



Urgent Notification: Potential Claim Submission Interruption for Providers Who Use Change Healthcare

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are sharing urgent information regarding a potential network interruption for Change Healthcare claims submissions.

On Wednesday, February 21, 2024, the Alliance received notification that our vendor, Change Healthcare experienced a cyber security attack. We took immediate action to disconnect data exchange systems to prevent further impact. We continue to monitor the situation. There was no delay or interruption from the Alliance standpoint because of this breach. However, providers who directly work with Change Healthcare or use Change Healthcare as their claims trading vendor may be impacted. We encourage providers who use Change Healthcare as their vendor to contact them directly to obtain additional details and confirm if you have a direct impact, such as a delay in Change Healthcare submitting your claims to the Alliance. Below are alternative ways you may submit claims to the Alliance.

By Alliance Provider Portal: Professional claims can be submitted using the Alliance Provider Portal. Please visit www.alamedaalliance.org and select **Provider Portal** in the top right corner. Our portal has an option to submit professional claims.

By Mail: Professional and facility claims can be submitted by mail. Please see the outline below by claim type for more information.

Professional Claims

Delegated Group	Claim Mailing Address
Alliance members assigned to an Alliance primary care provider (PCP)	Alameda Alliance for Health PO Box 2460 Alameda, CA 94501-0460
Alliance members assigned to a Children's First Medical Group (CFMG) PCP	Children's First Medical Group PO Box 99680 Emeryville, CA 94662-9680
Alliance members assigned to a Community Health Center Network (CHCN) PCP	Community Health Center Network 101 Callan Ave, Suite 300 San Leandro, CA 94577

Hospital/Facility Claims

Alameda Alliance for Health
PO Box 2460
Alameda, CA 94501-0460

Behavioral Health Care Claims

Alameda Alliance for Health
PO Box 2460
Alameda, CA 94501-0460

Providers are responsible for submitting completed and accurate claims using the standard CMS 1500 form for professional claims and the UB-04 form for facility claims. Claims submissions must be typed. Handwritten claims submissions will not be accepted. For more information on our claims processes, please visit the Alliance website at **www.alamedaalliance.org/providers/billing/claims**.

We appreciate and thank you for the high-quality care you give your patients and your continued partnership in making a difference in our community.

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Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org