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**.

Table of Contents

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.
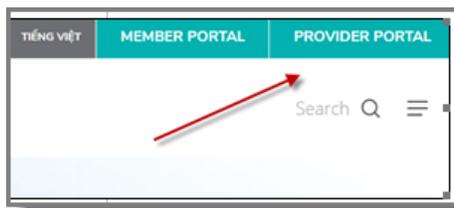
Step 2: Select **Create Account**, on the right side of the page.
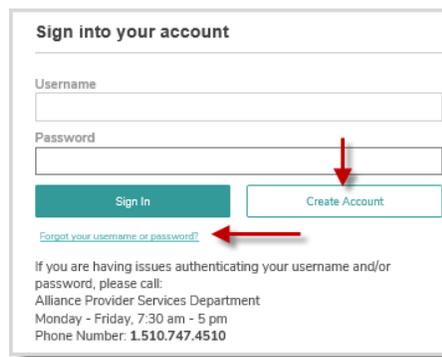
Please Note: If you have already created an account and cannot log in, please select **Forgot your username or password?** to update your information and/or reset your password.

Step 3: Review the License Agreement. To agree, please select the **Accept** box and select **Next** to proceed.
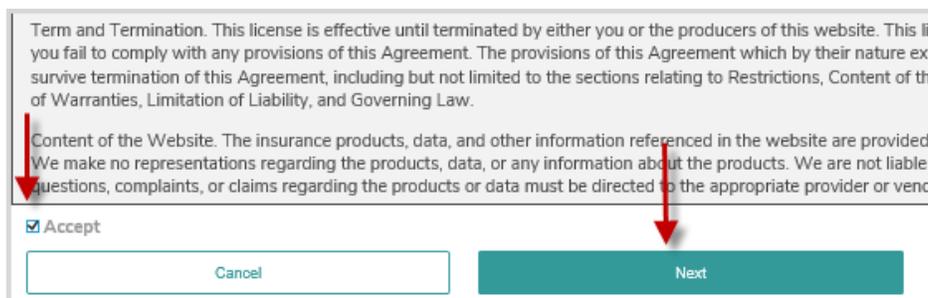
Step 4:   Complete all fields. When done, please select **Add Provider**.

A pop-up box will appear.

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

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

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

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

Your access request will be submitted for approval.

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

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 select the header to expand the content.
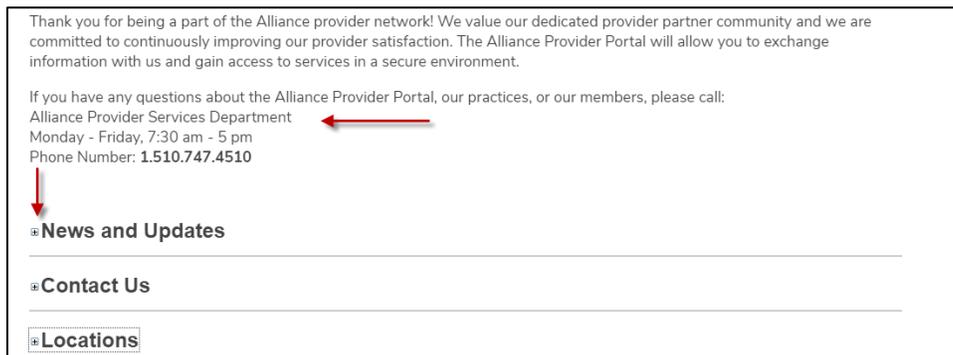
Icons

There are several icons located on the right panel of the homepage after you log in.
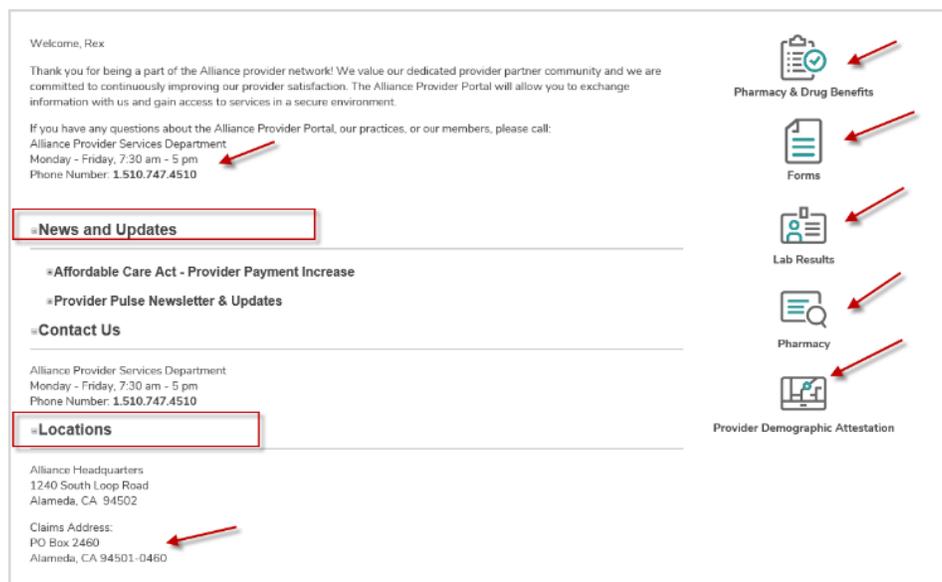
Pharmacy & Drug Benefits
Links to our Drug Formulary, Prescription Drug Prior Authorization (PA) Request Form and more.

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 tool bar. Some pages that are displayed in the navigation toolbar require additional permission from the Alliance. To obtain access, please contact the Alliance Provider Department.
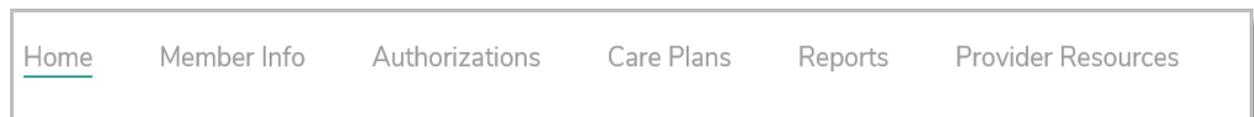
Home	Member Info	Authorizations	Care Plans	Reports	Provider Resources

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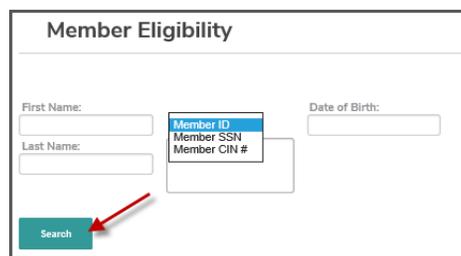
Please Note: You can search for multiple Alliance member ID numbers by separating each member ID with a comma (,) or by pressing **Enter** after each number.

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

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

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

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

Select the member's name to view additional information.

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

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

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

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

PCP Details provides the following:

- PCP or Clinic Name
- NPI
- Gender
- Network

- Address
- Phone Number
- Website
- Email

PCP Details			
PCP Name:	~~Fairmont Wellness Center~~	PCP NPI:	
PCP Gender:	~~Unknown~~	PCP's Network:	
Address:	~~8000 Foothill Boulevard Suite 200~~		
City	~~Oakland~~	State	
PCP Phone:	~~510-567-5700~~	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-~~████████████████████~~	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 (callout pointing to Effective Date)

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

Please Note: The member's 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 select **Download Results**.

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:   Select a provider TIN from the dropdown box. All Claims associated with the same TIN will appear.

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

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

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

Step 4:   Select a member's claim number to expand results.

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

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

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

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

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

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

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

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

THIS IS NOT A BILL

Claim Detail for Member

Member Name:	▓▓▓▓▓	Member Number:	▓▓▓▓
Claim Number:	▓▓▓▓	Claim Status:	PAID
Date of Service:	09/12/2019	Date Received:	▓▓▓▓
Rendering Provider:	▓▓▓▓	Total Charges:	▓▓▓
RA Date	▓▓▓▓	Total Paid:	▓▓▓
		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	▓▓	▓▓	72070	X-RAY EXAM THORAC SPINE 2VWS	1.000	▓▓	▓▓	▓▓	▓▓	PAID	▓▓	▓▓
002	▓▓	▓▓	72100	X-RAY EXAM L-S SPINE 2/3 VWS	1.000	▓▓	▓▓	▓▓	▓▓	PAID	▓▓	▓▓

Claim for ▓▓▓▓   Back to Search Results | Print

Show/Hide Search

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 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 press **Enter** after each number.

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

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

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

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

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

Step 4:   Select a member's claim number to expand results.

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

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

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

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

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

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

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

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

THIS IS NOT A BILL

Claim Detail for Member

Member Name:		Member Number:	
Claim Number:		Claim Status:	PAID
Date of Service:	09/12/2019	Date Received:	
Rendering Provider:		Total Charges:	
RA Date		Total Paid:	
		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			72070	X-RAY EXAM THORAC SPINE 2VWS	1.000					PAID		
002			72100	X-RAY EXAM L-S SPINE 2/3 VWS	1.000					PAID		

Claim for _____   Back to Search Results | Print

Show/Hide Search

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 of the following:

- Claim Number(s)
- Check Number

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

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

Step 3:   Select the member's claim number to view **Claim Detail for Member**.

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

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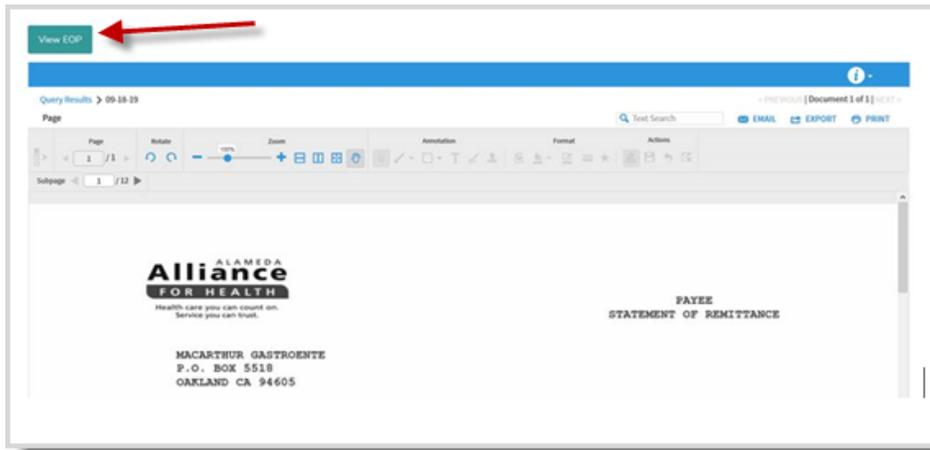
To view another EOP by claim number, click go **Back to Search Results.**

Pharmacy

Step 1: To view an Alliance member's prescription information, please use your cursor to hover over **Member Info** in the navigation toolbar and select **Pharmacy**.

Step 2: Select a Provider TIN from the dropdown.

Step 3:   Complete the appropriate fields.

Prescription information can be searched by one 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 select **Search**.

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

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

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

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

- Date Filled
- Days Supply
- Prescriber Name

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

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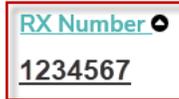
Step 6:   **Member Details** provides the following:

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

- Member Name
- Member ID
- Member DOB

Prescription Summary provides the following:

- Label Name
- Quantity

- Prescribed Date
- Days Supply

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

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 of the following:

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

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 of the following:

- SSN
- Alternate ID
- First name, Last name and Date of Birth (DOB)

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

Enter the **Date of Service** or **Date of Request**, and select **Status** (any status, pending, approved, denied, or canceled).

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

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

The following headings will be displayed:

- Authorization Number
- Member ID
- Member Name
- Group (MC or GC)
- Start Date
- End Date

Step 4: Click on the authorization number from the list to view expanded details.

View Authorization provides the following:

- Authorization #
- Status
- Requested Type
- Approved Type
- Requested Date of Service
- Requesting Provider
- Servicing Provider
- Member Name
- Member ID
- Date of Birth
- Diagnosis Code
- Description
- Diagnosis Date
- Diagnosis Status

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

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
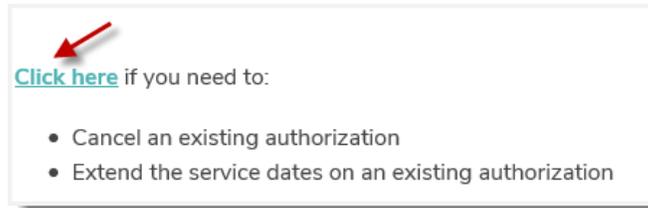
Submit New Authorizations

Step 1:   To submit a new authorization, please use your cursor to hover over Authorizations in the navigation toolbar and select **Submit New Authorization**.

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

- Inpatient Elective Authorization
- Outpatient Authorization

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

Step 4:   Please attach supporting clinical documentation to avoid further delay of review or possible denial of services.

Attach Supporting Clinical Documentation

Select one or more (.pdf ONLY) files to upload:*
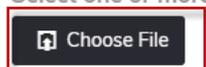
Step 5:   When complete, please select **Submit Request.**

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

Service Type*

Select

⚠ Please enter a service type

Place of Service*

Select

⚠ Please enter a place of service

Modifying Authorizations

Step 1: To modify an existing authorization request, please select **Click here** at the top of the authorization page.

Click here if you need to:
- Extend the service dates on an existing authorization
- Cancel an existing authorization

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

Authorization Change	Attachments (0)

Authorization Change

Use this form if you need to:
- Cancel an existing authorization
- Extend the service dates on an authorization

If you should have any questions, please contact the Utilization Management

Member ID*

099

Member First Name*

ROM

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

The following options are available:

- Change an authorization – Enter information needing change.
- Cancel – Select reason for cancellation.
- Extend – Enter previous auth number and number of visits used.

☐ Change an authorization

Change Procedure Code

99214

Add Procedure Code(s)

99218

Change number of Units/Visits requested

1

Change in DX code

M56.2

Add a DX code(s)

M57.2

Change in Rendering Provider

☐ Cancel an authorization

Reason for cancellation

☐ Extension of Service Dates for unused Visits

*If selected then all the following are required

Previous Authorization Number

Number of visits used

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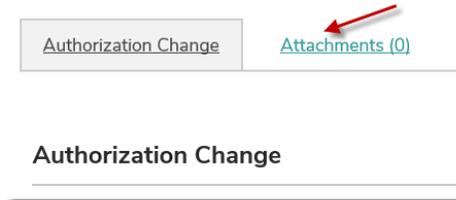
Step 4:   Attach the file you would like to include.

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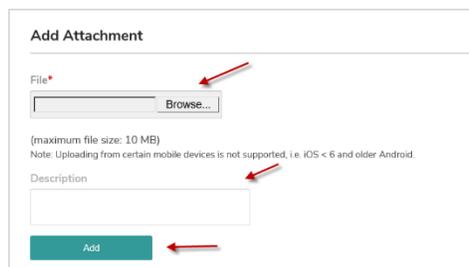
Step 5:   After you have completed the form and attached the document (if applicable), please return to the **Authorization Change** tab.

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

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

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 select **Search**.

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

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

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

- Medi-Cal
- Alliance Group Care

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

Step 6: To view more information, please select the header to expand the content.
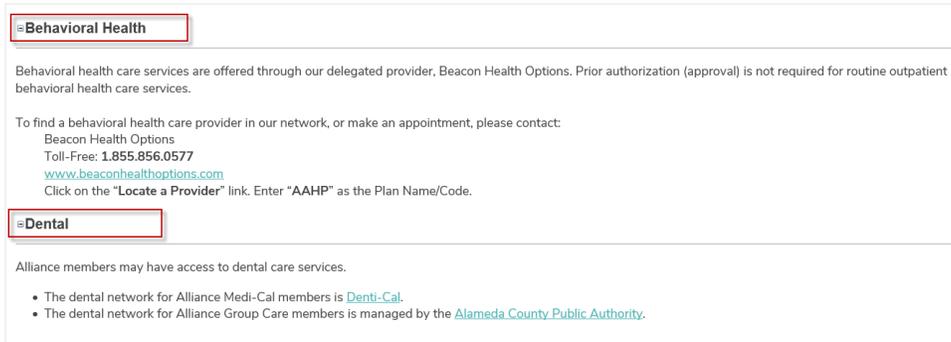
Provider Manual

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.
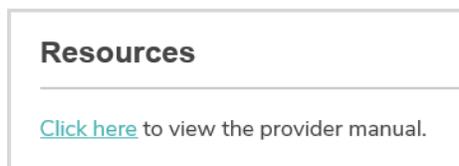
Provider Portal Instructions Guide

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 menu. 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 a questions 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 select the **Forms** icon on the right panel.

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

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

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

Step 5:   Attach the file you would like to include.

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

Add Attachment

File*

[   ] Browse...

(maximum file size: 10 MB)
Note: Uploading from certain mobile devices is not supported, i.e. iOS < 6 and older Android.

Description

[   ]

Add

Step 6:   After you have completed the form and attached the document, please return to the **PQI Referral** tab.

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

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

Submit   Save

Provider Appeal/Dispute

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

Step 1: From the Alliance Provider Portal homepage, please select 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
P.O. Box 2460
Alameda, CA 94501-4506

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**