down to the 'Create Account' button. Below the buttons, there is a link that says 'Forgot your username or password?' with a red arrow pointing to it. At the bottom of the form, there is a paragraph of text: 'If you are having issues authenticating your username and/or password, please call: Alliance Provider Services Department Monday - Friday, 7:30 am - 5 pm Phone Number: 1.510.747.4510'.

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**.

Term and Termination. This license is effective until terminated by either you or the producers of this website. This license is void if you fail to comply with any provisions of this Agreement. The provisions of this Agreement which by their nature extend beyond the term of this Agreement survive termination of this Agreement, including but not limited to the sections relating to Restrictions, Content of the Website, Warranties, Limitation of Liability, and Governing Law.

Content of the Website. The insurance products, data, and other information referenced in the website are provided for informational purposes only. We make no representations regarding the products, data, or any information about the products. We are not liable for any damages, questions, complaints, or claims regarding the products or data must be directed to the appropriate provider or vendor.

Accept

Cancel Next

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

Please complete all fields. Your Tax Identification and NPI Numbers are required. Click 'Add Provider' at bottom of form.

To add multiple Tax Identification and NPI numbers, complete those fields, click 'Add Provider'.

Click 'Next' to proceed with the Sign-up process.

First Name

Last Name

Address Line 1

Address Line 2

City

State
 -- Select --

Zip

Organization Name

Provider Access Level
 -- Select --

Previous Add Providers Cancel

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**.

TIN

NPI

10 characters maximum

Add Provider Cancel

...e all fields. Your Tax Identification and NPI Numbers are required.
 ...vider" at the bottom of the form to add one or more Tax Identification and NPI Numbers.
 ...proceed with the Sign-up process.

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**.

Added Providers			
TIN	NPI	Edit	Remove
xxxxx6308	xxxxxx1997		

Previous Add Provider Next

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

Username

Teststacey001

E-mail Address

teststacey@alamedaalliance.org

Confirm E-mail Address

teststacey@alamedaalliance.org

Password

Confirm Password

Security Question 1

In what city were you born? (Enter full name of cit

Your access request will be submitted for approval.

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

<p>Access Pending</p> <hr/> <p>Thank you for submitting your request for your on-line Provider Portal account!</p> <p>Our Provider Services team will respond to your request within 2 business days.</p> <p>If you have any questions, please contact our Provider Relations Department Call Center at: 1.510.747.4510, option #3</p>
--

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**

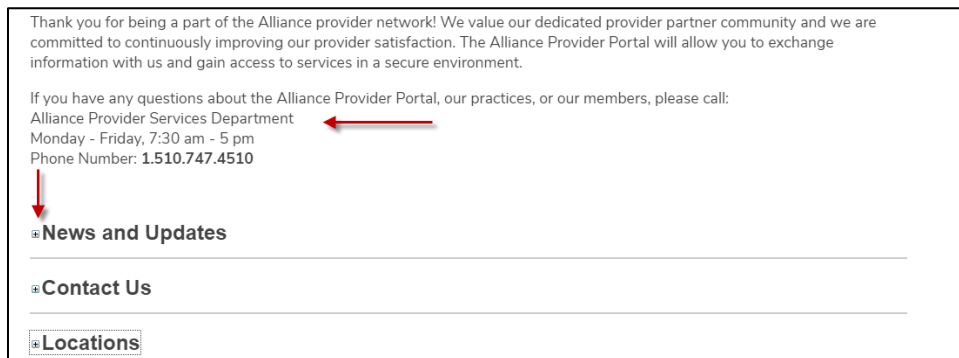
Provider Portal Homepage

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:

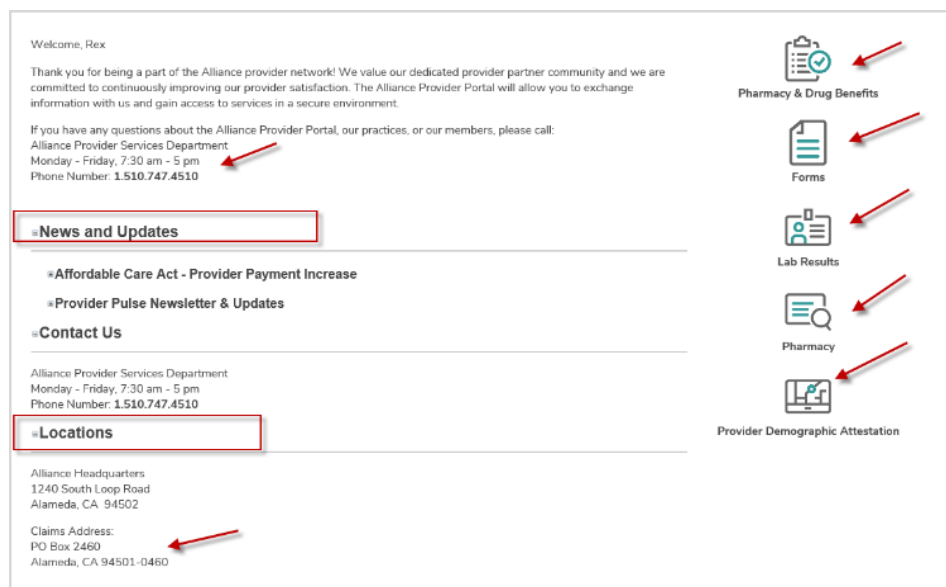
- News and Updates – The latest provider news and updates.
- Contact Us – The Alliance contact information.
- Locations – The Alliance mailing information.

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

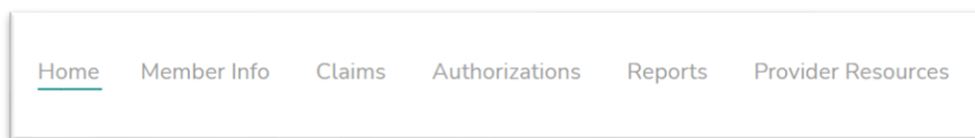
Links to instructions to submit authorization requests for a medication electronically or by fax.

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

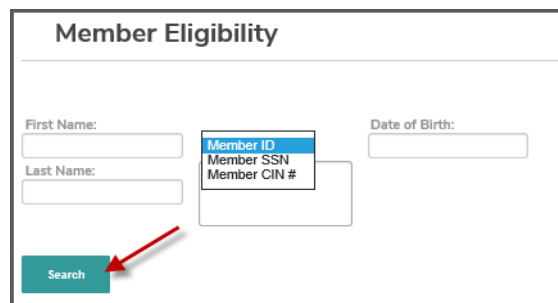
Step 1: To search for an Alliance member, please use your cursor to hover over **Member Info** in the navigation toolbar and select **Member Eligibility**.

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**.



The screenshot shows a web form titled "Member Eligibility". It contains four input fields: "First Name:", "Last Name:", "Date of Birth:", and a dropdown menu. The dropdown menu is open, showing three options: "Member ID", "Member SSN", and "Member CIN #". A red arrow points to a "Search" button at the bottom left of the form.

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**.

Member ID	Member Name	Date of Birth	Gender	PCP	Plan	Status
XXXXXXXXXX	XXXXXXXXXX, XXXXX	XXXX/XX/XX	M	XXXXXXXXXX/XXXXXX	MEDI-CAL	Active

1 record found.

[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

Member Status:	Active	Current Date:	
Member Name:	XXXXXXXXXX, XXXXX	Member ID:	
Gender:	M	DOB:	
Address:	XXXXXXXXXX XXXXXXXXXX, CA XXXXX XXXX	Preferred Language(s):	
Home Phone:	XXXXXXXX-XXXX	Relationship:	

PCP Details provides the following:

- PCP or Clinic Name
- NPI
- Gender
- Network
- Address
- Phone Number
- Website
- Email

PCP Details		
PCP Name:	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	PCP NPI:
PCP Gender:	XXXXXXXXXX	PCP's Network:
Address:	XXXXXXXXXXXXXXXXXXXX XXXX-XXXX	
City	XXXXXXXXXX	State
PCP Phone:	XXXXXXXX-XXXX	Zip
PCP Website:	Not Available	PCP Email:

PCP History provides the following:

- Start Date
- End Date
- PCP
- Group Type (Medi-Cal or Group Care)

PCP History			
Start	End	PCP	Group
05/01/2020	06/30/2020	ALLIANCE-XXXXXXXXXXXXXXXXXXXX	MEDI-CAL
04/01/2020	04/30/2020	ALLIANCE-PCP Not Assigned (01078)-PCP Not Assigned (01078)	MEDI-CAL

[Eligibility Information](#)

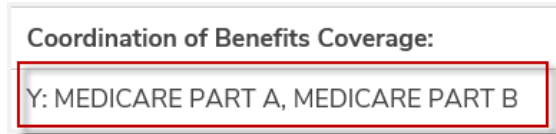
Eligibility Information provides the following:

- Effective Date
- Plan (Medi-Cal or Group Care)
- Copays
- Coordination of Benefits Coverage

Eligibility Information	
Primary Alliance Coverage	
Effective Date:	Plan:
03/01/2013 - Active	MEDI-CAL
CoPays:	Coordination of Benefits Coverage:
Office Visit, ER, Hospital - \$0 Rx - \$0G/\$0B	N:

The initial effective date of continuous enrollment

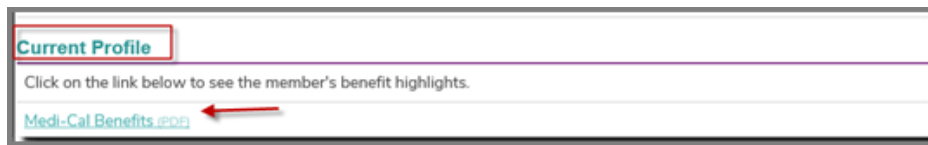
If a member has coordination of benefits coverage, you will see the following:



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**.

The screenshot shows a table titled "Member Roster" with the following columns: PCP Begin Date, Member ID, Member Name, Date of Birth, Gender, PCP, Plan, and Status. The table contains 10 rows of data, all with "MEDI-CAL" as the Plan and "Active" as the Status. Below the table is a pagination control showing "Page 1 of 208" and a "Download Results" button, which is highlighted with a red box and a red arrow pointing to it.

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://med-calrx.dhcs.ca.gov/home/>.

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

The screenshot shows a dropdown menu labeled "Select Provider TIN:". The selected value is "12345678". A red arrow points to the dropdown arrow icon on the right side of the menu.

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

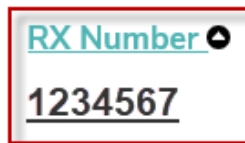
RX Number	Member First Name	Member Last Name	Pharmacy	Date Filled	Days Supply	Prescriber Name
			WALMART PHARMACY 10-	9/7/2019	8	NANCY

Page 1 of 1

[Download Results](#)

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

Member Details			
RX Number	756	Pharmacy Name	CALIFORNIA PHARMACY SERVICES
Date Filled	09/07/2019	Prescriber Name	MARKED, MARK
Member Name	WILSON, MARY	Member ID	123456789
Member DOB	01/01/1950		
Prescription Summary			
Label Name	Quantity	Prescribed Date	Days Supply
	30	09/07/2019	8

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

Quantity	Prescribed Date	Days Supply
30	09/07/2019	8
Back to Search Results Print View		

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

Claim Status	Claim Number	Member Name	Member ID	Start Date of Service	End Date of Service	Rendering Provider	Total Billed	Amount Paid
PAID							\$175.00	\$129.35
DENIED							\$75.00	\$0.00

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

Claim Status	Claim Number	Member Name	Member ID	Start Date of Service	End Date of Service	Rendering Provider	Total Billed	Amount Paid
PAID							\$885.05	

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

Claim Status

Claim Status	Claim Number	Member Name	Member ID	Start Date of Service	End Date of Service	Rendering Provider	Total Billed	Amount Paid
PAID	123456789	JOHNSON, JANE	123456789	09/12/2019	09/12/2019	ABC HEALTHCARE INC	\$1,234.56	\$885.05

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.

THIS IS NOT A BILL

Claim Detail for Member

Member Name:	JOHNSON, JANE	Member Number:	123456789
Claim Number:	123456789	Claim Status:	PAID
Date of Service:	09/12/2019	Date Received:	09/12/2019
Rendering Provider:	ABC HEALTHCARE INC	Total Charges:	\$1,234.56
RA Date:	09/12/2019	Total Paid:	\$885.05
		Member Cost/Responsibility:	\$0.00

Services and Charges

Line	From Date	Through Date	CPT Codes and Modifiers	Services	Qty	Amount Billed	Amount Approved	Other Amount	Amount Paid	Status	RA/Check Date	Check Number
001	09/12/2019	09/12/2019	72070	X-RAY EXAM THORAC SPINE 2VWS	1.000	\$1,234.56	\$1,234.56	\$0.00	\$885.05	PAID	09/12/2019	123456789
002	09/12/2019	09/12/2019	72100	X-RAY EXAM L-S SPINE 2/3 VWS	1.000	\$1,234.56	\$1,234.56	\$0.00	\$885.05	PAID	09/12/2019	123456789

Claim for JOHNSON, JANE

Show/Hide Search [Back to Search Results](#) | [Print](#)

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**.

The screenshot shows a search form with the following fields and labels: 'Claim Number(s):' with an empty text box; 'Member ID' with a dropdown menu; 'Date of Birth:' with an empty text box; 'Begin Date:' with a text box containing '7/16/2019'; 'End Date:' with a text box containing '7/16/2020'; and 'Check Number:' with an empty text box. A green 'Search' button is located at the bottom left. Red arrows point to each of these input fields.

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

Claim Status								
Claim Status	Claim Number	Member Name	Member ID	Start Date of Service	End Date of Service	Rendering Provider	Total Billed	Amount Paid
PAID	1000000000	CHRISTOPHER WOLFORD	820000000	01/01/2019	01/01/2019	HEALTHCARE SOLUTIONS INC	\$193.00	\$72.93
PAID	1000000000	WILSON, JAMES	820000000	01/01/2019	01/01/2019	HEALTHCARE SOLUTIONS INC	\$103.00	\$30.74

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

Claim Status								
Claim Status	Claim Number	Member Name	Member ID	Start Date of Service	End Date of Service	Rendering Provider	Total Billed	Amount Paid
PAID	1000000000	CHRISTOPHER WOLFORD	820000000	01/01/2019	01/01/2019	HEALTHCARE SOLUTIONS INC	\$193.00	\$885.05

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

Claim Status								
Claim Status	Claim Number	Member Name	Member ID	Start Date of Service	End Date of Service	Rendering Provider	Total Billed	Amount Paid
PAID	1000000000	CHRISTOPHER WOLFORD	820000000	01/01/2019	01/01/2019	HEALTHCARE SOLUTIONS INC	\$193.00	\$885.05

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.

THIS IS NOT A BILL

Claim Detail for Member

Member Name:	XXXXXXXXXXXX	Member Number:	XXXXXXXXXX
Claim Number:	XXXXXXXXXX	Claim Status:	PAID
Date of Service:	09/12/2019	Date Received:	XXXXXXXXXX
Rendering Provider:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Total Charges:	XXXXXXXXXX
RA Date:	XXXXXXXXXX	Total Paid:	XXXXXXXXXX
		Member Cost/Responsibility:	\$0.00

Services and Charges

Line	From Date	Through Date	CPT Codes and Modifiers	Services	Qty	Amount Billed	Amount Approved	Other Amount	Amount Paid	Status	RA/Check Date	Check Number
001	XXXXXXXXXX	XXXXXXXXXX	72070	X-RAY EXAM THORAC SPINE 2VWS	1.000	XXXXXX	XXXXXX	XXXXXX	XXXXXX	PAID	XXXXXXXXXX	XXXXXXXXXX
002	XXXXXXXXXX	XXXXXXXXXX	72100	X-RAY EXAM L-S SPINE 2/3 VWS	1.000	XXXXXX	XXXXXX	XXXXXX	XXXXXX	PAID	XXXXXXXXXX	XXXXXXXXXX

Claim for XXXXXXXXXXXXXXXX

Show/Hide Search

[Back to Search Results](#) | [Print](#)

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)

1 Member / Patient Information

Resubmission Code: *
 1-Original

Member ID: * 

NOTE: Click on the search icon to search for a Member ID.

Last Name or Organization Name: *
 First Name: *

Sex: *
 Date of Birth: *

Address: *
 City: *

State: *
 Zip Code: *

Carrier Type: *


Is Patient's Condition related to: *

New Born Claim (When covered under the mother's Member ID)
NOTE: If selected, you will be able to add the Last Name, First Name, Gender, and Date of Birth.

Other Insurance is Primary
NOTE: Please upload Explanation of Benefits before submitting the Claim.

Next

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

Member ID: * 

NOTE: Click on the search icon to search for a 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

Member search by: AAH Member ID / MCAL CIN / SSN L

Search by: AAH Member ID / MCAL CIN / SSN

Find a member by: *

AAH Member ID

MCAL CIN

SSN

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

Member search by: AAH Member ID / MCAL CIN / SSN Last Name, First Name, Date of Birth

Search By: Last Name, First Name, Date of Birth

Last Name: *

First Name: *

Date of Birth: *

MM/DD/YYYY

Search Clear

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.

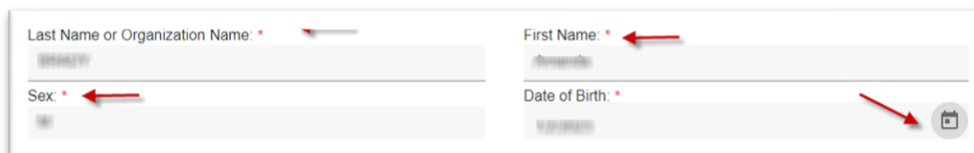
Newborns are covered using the mother’s member ID when the mother is an Alliance Medi-Cal member for the month of birth, and the month after following the month of birth.



New Born Claim (When covered under the mother’s Member ID)

NOTE: If selected, you will be able to add the Last Name, First Name, Gender, and Date 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).



Last Name or Organization Name: *

First Name: *

Sex: *

Date of Birth: *

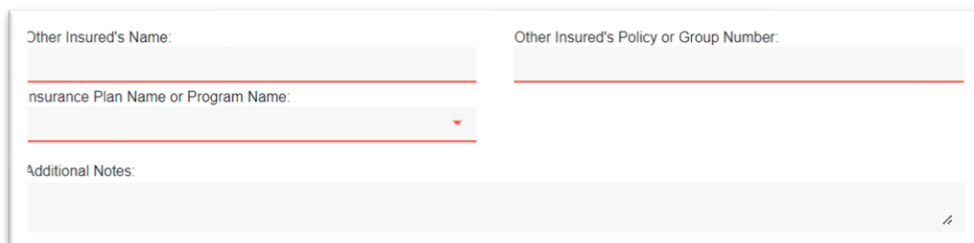
Step 6: If there is a different primary insurance, select the **Other Insurance is Primary** checkbox (Field 9, 9A, and 9D on Std 1500 Claim Form).



Other Insurance is Primary

NOTE: Please upload Explanation of Benefits before submitting the Claim.

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



Other Insured's Name:

Other Insured's Policy or Group Number:

Insurance Plan Name or Program Name:

Additional Notes:

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

1 Member / Patient Information

Resubmission Code: *

Member ID: *

NOTE: Click on the search icon to search for a Member ID.

Last Name or Organization Name: *

Sex: *

Address: *

State: *

Carrier Type: *

New Born Claim (When covered under the mother's Member ID)
NOTE: If selected, you will be able to add the Last Name, First Name, Gender, and Date of Birth.

Other Insurance is Primary
NOTE: Please upload Explanation of Benefits before submitting the Claim.

First Name: *

Date of Birth: *

City: *

Zip Code: *

Is Patient's Condition related to: *

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**.

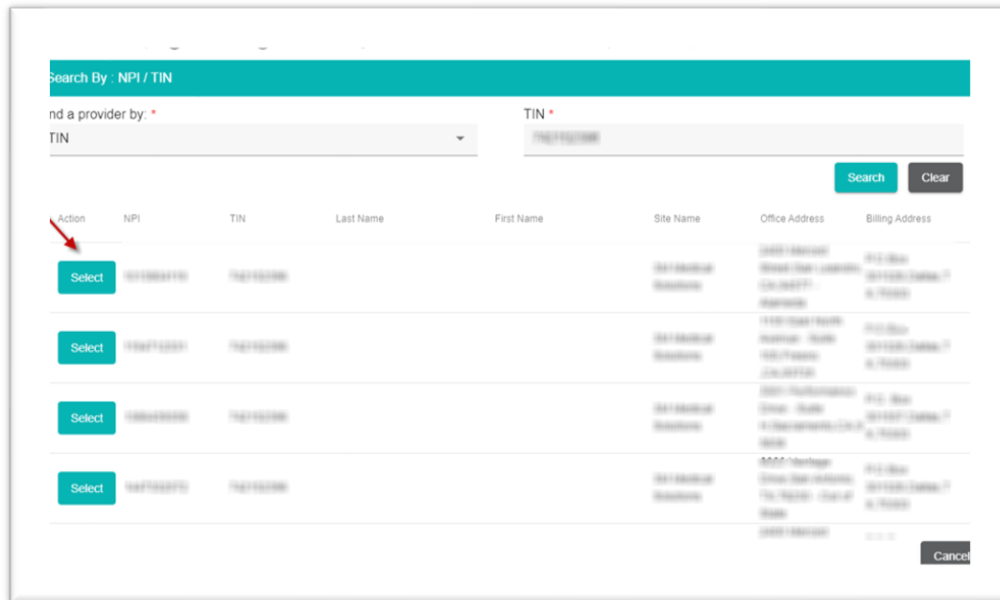
Select the **NPI** or **TIN** from the drop-down options.

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.*

3
Billing Provider / Service Facility Location Information

Billing Provider Information:

<p>Billing Provider NPI: *</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	<p>TIN: *</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>
<p>Last Name or Organization Name: *</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	<p>First Name:</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>
<p>Select Billing Address:</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	
<p><i>NOTE: Select billing provider NPI and TIN and chose the correct billing address from drop down options or enter Billing Provider Address below:</i></p>	
<p>Billing Provider Address: *</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	<p>City: *</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>
<p>State: *</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	<p>Zip Code: *</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/> <p style="font-size: 0.8em; color: #666;">Accepts only 5 or 9 digits.</p>

NOTE: The billing NPI and TIN 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.

Service Facility Location Information:

Same as Billing provider

Service Facility Location NPI:

Q

<p>Last Name or Organization Name:</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	<p>First Name:</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>
<p>Address:</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	<p>City:</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>
<p>State:</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	<p>Zip Code:</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/> <p style="font-size: 0.8em; color: #666;">Accepts only 5 or 9 digits.</p>

Back
Next

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

- Billing Provider NPI
- TIN

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

Billing Provider Information:

Billing Provider NPI: * [drop-down menu]

TIN: * [drop-down menu]

Last Name or Organization Name: *

First Name:

Select Billing Address: [drop-down menu]

NOTE: Select billing provider NPI and TIN and chose the correct billing address from drop down options or enter Billing Provider Address below.

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

Billing Provider Address: *

City: *

State: *

Zip Code: *
Accepts only 5 or 9 digits.

NOTE: The billing NPI and TIN 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.

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**.

Service Facility Location Information:

Same as Billing provider

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.

Action	NPI	TIN	Last Name	First Name	Site Name	Office Address	Billing Address
Select	XXXXXXXXXX	XXXX-XXXX					

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

4
Diagnosis - Service Line(s) / Procedure Information

Diagnosis: *

Please type a minimum of three (3) characters to search for diagnosis. Characters must be numerical or letter values only. Do not include characters such as a period (.) (For example, diagnosis code R01.9 would be entered as R019).

Add Diagnosis

Sequence	ICD Indicator	Code	Description	Action

Service Line(s) / Procedure Information

Service Start Date: *

MM/DD/YYYY
📅

Service End Date:

MM/DD/YYYY
📅

Place of Service: *

▼

Rendering Provider NPI:

🔍

Same as Billing NPI

CPT Code - Description: *

Please type a minimum three(3) characters to search for CPT Code.

Procedure Modifier 1:

Please type to search procedure modifier

Procedure Modifier 2:

Please type to search procedure modifier

Procedure Modifier 3:

Please type to search procedure modifier

Procedure Modifier 4:

Please type to search procedure modifier

Diagnosis Pointer: *

▼

Units of Measurement: *

▼

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

Start Date	End Date	POS	Rendering NPI	CPT Code	Mod1	Mod2	Mod3	Mod4	Diagnosis Pointer	NDC	Qty	Units	Charges(\$)
Total:												0.00	

Back
Next

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

Sequence	ICD Indicator	Code	Description	Action
A	ICD-10	R51	HEADACHE	

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).

The screenshot shows a form titled "Service Line(s) / Procedure Information". It contains two date input fields. The first is labeled "Service Start Date: *" and the second is labeled "Service End Date:". Both fields have a placeholder "MM/DD/YYYY" and a calendar icon to the right. Red arrows point to each of these four elements.

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 | 23 – EMERGENCY ROOM |
| 02 – TELEHEALTH PROV OTHER THAN
IN PATIENT HOME | 24 – AMBULATORY SURGICAL CENTER |
| 03 – SCHOOL | 25 – BIRTHING CENTER |
| 04 – HOMELESS SHELTER | 26 – MILITARY TREATMENT FACILITY |
| 05 - INDIAN HEALTH SVC FREE-
STANDING FACILITY | 31 – SKILLED NURSING FACILITY |
| 06 – INDIAN HEALTH SVC PROVIDER-
BASED FACILITY | 32 – NURSING FACILITY |
| 07 – TRIBAL 638 FREE-STANDING
FACILITY | 33 – CUSTODIAL CARE FACILITY |
| 08 – TRIBAL 638 PROVIDER-BASED
FACILITY | 34 – HOSPICE |
| 09 – PRISON – CORRECTIONAL
FACILITY | 41 – AMBULANCE LAND |
| 10 – TELEHEALTH PROV IN PATIENT’S
HOME | 42 – AMBULANCE AIR OR WATER |
| 11 – OFFICE | 49 – INDEPENDENT CLINIC |
| 12 – HOME | 50 – FEDERALLY QUALIFIED HEALTH CENTER |
| 13 – ASSISTED LIVING FACILITY | 51 – INPATIENT PSYCH FACILITY |
| 14 – GROUP HOME | 52 – PSYCHIATRIC FACILITY -PARTIAL HOSPITAL |
| 15 – MOBILE UNIT | 53 – COMMUNITY MENTAL HEALTH CENTER |
| 16 – TEMPORARY LODGING | 54 – INTERIM CARE FACILITY |
| 17 – WALK-IN RETAIL HEALTH CLINIC | 55 – RES SUBSTANCE ABUSE TREATMENT FACILITY |
| 18 – PLACE OF EMPLOYMENT
WORKSITE | 56 – PSYCH RESIDENTIAL TREATMENT CENTER |
| 20 – URGENT CARE FACILITY | 57 – NON-RESIDENTIAL SUBSTANCE ABUSE
TREATMENT FACILITY |
| 21 – INPATIENT HOSPITAL | 60 – MASS IMMUNIZATION CENTER |
| 22 – OUTPATIENT HOSPITAL | 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 |

The screenshot shows a form field labeled "Place of Service: *". It is a drop-down menu with a red arrow pointing to the downward-pointing triangle on the right side of the field.

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: <input style="width: 95%;" type="text"/>	Drug Quantity: <input style="width: 95%;" type="text"/>	Drug Unit of Measure: <input style="width: 95%;" type="text"/>
--	--	---

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

Service Line(s) / Procedure Information

Service Start Date: * <input style="width: 95%;" type="text"/>	Service End Date: <input style="width: 95%;" type="text"/>			
Place of Service: * <input style="width: 95%;" type="text"/>				
Rendering Provider NPI: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Same as Billing NPI			
CPT Code - Description: * <input style="width: 95%;" type="text"/>				
Procedure Modifier 1: <input style="width: 95%;" type="text"/>	Procedure Modifier 2: <input style="width: 95%;" type="text"/>			
Procedure Modifier 3: <input style="width: 95%;" type="text"/>	Procedure Modifier 4: <input style="width: 95%;" type="text"/>			
Diagnosis Pointer: * <input style="width: 95%;" type="text"/>				
Units of Measurement: * <input style="width: 95%;" type="text"/>	Quantity: * <input style="width: 95%;" type="text"/>			
Charges (\$): * <input style="width: 95%;" type="text"/>				
<div style="border: 1px solid #ccc; padding: 5px;"> <p>Drug Information</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">NDC: <input style="width: 95%;" type="text"/></td> <td style="width: 33%; padding: 5px;">Drug Quantity: <input style="width: 95%;" type="text"/></td> <td style="width: 33%; padding: 5px;">Drug Unit of Measure: <input style="width: 95%;" type="text"/></td> </tr> </table> </div>		NDC: <input style="width: 95%;" type="text"/>	Drug Quantity: <input style="width: 95%;" type="text"/>	Drug Unit of Measure: <input style="width: 95%;" type="text"/>
NDC: <input style="width: 95%;" type="text"/>	Drug Quantity: <input style="width: 95%;" type="text"/>	Drug Unit of Measure: <input style="width: 95%;" type="text"/>		
<p>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.</p>				
<input style="background-color: #00a651; color: white; padding: 5px 15px; border: none; cursor: pointer;" type="button" value="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)

Start Date	End Date	POS	Rendering NPI	CPT Code	Mod1	Mod2	Mod3	Mod4	Diagnosis Pointer	NDC	Qty	Units	Charges(S)
01/20/2023											1	100	200.00
01/20/2023											1	100	200.00
Total:												400.00	

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).

Start Date	End Date	POS	Rendering NPI	CPT Code	Mod1	Mod2	Mod3	Mod4	Diagnosis Pointer	NDC	Qty	Units	Charges(S)
01/20/2023											1	100	200.00
01/20/2023											1	100	200.00
Total:												400.00	

Click **Next**.

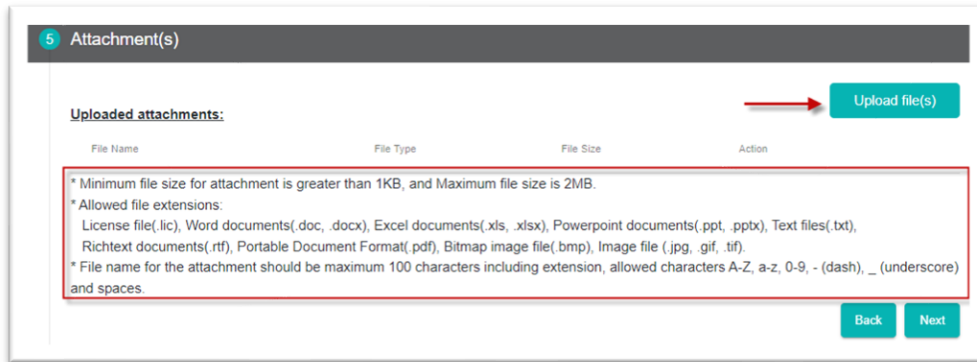
To see the standard (Std) 1500 Claim Form field-by-field instructions, please visit <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf>

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.

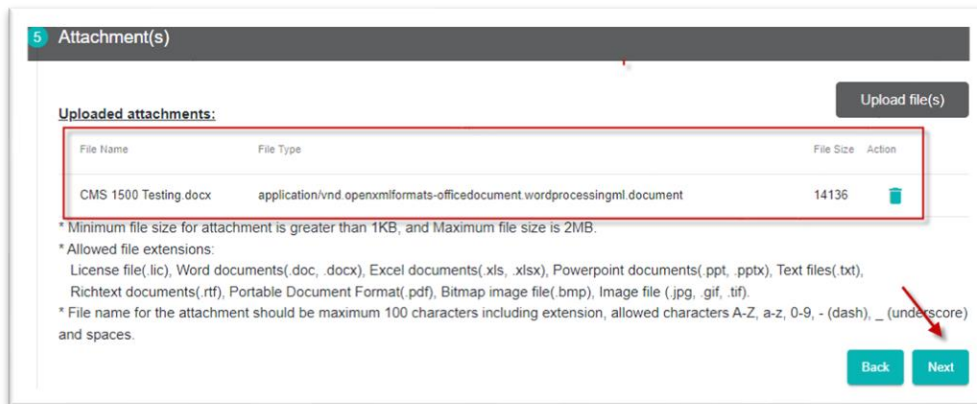
Step 21: Click Upload File(s).



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**.


6 Preview & Submit

Member/Patient Information: 

Member ID: 000236101
 Claim Frequency Code: 1-Original
 Member Last Name: DU
 Date of Birth: 03/21/1991
 Address: 808 ADAMS ST APT 12
 State: CA
 Carrier Type: MC - MediCal
 Conditions Related To: Not Applicable
 Other Insured's Name:
 Insurance Plan/Program Name:
 Additional Notes:
 Reference Number:
 Member First Name: YUE
 Sex: F
 City: ALBANY
 Zip Code: 947061654
 Newborn Claim: No
 Other Insurance Is Primary: No
 Other Insured's Policy/Group No:

Provider/Physician Information: 

Patient Control Number: 236101
 Date Of Current Illness:
 Other Date:
 Prior Authorization Number:
 Claim Note:
 Date Of Current Illness Qualifier:
 Other Date Qualifier:

Referring Provider / Other Source Information: 


Provider NPI:
 Provider Last Name:
 Provider Qualifier:
 Provider TIN:
 Provider First Name:

Diagnosis - Service Line(s) / Procedure Information:

Seq.	ICD Ind.	Code	Description
A	ICD-10	R51	HEADACHE

Service Line/Procedure Information:


Start Date	End Date	POS	Rend. NPI	CPT Code	Modifier(s)	Diag. Pt. NDC	Qty	Units	Charges(\$)
01/20/2023		01	1245369024	26992	03	A	1	UN	250.00
01/20/2023		01		99205	25	A	1	UN	250.00
Total Charge(s):									500.00

Billing Provider Information: 

Billing Provider NPI: 1003961251
 Billing Provider Last Name: UCSF Benioff Children's Hospital
 Billing Provider Address: P.O. Box 742403
 Billing Provider State: CA
 Billing Provider TIN: 940382330
 Billing Provider First Name:
 Billing Provider City: Los Angeles
 Billing Provider Zip Code: 90074


Service Facility Location Information:

Service Facility Location NPI: 1003961251
 Last Name Or Organization Name: UCSF Benioff Children's Hospital
 Service Facility Location Address: P.O. Box 742403
 Service Facility Location State: CA
 Service Facility First Name:
 Service Facility Location City: Los Angeles
 Service Facility Location Zip Code: 90074

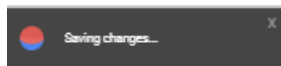
Attachment(s): 

File Name	File Type	File Size
CMS 1500 Testing.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	14136

Name and Title: 1003961251 - UCSF Benioff Children's Hospital O
 Date Signed: 1/20/2023
 MMDDYYYY

Back **Reset** **Submit** 

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



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.

Below is a list of the previously submitted 10 online claim submissions for your reference. You may click on Preview to display the details of what was submitted.

Action	Tracking ID	Submitted Date
Preview	CL2023011810522836	01/18/2023 10:55 AM
Preview	CL2023011810522834	01/18/2023 10:57 AM
Preview	CL2023011810522833	01/18/2023 10:57 AM
Preview	CL2023011810522832	01/18/2023 10:57 AM
Preview	CL2023011810522831	01/18/2023 10:57 AM
Preview	CL2023011810522830	01/18/2023 10:57 AM
Preview	CL2023011810522829	01/18/2023 10:57 AM
Preview	CL2023011810522828	01/18/2023 10:57 AM
Preview	CL2023011810522827	01/18/2023 10:57 AM
Preview	CL2023011810522826	01/18/2023 10:55 AM

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.

ce Alliance Online Submissions Welcome TestJames

Professional Claim Form - CMS 1500

[Search Online Claims](#)

1 Member / Patient Information

Resubmission Code: *
 1-Original

Member ID: *
 [Search Icon] NOTE: Click on the search icon to search for a Member ID.

Last Name or Organization Name: *
 [Text Field]

First Name: *
 [Text Field]

Sex: *
 [Text Field]

Date of Birth: *
 [Text Field]

Address: *
 [Text Field]

City: *
 [Text Field]

State: *
 [Text Field]

Zip Code: *
 [Text Field]

Carrier Type: *
 [Text Field]

Is Patient's Condition related to: *
 [Text Field]

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**.

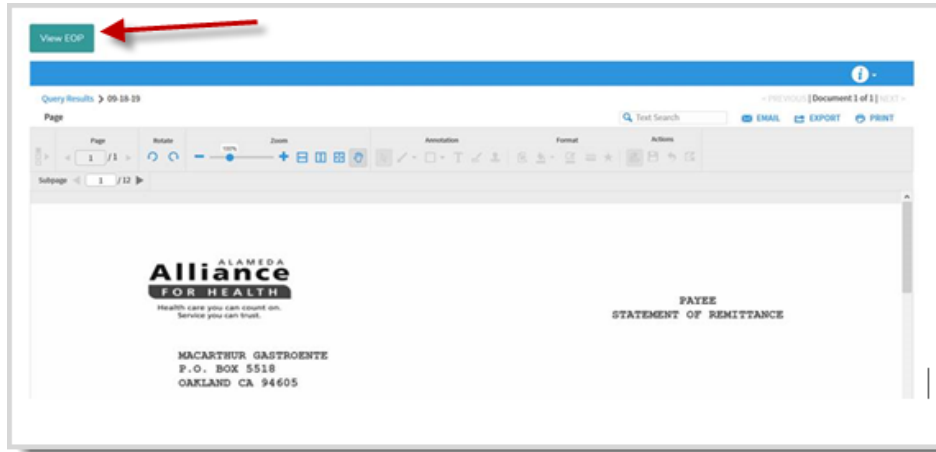
Please Note: You can enter more than one claim number by separating them by a comma (,) or pressing **Enter** after each number.

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

Claim Status	Claim Number	Member Name	Member ID	Start Date of Service	End Date of Service	Rendering Provider	Total Billed	Amount Paid
PAID	1000000000	BRUNHE UPPERS	967070000	7/1/2019	7/29/2019	ONE HEALTH CARE INC	\$22,882.00	\$885.05

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**.

Services and Charges												
Line	From Date	Through Date	CPT Codes and Modifiers	Services Qty	Amount Billed	Amount Approved	Other Amount	Amount Paid	Status	RA/Check Date	Check Number	
001	10/07/2019	10/07/2019	99214								990031652	

Claim for [REDACTED] [Back to Search Results](#) [Print](#)

[Show/Hide Search](#)

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.

AUTH NUMBER	MEMBER ID	MEMBER	GROUP	START DATE	END DATE
OP123456	4444444	Jane Doe	MC	12/26/2019	3/25/2020

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

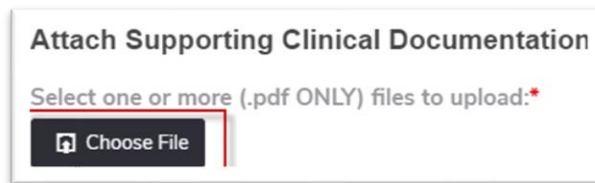
Step 1: To submit a new authorization, please use your cursor to hover over Authorizations in the navigation toolbar and select **Submit New Authorization**. The links that are available on this page will route to the **Forms** section of the portal for the additional forms that are available.

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 Form: 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.



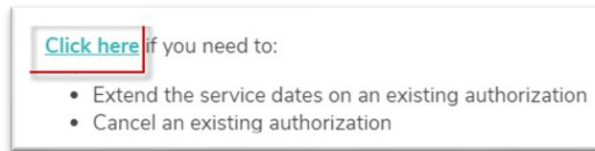
Step 5: When complete, please click **Submit Request**.

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.



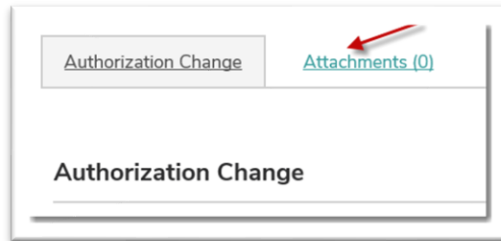
You will be redirected to an **Authorization Change** page.

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

The following options are available:

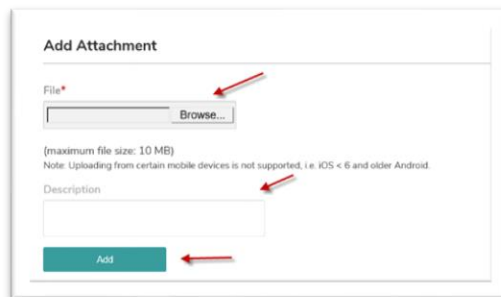
- Change an authorization – Enter the information needing change.
- Cancel an authorization– Select a reason for cancellation.
- Extension of Service Dates for unused Visits – Enter the previous authorization number and number of visits used.

Step 3: To include an attachment, please select the **Attachments** tab.



Step 4: Attach the file you would like to include.

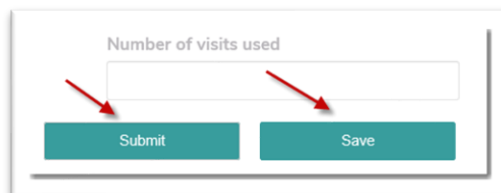
When done, please click **Add** to upload the file.



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**.

The screenshot shows the 'Provider Search' interface. At the top, there are two tabs: 'Provider' (selected) and 'Facility'. Below the tabs is the 'Provider Search' section, which is divided into three columns of filters:

- By Location:** Includes radio buttons for 'No preference', 'Within Any range' (selected), and 'Only inside'. Below these is a 'Zip Code' input field and a checkbox for 'Use current location'.
- By Provider Detail:** Includes radio buttons for 'Male', 'Female', and 'Any Gender', and a checkbox for 'Only show providers who are accepting new members'.
- By Coverage and Care Requirements:** Includes three dropdown menus: 'Medical Group/Network' (Please Select), 'Alliance Plan*' (Please Select), and 'Type' (Any Type). Below these is a 'Specialty' dropdown menu (Any Specialty).

At the bottom of the search area, there is a 'More Search Options' button on the left and a 'Search' button on the right. A 'Start Over' button is also visible at the bottom left of the search area.

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.

[Please click here to request a printed copy of the Provider Directory](#)
[Please click here to report an error in the Provider Directory](#)

You can also contact us:
 Alliance Provider Services Department
 1240 South Loop Road Alameda, CA 94502
 Phone Number: 1.510.747.4510
 Email: aahdirectory@alamedaalliance.org

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

- Medi-Cal
- Alliance Group Care

To view a copy of the Alliance Provider Directory, please select the Alliance health care program:
[Medi-Cal](#) | [Alliance Group Care](#)

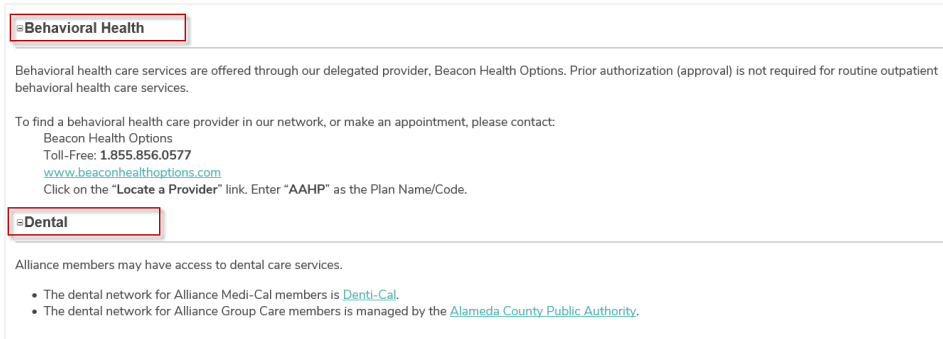
Step 5: To view a list of healthcare services, information regarding language and interpreter services, access for people with disabilities, and definitions, please scroll past the provider directory search fields.

Alliance Partners (for Behavioral Health, Dental, Laboratory, Rehabilitation, and Vision Services)

Depending on the Alliance plan, some Alliance services are offered through other networks. Please view the services below to get more information or search for their providers or facilities. Please note that the search for these providers will take you to a website outside the Alliance portal.

- + Behavioral Health
- + Dental
- + Laboratory
- + Rehabilitation
- + Vision
- + Language & Interpreter Services
- + Access for People with Disabilities
- + Definitions

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

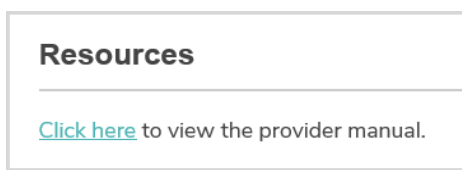


Provider Manual

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**

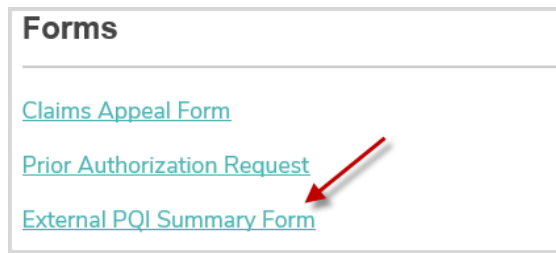
Potential Quality Issue (PQI) Referral

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**.



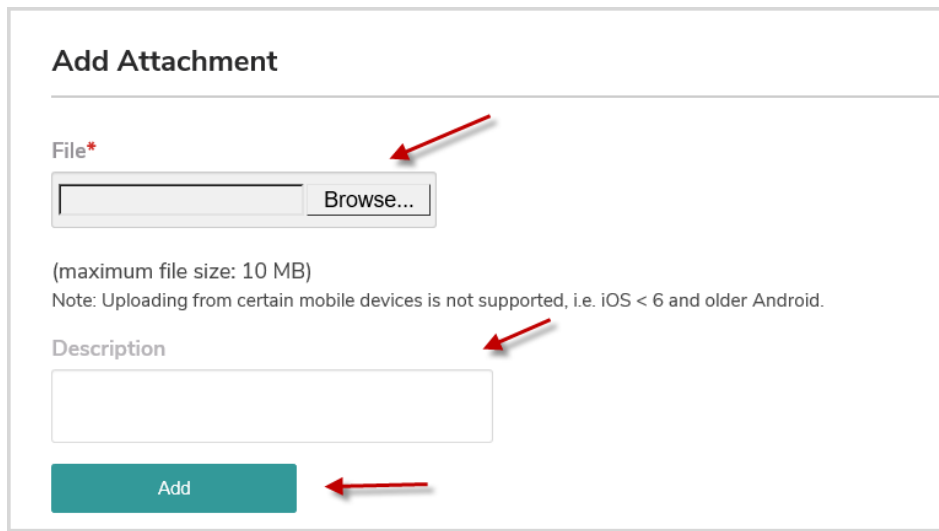
Step 3: Complete the form. Fields with an asterisk (*) are required.

A screenshot of the "PQI (Potential Quality Issue) Referral" form. The form has a title bar with "PQI (Potential Quality Issue) Referral" and "Attachments (0)". Below the title is the heading "PQI (Potential Quality Issue) Referral". Underneath is the section "Member Information:" followed by three input fields: "Member Name:*", "Date of Birth:*", and "Member ID:*". Red arrows point to the "Member Name" and "Date of Birth" fields.

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.



The screenshot shows a form titled "Add Attachment". It contains a "File*" field with a "Browse..." button. Below this is a note: "(maximum file size: 10 MB) Note: Uploading from certain mobile devices is not supported, i.e. iOS < 6 and older Android." There is a "Description" text area. At the bottom is a teal "Add" button. Red arrows point to the "Browse..." button, the "Description" text area, and the "Add" button.

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**.



The screenshot shows two teal buttons: "Submit" and "Save". Red arrows point to each button.

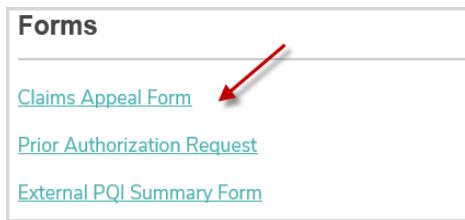
Provider Appeal/Dispute

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

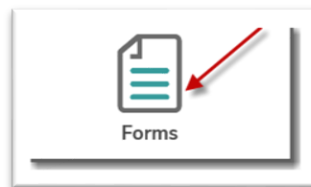
Below is information about **how to access telephonic interpreter services** and **how to submit an Interpreter Request Form through the Provider Portal**.

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.

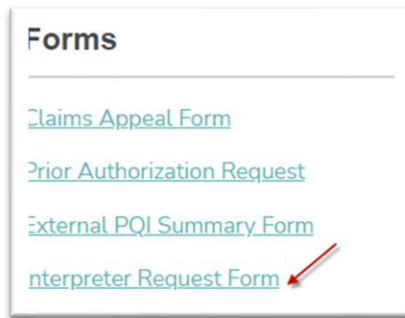
Medical Group	PIN Numbers
Alameda Health Systems (AHS)	1005
Behavioral Health Care	1003
Children First Medical Group (CFMG)	1002
Community Health Center Network (CHCN)	1001
Other Alliance Providers	1004

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.

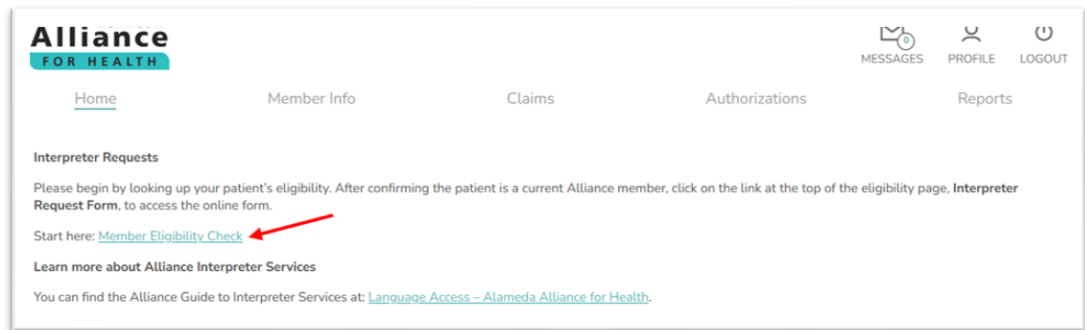
Step 1: From the Alliance Provider Portal homepage, click on the Forms icon on the right panel.



Step 2: Select Interpreter Request Form.



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

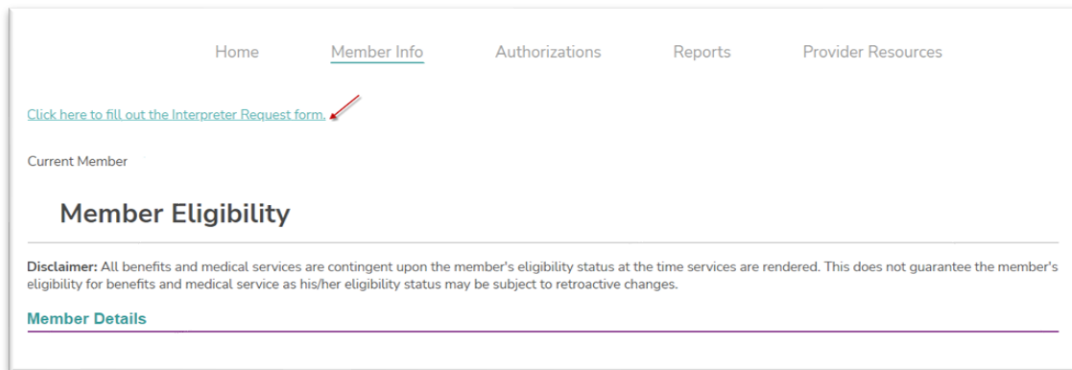


Member eligibility can be searched by one (1) of the following:

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

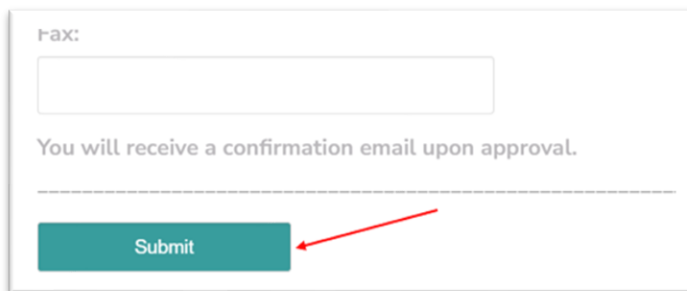
After you are done entering the information for any of the options above, please click **Search**.

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

<input type="checkbox"/>	SUBJECT	FROM	UPDATED DATE ▼	SUBMITTED DATE	TRACKING #	GROUP	STATUS
<input type="checkbox"/>	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**