

Alameda Alliance for Health

FREQUENTLY ASKED QUESTIONS ABOUT CLAIMS



1. HOW CAN I CHECK THE STATUS OF A CLAIM? Alliance providers can check claim status on-line at www.alamedaalliance.org. Providers can also call the Alliance Claims department's Customer Service Line at **510-747-4530** for more complex claim status questions or submission requirements.

2. WHAT ARE THE TIME LIMITS FOR CLAIM/PROVIDER DISPUTE SUBMISSIONS? Contracted providers must submit claims within 180 calendar days post-service. Corrected claims must be submitted for reconsideration of payment within 90 days of the date of the original denial by the Alliance. To submit a claim appeal, complete a Notice of Provider Dispute form (NOPD), attach any relevant and supporting documentation, and submit it to the Claims department within 365 days of the Alliance's action or inaction.

3. I HAVE QUESTIONS ABOUT MY CONTRACT. WHO DO I CONTACT? Questions regarding contracting terms, participation status, contract rates, etc. should be directed to the Alliance's Provider Services department at **510-747-4510** or providerservices@alamedaalliance.org.

4. SOME CLAIMS ARE NOT PROCESSED BY THE ALLIANCE. WHERE SHOULD I SEND MY CLAIMS/PROVIDER DISPUTES?

- Send professional claims for Alliance members assigned to a Community Health Center Network (CHCN) to Community Health Center Network, 101 Callan Ave, 3rd Floor, San Leandro, CA 94577.
- Send professional and institutional claims for Alliance members assigned to Children's First Medical Group (CFMG) to Children's First Medical Group, P.O. Box 3359, Oakland, CA 94609.
- Send all other medical claims/provider disputes to Claims Department, Alameda Alliance for Health, PO Box 2460, Alameda, CA 94501-0460.

Claims that are incorrectly sent to the Alliance are forwarded within 10 business days to the appropriate delegated group. Please see Alliance Provider Manual or website for information regarding mental health, vision, dental or pharmacy claim submissions.

5. CAN MY CLAIMS BE SENT TO THE ALLIANCE ELECTRONICALLY? Yes, the Alliance offers electronic claims filing, also known as Electronic Data Interchange (EDI). To find out how to submit claims electronically, contact Claims department Customer Service at **510-747-4530** or email claims@alamedaalliance.org. Claims that require attachments can not be sent electronically. They must be submitted on the appropriate claim forms with the attachments.

6. WHAT IS THE ALLIANCE'S AVERAGE CLAIMS PAYMENT TURNAROUND TIME? The Alliance will process and pay all "clean claims" within 45 business days from the date of receipt. On average, clean claims are processed within 21 calendar days from the date received at the Alliance. Electronically submitted "clean claims" are processed and paid within 7 calendar days from the date received at the Alliance.

7. DOES THE ALLIANCE USE CODING OR AUDITING TOOLS WHEN PROCESSING CLAIMS? Yes, the Alliance follows CMS' National Correct Coding Initiative (NCCI) guidelines whenever possible. CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices.

8. I HAVE QUESTIONS ABOUT:

- A claim payment or denial
- Reading the remittance advice (RA)
- Lost check or RA

For these issues and complex claim questions, please contact Claims Customer Service at **510-747-4530** or claims@alamedaalliance.org.