



Alameda Alliance for Health – Provider Visit Form 2018 3rd Quarter Provider Packet

Provider Name: _____

Date of Visit: _____

PROVIDER TYPE:

Ancillary

SNF

CBAS

Specialist

Home Health

Other: _____

PCP

SELECT ONE:

Accepting New Patients

Accepting Existing Patients

Not Accepting Patients

PACKET INCLUDES:

- Complex Case Management Program
- Transportation Request Form
- Updated Request Form for Transportation Services
- Caring for DIVERSE Patients
- FREE Cultural Sensitivity Training and Resources
- 5-Minute Appointment Availability Survey
- Alliance Interpreter Services and Resources
- Alliance Referral Network Letter
- Staying Healthy Assessment (SHA) Reminder
- Timely Access Requirements
- Important Attestation Update
- Ownership Form

Provider/Office Staff Name (Print)

Alliance Representative Name (Print)

Provider/Office Staff Name (Sign)

Alliance Representative Name (Sign)

Date: _____

Comments: _____



Complex Case Management Program

Alameda Alliance for Health (Alliance) offers a Complex Case Management (CCM) program to help members regain optimum health or improved functional capability, in the right setting and in a cost-effective manner. CCM involves:

- Comprehensive assessment of the member's condition;
- Determination of available benefits and resources; and
- Development and implementation of a case management plan with performance goals, monitoring and follow-up.

Participation in this program is free and voluntary.

All Alliance members are eligible for case management services. Any contracted Alliance provider may refer a member to the CCM program. Each referral will be reviewed for enrollment in CCM based on eligibility criteria and telephonic member assessment.

Referrals that are selected for CCM are not diagnosis-specific and based on the following general criteria:

- A. The degree and complexity of the member's illness is typically severe.
 1. Multiple specialties involved
 2. Level of specialty management (tertiary providers)
 3. Primary diagnosis with complication
 4. Higher levels of disease staging
- B. The level of management necessary is typically intensive.
 1. Multiple services needing coordination
 2. Frequency of care management contacts needed
 3. Multiple referrals for external care coordination services
- C. The amount of resources required for the member to regain optimal health or improved functionality is typically extensive
 1. Multiple hospitalizations
 2. Multiple emergency room visits
 3. High cost and utilization of pharmacy

The Alliance offers a variety of programs to its members and does not limit eligibility to one complex condition or to members already enrolled in the Alliance Case Management programs.

How to Refer Members to CCM

You can find the CCM referral form with instructions on the Alliance website at

www.alamedaalliance.org/providers/medical-management/case-and-disease-management-program

Questions? Please call the Alliance Provider Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **510.747.4510**

www.alamedaalliance.org



Physician Certification Form – Request for Transportation

Please print clearly. For NEMT only, the physician must sign this form where indicated below. *Required fields must be completed. Please return form by fax to LogistiCare – Attn: Utilization Review **877.457.3352**.

PATIENT INFORMATION	
*PATIENT'S NAME	*PATIENT'S DOB
*PATIENT'S ID NUMBER/CIN#	MEMBER'S CONTACT NUMBER
DIAGNOSIS	
DIAGNOSIS	ICD CODE

TRANSPORTATION NEEDS (*Please check <u>ONLY ONE</u> level of service in <u>either</u> NEMT <u>or</u> NMT section)	
<p>Non-Emergency Medical Transportation (NEMT) NEMT includes transportation by ambulance, wheelchair, and gurney vans for medically necessary covered services, specifically when the patient is non-ambulatory. Check the applicable level of service needed:</p> <p> <input type="checkbox"/> Wheelchair Van <input type="checkbox"/> Ambulance/Litter Van/Gurney Van (Patient bed bound) <input type="checkbox"/> ALS (Patient requires ALS services/availability) <input type="checkbox"/> CCT/SCT (Patient requires cardiac monitoring) <input type="checkbox"/> LS (Patient requires oxygen not self-administered or regulated) <input type="checkbox"/> Air Transport </p>	<p>Non-Medical Transportation (NMT) NMT includes transportation provided via taxi, car or other public conveyances for medically necessary covered services. <i>No signature is required for NMT.</i> Check the applicable level of service needed.</p> <p> <input type="checkbox"/> Public Transportation/Mass Transit <input type="checkbox"/> East Bay Paratransit <input type="checkbox"/> Curb-to-Curb Vehicle Transportation (Taxicab) <input type="checkbox"/> Door-to-Door Vehicle Transportation <input type="checkbox"/> Private Vehicle arranged by patient* <i>*Additional verification information needed for approval.</i> </p>

*DURATION (Based on medical necessity and continued health plan eligibility)				
<input type="checkbox"/> 30 Days	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 90 Days	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 12 Months

FUNCTION LIMITATIONS JUSTIFICATION
<p>When transportation is requested for an ongoing basis, the chronic nature of the patient's medical, physical, or mental health condition must be indicated in the treatment plan. A diagnosis alone will not satisfy this requirement. Treatment plan should include the medical, behavioral health, or physical condition that prevents normal public or private transportation. NMT services do not require physician signature and will be approved based on the least costly method of transportation that meets the member's needs.</p> <p>*PLEASE INCLUDE YOUR JUSTIFICATION BELOW:</p>

CERTIFICATION FOR NON-EMERGENCY MEDICAL TRANSPORTATION	
<p>The provider responsible for providing care for the member is responsible for determining medical necessity for transportation. This certificate can be completed and signed by an MD, DO, PA, or NP who is employed or supervised by the hospital, facility, or physician's office where the patient is being treated and who has knowledge of the patient's condition at the time of completion of this certificate.</p>	
Provider's Name & Credential (Print):	Date:
Provider's Signature:	Phone Number:

Questions? Call LogistiCare's California Facility Department at 866.529.2128



Date: June 15, 2018
To: Providers Treating Alliance Medi-Cal Members
Subject: Updated Request Form for Transportation Services

Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services have been covered benefits for Medi-Cal members since July 1, 2017. Alameda Alliance for Health (Alliance) has updated the Physician Certification Statement (PCS) form that is used to request transportation benefits. Effective immediately, the updated PCS form included with this notice should be used for Alliance Medi-Cal member transportation requests.

NEMT service requests must be initiated by completing PCS form and faxing it to the Alliance's transportation vendor, LogistiCare. Providers can request **NMT** services by completing the PCS form or by calling LogistiCare.

Based on guidance from the Department of Health Care Services (DHCS), the Alliance has revised its PCS form to broaden the types of providers who may sign the PCS form to request **NEMT** services. In addition to MDs, DOs, NPs and PAs previously allowed to sign the PCS form, Certified Nurse Midwives, Physical Therapists, Speech Therapists, Occupational Therapists, and Mental Health or Substance Use Disorder Providers may also sign the PCS form to request **NEMT** services. **NMT** services do not require a provider's signature.

Members may also request **NMT** services for themselves by using the form or calling LogistiCare. Certain levels of **NMT** services that require assistance for the member will be confirmed with their provider.

Enclosed

Alliance's Physician Certification Statement Form (revised June 2018)

Resources

DHCS All Plan Letter 17-010: Non-Emergency Medical and Non-Medical Transportation

www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-010.pdf

Medi-Cal Provider Manual

files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/mctrangnd_a05.doc

Alliance Provider Resources page

www.alamedaalliance.org/providers/resources/forms

Caring for DIVERSE Patients

The “**DIVERSE**” mnemonic can assist you with creating a care plan that takes the cultural aspects of a patient’s history into account.

	Assessment	Sample Questions
D	Demographics – <i>explore regional background, acculturation level, age, and sex as they influence health behaviors.</i>	<ul style="list-style-type: none"> • Where were you born? • Where was “home” before coming to the U.S.? • How long have you lived in the U.S.?
I	Ideas about health – <i>ask your patient to explain their ideas or concepts of health and illness.</i>	<ul style="list-style-type: none"> • What do you think keeps you healthy? Makes you sick? • What do you think is the cause of your illness? • Why do you think the problem started?
V	Views of health care treatments – <i>ask about treatment preference, use of other remedies, and treatment avoidance practices.</i>	<ul style="list-style-type: none"> • Are any health care procedures not acceptable to you? • Do you use any traditional or home remedies, alternative healers to improve your health? • What treatments have you used before? • What kind of treatment do you think will work?
E	Expectations – <i>ask about what your patient expects from their provider.</i>	<ul style="list-style-type: none"> • What do you hope to achieve from today’s visit? • What do you hope to achieve from treatment? • Do you find it easier to talk with a male or female? Someone younger or older?
R	Religion – <i>ask about religious and spiritual traditions.</i>	<ul style="list-style-type: none"> • Will religious or spiritual observances affect your ability to follow treatment? How? • Do you avoid any particular foods? • During the year, do you change your diet in celebration of religious and other holidays?
S	Speech – <i>identify language needs including health literacy levels. Avoid using a family member as an interpreter.</i>	<ul style="list-style-type: none"> • What language do you prefer to speak? Read? • Do you need an interpreter? • Are you satisfied with how well you read? • Would you prefer printed or spoken instructions?
E	Environment – <i>identify daily schedule, support system, and level of independence.</i>	<ul style="list-style-type: none"> • How many other people live in your house? • Do you have transportation? • Who gives you emotional support? • Who helps you when you are ill or need help? • Do you have the ability to shop and cook for yourself? • What times of day do you usually eat?

Adapted from Industry Collaboration Effort’s guide Better Communication, Better Care.
[www.iceforhealth.org/library/documents/Better Communication, Better Care - Provider Tools to Care for Diverse Populations.pdf](http://www.iceforhealth.org/library/documents/Better_Communication,_Better_Care_-_Provider_Tools_to_Care_for_Diverse_Populations.pdf).

Questions? Please call the Alliance Provider Services Department
 Monday – Friday, 8 am – 5 pm
 Phone Number: **510.747.4510**
www.alamedaalliance.org



FREE Cultural Sensitivity Trainings and Resources

In order to ensure culturally responsive care, Alameda Alliance for Health (Alliance) requires providers and office staff to complete Cultural Sensitivity Training during the New Provider Orientation and on a regular basis. Below are website URLs to trainings and on-line resources to help prepare providers and clinic staff to meet the cultural and linguistic needs of your diverse patients.

Free resource to meet Managed Care Medi-Cal training requirements

The Alliance's **Cultural Sensitivity Training** slide deck and webinar covers all required content including regulations, culture, communication, immigrants, language access, disability, aging, LGBTQ, literacy, and resources. This training is updated annually. To access the Cultural Sensitivity Training, please visit the Alliance website at www.alamedaalliance.org under **Provider Training**.

Additional Resources

Cultural Competency Continuing Education: The Office of Minority Health, U.S. Department of Health and Human Services (HHS) has trainings and toolkits available. Some programs offer CEU's and/or require registration: thinkculturalhealth.hhs.gov/education.

Cultural Competency and Patient Engagement: The Industry Collaborative Effort (ICE) has two (2) provider resources for improved communication with diverse populations. Search phrase "Cultural" at iceforhealth.org/library to find:

- ICE Cultural Competency and Patient Engagement (Training Module 1)
- Better Communication, Better Care – Provider Tools to Care for Diverse Populations.

Culture, Language and Health Literacy from HHS and Health Resources and the U.S. Services Administration (HRSA) to promote effective health communication for diverse populations can be found at hrsa.gov/culturalcompetence/index.html

Health Literacy Resources for providers are available from the Agency for Healthcare Research and Quality (AHRQ) at ahrq.gov/professionals/clinicians-providers/resources/health-literacy.html.

Refugee Health Profiles are available from the Center for Disease Control and Prevention (CDC) at cdc.gov/immigrantrefugeehealth/profiles/index.html

Seniors and People with Disabilities training:

- The Harris Family Center for Disability and Health offers 15 - 30 minute curriculums for Primary and Specialty Care Practitioners, one for front office staff and another for medical office staff. To access the training, please visit hfcdhcp.org/training.
- Population Specific Fact Sheets are available from the National Disability Navigator, Resource Collaborative at nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets.

Sexual Orientation and Gender Identity (SOGI) training:

- Gender Spectrum is a local organization with great provider resources regarding gender identity, genderspectrum.org
- The National LGBT Health Education Center, a program of the Fenway Institute, has training resources at lgbthealtheducation.org

Questions? Please call Linda Ayala, MPH, Manager, Health Education
Phone Number: **510.747.6038**
www.alamedaalliance.org



We Need Your Help: Please Complete 5-Minute Appointment Availability Survey

Alameda Alliance for Health (Alliance) will be faxing/emailing and calling our provider partners to complete a 2018 Appointment Availability Survey to assess the availability of routine and urgent appointments. All health plans in California are required to survey providers each year, to help ensure appointments are offered in a timely manner. Your provider office is contractually obligated to complete the survey, either by fax/email or phone. The results will help the Alliance better evaluate members' access to provider services.

We ask that you kindly complete the survey within five (5) business days of receipt.

The following provider/facility types are eligible for the survey and will likely receive a fax/email and/or call:

- Primary Care Providers
- Cardiologists
- Endocrinologists
- Gastroenterologists
- Psychiatrists
- Non-Physician Mental Health Providers, including Psychologists
- Facilities providing Physical Therapy Appointments, MRI Appointments, and/or Mammogram Appointments

HOW TO RECOGNIZE THE SURVEY

In an effort to reduce call volume, the Alliance will first fax/email the 2018 survey to your office. The fax/email will begin as follows:

***“Please complete the 2018 Appointment Availability Survey on or before [date]; otherwise, we will contact you by phone to complete.*”**

*Thank you for participating in our 2018 Appointment Availability Survey. Health plans are required to obtain information from their contracted providers regarding appointment availability. This survey is designed to help **Alameda Alliance for Health (Alliance)** better evaluate member access to provider services. Please complete this survey no later than five (5) business days of receipt of this communication.”*

- Any staff member who schedules appointments for the provider may complete the survey.
- **If you do not respond to the fax/email survey within five (5) business days of receipt, Alliance staff will call your office to complete the survey via phone.**



- We will not call your office if you have already completed the survey via fax/email.
- If you do not respond to the fax/email survey within five (5) business days of receipt, Alliance staff will call your office during normal business hours, and we are required to use the following script:

“Hello. My name is _____. I’m calling on behalf of Alameda Alliance for Health to conduct the 2018 Appointment Availability Survey. We are required to obtain information from our contracted provider partners regarding appointment availability. This survey should take no more than five (5) minutes and includes no more than two (2) questions. Are you the appropriate person to respond to survey questions regarding scheduling appointments?”

- Any staff member who schedules appointments for the provider may complete the survey.

TIMELY ACCESS REGULATIONS

All providers contracted with the Alliance are required to offer appointments within the following timeframes:

TIMELY ACCESS REGULATION ¹ – APPOINTMENT AVAILABILITY STANDARDS	
Appointment Type:	Appointment Required
Non-urgent appointments with Primary Care Providers	10 business days of request
Urgent care appointments that <i>do not</i> require prior authorization	48 hours of request
Non-urgent appointments with a non-physician mental health care provider	10 business days of request
Non-urgent appointments with a Specialist Physician	15 business days of request
Non-urgent appointments for ancillary services, including mammograms, MRI, and physical therapy	15 business days of request

1. DMHC Regulations, Title 28 §1300.67.2.2(c)(5)

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **510.747.4510**
www.alamedaalliance.org



Alliance Interpreter Services and Resources

Interpreter services are an essential part of daily health care delivery. Alameda Alliance for Health (Alliance) offers free language services for members who speak a non-English language or American Sign Language for medical appointments and health education interventions. Members have the right to health care in their language 24 hours a day, 7 days a week, and qualified interpreters are available to help with your Alliance member patient needs.

Guidelines for Interpreter Services:

- Offer Limited English Proficiency patients qualified interpreter services or qualified bilingual staff.
- Arrange for interpreters prior to the appointment whenever possible.
- Do not rely on family, friends, or other unqualified staff to interpret.*
- Document in the patient's chart if your patient requests a non-certified adult interpreter or if they refuse a qualified interpreter.
- Children cannot interpret except for in an emergency. Emergency is defined as an immediate threat to the safety or welfare of an individual or the public.*

Alliance Interpreter Services

Please call the Alliance Member Services Department at **510.747.4567** within 72-hours of the appointment, to arrange in-person Alliance interpreter services. For 24/7 telephonic interpreter services, please call **1.866.948.4149**. Please have the member's Alliance ID number ready.

Signage

Let your patients know about interpreter services with our free "point to your language" sign. To access this resource, please visit the Alliance website and see Language Access:

www.alamedaalliance.org/providers/resources

*Affordable Care Act, "Section 1557: Ensuring Meaningful Access for Individuals with Limited English Proficiency" **www.hhs.gov/sites/default/files/1557-fs-lep-508.pdf**.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **510.747.4510**
www.alamedaalliance.org

ALAMEDA
Alliance
FOR HEALTH

July 10, 2018

Re: Alliance Referral Network

Dear Colleague,

I'm writing to thank you for your care of **Alameda Alliance for Health (Alliance)** patients and to ask for your partnership to expedite referrals for your patients. As a Medi-Cal plan, we are regulated in many ways, including in maintaining a contracted referral network. Recently, we have seen an increase in referrals to out of network physicians. We are required to use providers within our contracted network, with limited exceptions such as continuity-of-care or lack of a specific specialist in our network. Out of network referrals lead to delays in patients receiving needed specialty care as we work with providers and patients to redirect specialty referrals within our network.

I'm sensitive to the fact that you likely care for patients from many different insurers with varying specialty networks. To assist you in referring within our network, we are including a copy of our most recent provider network. I have attached a PDF version of our most current provider directory for both Medi-Cal and Group Care. You can also find this information by searching our online portal under the provider tab at www.alamedaalliance.org.

Our Utilization Management (UM) team is also happy to assist you or your office staff or your patients in finding a specialist when you want to make a referral.

You can reach our UM team at 510.747.4540, option 5.

We want to help you and our mutual patients find the care they need.

The care of physicians like you have led to dramatically improved HEDIS Quality scores in recent years. Thank you for caring for Alliance patients and for your partnership to expedite in-network specialty referrals for patients.

Sincerely,

Steve O'Brien MD

Steve O'Brien, MD
CMO, Alameda Alliance for Health



Staying Healthy Assessment (SHA) Reminder (Required Risk Behavior Assessment)

The Department of Health Care Services (DHCS) requires all Primary Care Providers (PCPs) who serve Alameda Alliance for Health (Alliance) members to complete the Staying Healthy Assessment (SHA) or an approved alternate within **120 days** of enrollment and periodically thereafter. The SHA helps:

- Identify members' high-risk behaviors, like smoking or poor diet.
- Patients benefit from anticipator guidance and health education referrals targeted to their questions and current behaviors.
- Correct completion and record-keeping of the SHA will help improve Medical Record Review scores.
- There are nine (9) different age groups for the SHA form and it is available in 12 languages. Most languages can be downloaded from the State website below. Contact the Alliance for forms in Farsi, Khmer and Somali.

How do I offer the SHA?

For a provider guide to the SHA and the most current SHA (IHEBA) forms, please visit the DHCS website: www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx

Training

All PCPs must complete a one-time training. You can complete an online training and sign an attestation in just a few minutes. Please visit the SHA Training & Resources link below. We can also visit your office to train your staff.

Health Education Resources

Need culturally relevant referrals and handouts on Staying Healthy topics? We have handouts and brochures in English, Spanish, Chinese, and Vietnamese, as well as a provider resource directory. Please visit the SHA Training & Resources link below.

SHA Training & Resources

www.alamedaalliance.org/providers/medical-management/staying-healthy-assessment

For questions or assistance accessing online resources, please contact:

Linda Ayala, MPH, Manager, Health Education

Phone Number: **510.747.6038**

Email: layala@alamedaalliance.org

Questions? Please call the Alliance Provider Services Department

Monday – Friday, 8 am – 5 pm

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www.alamedaalliance.org



Timely Access Requirements

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider customer satisfaction.

We have received some recent inquiries regarding what standards are measured related to **Timely Access** so we wanted to provide you with the state mandated standards for which you are evaluated. All providers contracted with the Alliance are required to offer timely access to care based on the timelines below:

Appointment Availability and Wait Time Standards	
Appointment Type:	Offer the Appointment Within:
Initial OB/Gyn Prenatal Appointment	Within 2 weeks of request
Non-urgent appointment with a Primary Care Physician	10 business days of request
Urgent care appointment that <i>does not</i> require prior authorization	48 hours of request
Urgent care appointment that <i>requires</i> prior authorization	96 hours of request
Non-urgent appointment with a Specialist Physician	15 business days of request
Non-urgent appointment for Ancillary Services	15 business days of request
Non-urgent appointment with a Mental Health Care Provider	10 business days of request
Wait time in a provider's office	Less than 30 minutes
Returning member's phone calls	2 business days

Optimizing your Performance

Every year, the Alliance conducts a variety of surveys to measure compliance with timely access standards. To ensure that your practice is meeting the timely access standards on our surveys, we suggest the following:

- Internally review your policies and procedures to ensure you meet the required timeframes; and
- Educate staff who schedule appointments and return phone calls about the purpose and importance of meeting timely access requirements.

If you do not complete the surveys or cannot offer an available appointment within required timeframe standards, the Alliance will follow up with your office on the next steps to improve appointment availability.

Questions? Please call the Alliance Quality Improvement Department
 Monday – Friday, 8 am – 5 pm
 Phone Number: **510.747.6229**
www.alamedaalliance.org

Important Update on Provider Directory Attestation Notice

Alameda Alliance for Health (Alliance) values our loyal community of providers and is committed to continuously improving member and provider customer satisfaction. We have an important update that we would like to share with you.

Senate Bill (SB) 137 requires the Alliance to notify all providers and provider groups they must attest their information is correct in the Alliance Provider Directory. The attestation will help ensure the provider information we share with our members is current and accurate.

Providers can attest that their information is accurate by:

- Completing and signing a demographic sheet verifying that all of your information is accurate;
- Submitting any updates or changes through the attestation process as shown below; or
- Your assigned Provider Relations Representative can visit your office to obtain signature or send a pre-filled demographic form for your review and signature.

Thank you in advance for all you do to promote clear communication and provide accurate information with your patients!

The screenshot shows the Alameda Alliance for Health provider portal. At the top left is the logo. At the top right, there is a language selection dropdown and a Google Translate logo. Below that, it says 'You are currently logged in as: Alameda Provider' with links for 'Messages (6)', 'Profile', and 'Logout'. A search icon and 'Text Size' are also present. A purple navigation bar contains 'Home', 'Member Info', and 'Provider Directory'. Below the navigation bar, there are three images of healthcare professionals. To the right of the images is a 'Quick Links' section with a list of links: 'Update User Account Contact Information', 'Change Username or Password', 'View Pharmacy and Drug Benefits', 'Download Claims Appeal Form', 'View Lab Results' (circled in red), 'Pharmacy', 'Radiology Prescription Authorization', 'Care Coordination', and 'View Claims Submission'. A red arrow points from the bottom of the 'View Lab Results' link to the 'View Claims Submission' link. Below the images, there is an 'Announcement' section with a link to download a PDF, and a 'We Need Your Help' section with a link to learn more about a survey.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **510.747.4510**
www.alamedaalliance.org

Alameda Alliance for Health Ownership Form

OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS)

Alameda Alliance for Health discloses any purchases or leases of services, equipment, supplies, or real property from an entity in which any of the following persons have a substantial financial interest:

- a) Any person or corporation having 5% or more ownership or controlling interest in the Practice.
- b) Please Submit this form with a current W9

Note: The Ownership data requested below is required per the Federal regulations set forth in 42 CFR 455.104 – Disclosure by Medicaid providers and fiscal agent. The State Medicaid agency mandates Health Plans to submit Provider data, including this information monthly via ASC X12 274 transaction file.

	*Individual Name (required)	Rendering NPI Number (if applicable)	*Percent (%) of Ownership or Control (required)	*Billing NPI Number (required)	*SSN/TIN Number Associated (required)	Ownership Code: *REQUIRED
1.						<input type="checkbox"/> Gov-Multiple Owners <input type="checkbox"/> Gov-State & City/County <input type="checkbox"/> Gov-City <input type="checkbox"/> Gov-City-County <input type="checkbox"/> Gov-County <input type="checkbox"/> Gov-Federal <input type="checkbox"/> Gov-Hospital District <input type="checkbox"/> Gov-State <input type="checkbox"/> N/A – The individual only practices as part of a group, e.g., as an employee <input type="checkbox"/> Proprietary-Corporation <input type="checkbox"/> Proprietary-Individual <input type="checkbox"/> Proprietary-Multiple owners <input type="checkbox"/> Proprietary-Other <input type="checkbox"/> Proprietary-Partnership <input type="checkbox"/> Proprietary-Government <input type="checkbox"/> Voluntary – multiple owners <input type="checkbox"/> Voluntary – Non-Profit/ Other <input type="checkbox"/> Voluntary – Non-Profit/ Religious <input type="checkbox"/> Voluntary – Proprietary <input type="checkbox"/> Voluntary – Government
2.						
3.						
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Please fax this document along with a current W9 to 855.891.7257

Questions? Call the Alliance Provider Services Department

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