

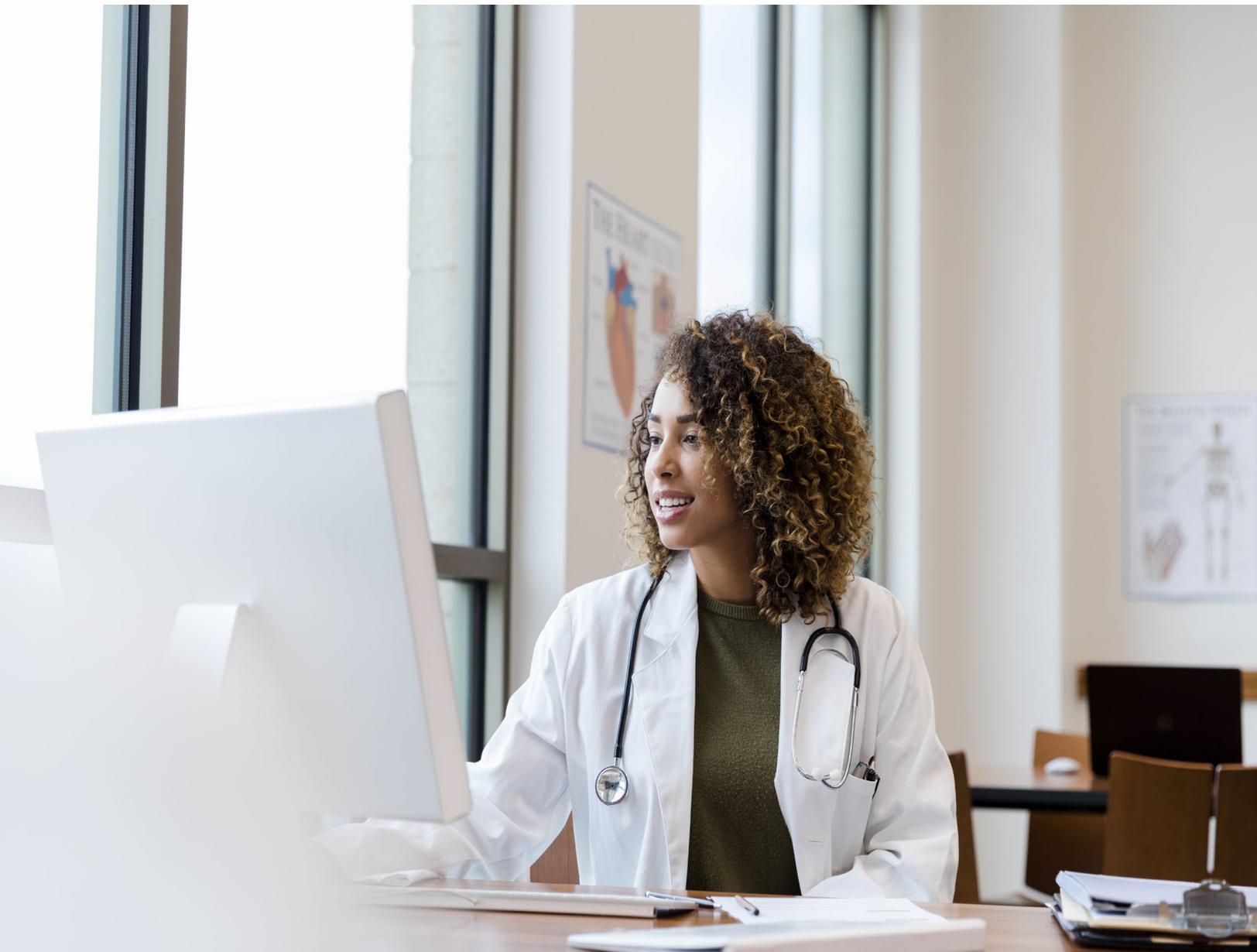


Provider Portal User Guide



If you have questions on information contained in this guide,
please call the Provider Services Department at

800-700-3874, ext. 5504



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

www.thealliance.health

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Section 1

Introduction



Introduction

The purpose of the Provider Portal User Guide is to instruct providers on the use of the Alliance Provider Portal (Portal). The Portal is an effective and efficient resource for contracted providers and their staff. The Portal offers quick and easy online access to the tools and information providers need to streamline administrative processes.

If you need further information, or to suggest additions or improvements to this guide, please call your Provider Services Representative at 800-700-3874, ext. 5504 or contact the Provider Portal Support Specialist at PortalHelp@ccah-alliance.org or at 831-430-5518.

Alliance office locations are noted below:

Santa Cruz County

Central California Alliance for Health
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066-4981
831-430-5500

Monterey County

Central California Alliance for Health
950 East Blanco Road, Suite 101
Salinas, CA 93901-4419
831-755-6000

Merced County

Central California Alliance for Health
530 West 16th Street, Suite B
Merced, CA 95340-4710
209-381-5300

Section 1. Introduction

Getting Started

Contracted providers can access the Portal from the [Provider Portal page](#) on the Alliance website. Prior to accessing the Portal, all providers must register for an account. When your account is activated, you will receive an email with your User Name and Password.

Please safeguard your User Name and Password information. The User Name is specific to individual users and connected to specified email addresses. Please do not share User Names and/or passwords with anyone. If you have any questions, please contact your Provider Services Representative or Provider Portal Support.

As a reminder, you have agreed to the following in order to gain access to this portal:

- Data provided through this portal is *Protected Health Information* (PHI).
- This data is made available only for *patient treatment or payment purposes*.
- Use and/or disclosure of this data *other than for treatment or payment purposes* is a violation of Federal and State law and may be punishable by fines or criminal prosecution.

Please [click here](#) to access and review the Provider Portal Health Information Sharing Agreement.

Browser Recommendation

For the best experience, please upgrade to the latest version of your browser. We suggest using Google Chrome.

Section 1. Introduction

Creating a New User Account

If you are a contracted provider with the Alliance and do not currently have a Portal account, please take the following steps to request an account:

1. Access the [Provider Portal page \(www.thealliance.health/for-providers/provider-portal\)](http://www.thealliance.health/for-providers/provider-portal).
2. Scroll down the page and click the button labeled, "Sign up for a Provider Portal Account."



The Provider Portal Health Information Sharing Agreement displays.

Members Miembros Cov Tswvcuab Providers Community About Us
Provider Portal Health Information Sharing Agreement
In order to set up a Portal account, providers are required to read and accept the Health Information Sharing Agreement below. Please read the entire agreement and click the box at the bottom of the page to accept the terms of the agreement. Once you have accepted the terms, you will be directed to the account sign up form.
This Health Information Sharing Agreement (the "Agreement") is entered into as of the date set forth below by and between Central California Alliance for Health, a local public agency ("the Alliance"), and the health care provider whose signature appears below (the "Provider").
The Alliance operates a health plan through which it obtains health information concerning its enrollees and other persons. In order to improve the quality of care in the community, the Alliance operates a Virtual Clinical Network through which it makes this information available in electronic form to health care providers for use in treating individuals. The Alliance also offers or plans to offer other on-line services to assist providers in providing care or obtaining payment for care, including its eEligibility, eRAF, eTAR, eClaims Status, and eClaims Submission services. All the Alliance's on-line services, whether offered now or in the future, are hereinafter referred to as "Online Services."

3. Read the entire agreement and click the checkbox at the bottom of the page to accept the terms of the agreement.

<input type="checkbox"/> By checking this box, I am indicating I have read, and agree to, the terms of this agreement.
--

Once you have accepted the terms, you are directed to the account sign up form.

NOTE: Filling out and submitting the Account Request Form within the Portal also indicates your acceptance of the terms and conditions stated in the Agreement.

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Provider Portal Account Request Form

Thank you for requesting an Alliance Provider Portal account!

Please complete the form below. Fields with an asterisk (*) are required.

Provider Information

Provider Name:*

NPI#:*

Tax ID#:*

User Contact First Name:*

User Contact Last Name:*

User Contact Phone:*

User Title:*

User E-mail:*

Re-enter User E-mail:*

Office Manager Name:*

Office Manager E-mail:*

Our office would like to receive Alliance Provider News via email. Yes No

Does your organization already have access to the Alliance portal? Yes No Unknown

4. In the top section of the Account Request Form, provide your contact and identification information. All fields are required.

Section 1. Introduction

- In the bottom section of the form, select your current role or position and request access permissions for each function that appears. This information is needed to assign staff access to the appropriate functions their job requires.

Select your current position/role and then choose the permissions that you are requesting from the drop down list:*

Claims/Business Office
 Front Desk/Reception or Scheduling
 Authorizations/Referral Coordinator
 Medical Assistant
 Office Manager/Other Administrator/Physician/NP/PA

Claims/Business Office

Verify eligibility?	<input type="radio"/> Yes	<input type="radio"/> No
Check the status of claims?	<input type="radio"/> Yes	<input type="radio"/> No
View Remittance Advices?	<input type="radio"/> Yes	<input type="radio"/> No
View Referrals and Authorizations?	<input type="radio"/> Yes	<input type="radio"/> No

If you have questions about setting up your account, please email PortalRegister@ccah-alliance.org.

Thank you!

Once you have submitted your request, you will receive an email response within 5-7 business days with account detail information and instructions for logging in to the Alliance Provider Portal. If you do not receive an email response within 5-7 business days, please contact your Provider Services Representative for assistance.

I'm not a robot  reCAPTCHA
Privacy - Terms

- Check the "I'm not a robot" reCAPTCHA checkbox and click **Submit Form**.

Once you have submitted a request, an email response will be sent to your email address within 5–7 business days with account detail information and instructions for logging in to the Portal. If you do not receive an email response within 5–7 business days, please contact your Provider Services Representative for assistance at 800-700-3874, ext. 5504.

Section 1. Introduction

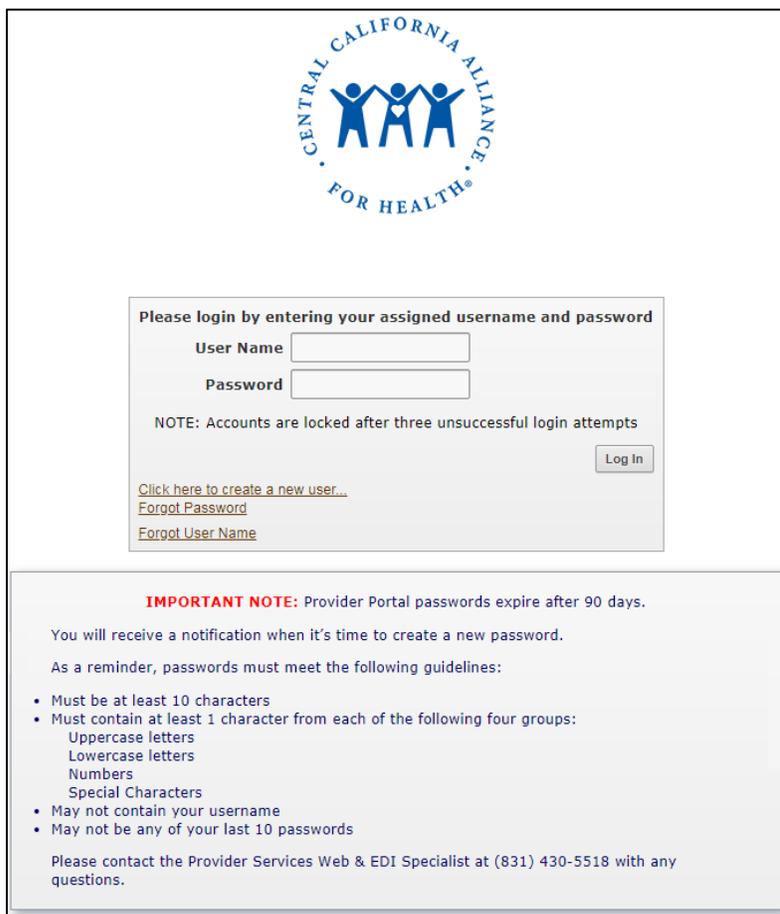
Accessing the Alliance Provider Portal

Providers can access the Portal from the Provider Portal page on the Alliance website. Use the Login page to log in to the Portal, reset a forgotten password, or retrieve a forgotten user name. To access the Portal:

1. Navigate to the [Provider Portal page](#).
2. Click the button labeled “Provider Portal Login.”



The Login page opens.



From the Login page, you can:

- Log in to the Portal (see “Logging in to the Portal” on page 7).
- Reset a forgotten password (see “Resetting a Forgotten Password” on page 8).
- Retrieve a forgotten User Name (see “Retrieving a Forgotten User Name” on page 9).

Logging in to the Portal

Contracted providers with an existing Portal account log in to the Portal with their User Name and Password.

1. Access the Portal (see “Accessing the Alliance Provider Portal” on page 6).
2. On the Login page, type your User Name and Password in their corresponding fields. (If you do not yet have an account for the Portal, see “Creating a New User Account” on page 3.)

NOTE: Accounts are locked after three unsuccessful login attempts. If you are locked out of your account, please call the Provider Portal Support Specialist at 800-700-3874, ext. 5518.

Please login by entering your assigned username and password

User Name

Password

NOTE: Accounts are locked after three unsuccessful login attempts

[Click here to create a new user...](#)

[Forgot Password](#)

[Forgot User Name](#)

3. Click **Log In**.

The Portal home page displays. See “Navigating the Portal Home Page and Accessing Portal Features” on page 10.

NOTE: If this is your first time logging in to the Portal, if you requested to reset your Portal password or if your password has expired, you are immediately prompted to change your password. See “Changing Your Provider Portal Password” on page 12.

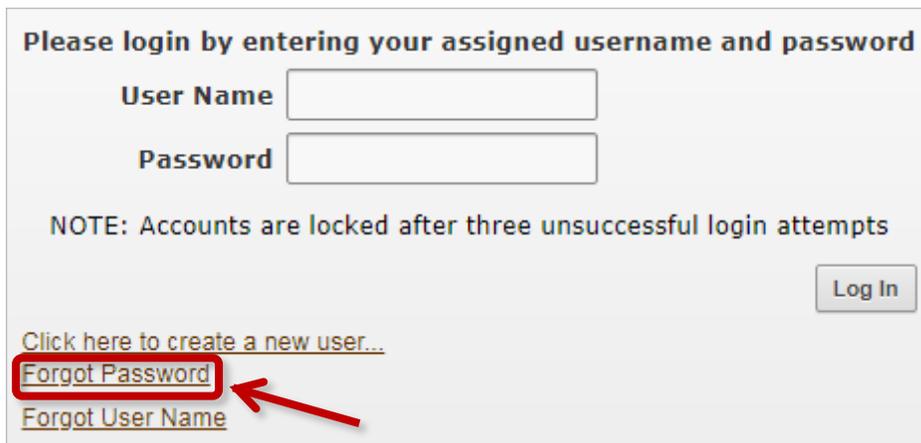
Section 1. Introduction

Resetting a Forgotten Password

If you have an existing Portal account but forgot your password, you can reset the password. **To reset your password, you must know the User Name and have access to the email address you used when you registered the account.**

NOTE: Accounts are locked after three unsuccessful login attempts. If you are locked out of your account, please call the Provider Portal Support Specialist at 800-700-3874, ext. 5518 for assistance.

1. Access the Portal (see “Accessing the Alliance Provider Portal” on page 6).



Please login by entering your assigned username and password

User Name

Password

NOTE: Accounts are locked after three unsuccessful login attempts

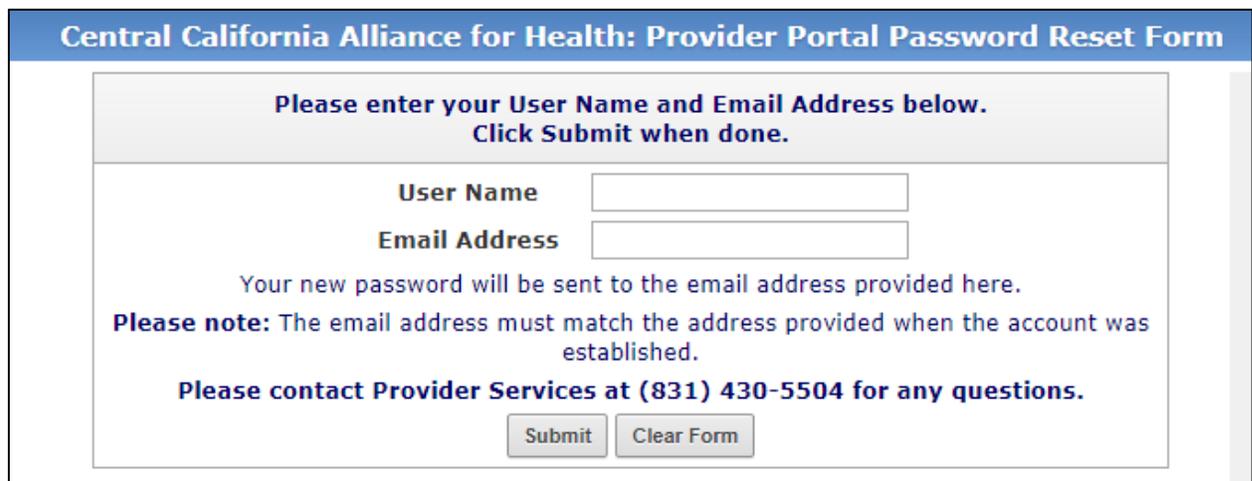
Log In

[Click here to create a new user...](#)

[Forgot Password](#)

[Forgot User Name](#)

2. On the Login page, click the “Forgot Password” link. The password reset form displays.



Central California Alliance for Health: Provider Portal Password Reset Form

Please enter your User Name and Email Address below.
Click Submit when done.

User Name

Email Address

Your new password will be sent to the email address provided here.

Please note: The email address must match the address provided when the account was established.

Please contact Provider Services at (831) 430-5504 for any questions.

Submit Clear Form

3. Type your User Name and email address in their corresponding fields.
4. Click **Submit**.

An email containing your temporary password is sent to the specified email address.

5. Return to the Login page to log in using the temporary password.

When you log in using the temporary password, you are prompted to change your password. See “Changing Your Provider Portal Password” on page 12.

Retrieving a Forgotten User Name

If you have an existing Portal account and forgot the User Name associated with the account, you can retrieve the User Name. **To retrieve the User Name, you need to have access to the email address you used when you registered the account.**

1. Access the Portal Login page (see “Accessing the Alliance Provider Portal” on page 6).



Please login by entering your assigned username and password

User Name

Password

NOTE: Accounts are locked after three unsuccessful login attempts

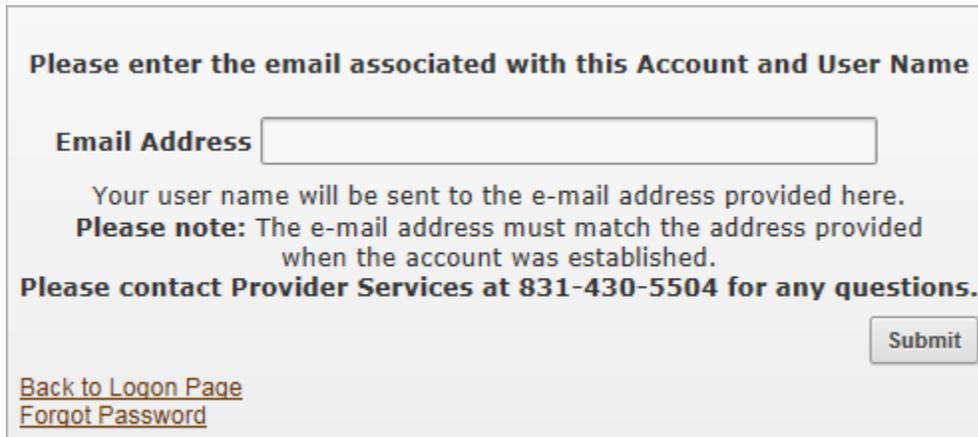
Log In

[Click here to create a new user...](#)

[Forgot Password](#)

[Forgot User Name](#)

2. On the Login page, click the “Forgot User Name” link. The Email User Name page displays.



Please enter the email associated with this Account and User Name

Email Address

Your user name will be sent to the e-mail address provided here.
Please note: The e-mail address must match the address provided when the account was established.
Please contact Provider Services at 831-430-5504 for any questions.

Submit

[Back to Logon Page](#)

[Forgot Password](#)

3. Type your Email Address in the field provided.
4. Click **Submit**.
An email containing the User Name is sent to the specified email address.
5. When you have your User Name, click the “Back to Logon Page” link to log in to the Portal.

Section 1. Introduction

Navigating the Portal Home Page and Accessing Portal Features

When you log in to the Alliance Provider Portal (Portal) (see “Logging in to the Portal” on page 7), the home page displays, providing you access to the Portal features.

Central California Alliance for Health: Provider Portal

Home Page Links

- [Change Your Password](#)
- [Technical Support](#)
- [Update Your Information](#)
- [Alliance Homepage](#)
- [Alliance Provider Website](#)
- [DHCS Medi-Cal Website](#)
- [Language Assistance for Alliance Members](#)

Important Information for Providers

- The system will be offline nightly from 12:00 AM to 1:00 AM for routine maintenance.
- Please turn off your popup-blocker or set your popup-blocker to always allow popups from this portal.
- Use Google Chrome as your browser

April 20th, 2018
New Opioid 7 Day Supply Limit: Starting July 1, 2018, the Alliance will implement a seven day supply limit for opioids prescribed to opioid naive patients. [Click here](#) for quantity limit restrictions. Note that exceptions may be made for members stable on high doses of opioids, members with cancer, and members with palliative/hospice care plans. Prior authorizations will be required for regimens exceeding the quantity limits.

If you need assistance, please contact the Provider Portal Support Specialist at (831) 430-5518.

Warning

You have agreed to the following in order to gain access to this portal.

1. Data provided through this portal is *protected health information*.
2. This data is made available only for *patient treatment or payment purposes*.
3. Use and/or disclosure of this data *other than for treatment or payment purposes* is a violation of Federal and State law and may be punishable by fines or criminal prosecution.

Menu Bar Functions

- Main
- Home
- Claims Search
- RA Search
- Overpayment Letters Search
- Eligibility Verification
- Provider Directory
- Prescription History
- Data Submissions
- Auths and Referrals
- Authorization / Referral Search
- Authorization / Referral Entry
- Reports
- Linked Member List
- Quality Reports
- Care Based Incentives (CBI)
- Log Out

Portal News and Notices

- **Portal News and Notices**—Important news and information displays in the center of the home page.
- **Home Page Links**—Links to helpful functions, information and websites are located in the right margin of the home page. For details, see Section 2, “Using the Home Page Links” on page 11.
- **Menu Bar Functions**—The menu in the left margin of all Portal pages provides access to the primary functions of the Portal. For details, see Section 3, “Using the Menu Bar Functions” on page 14.

Section 2

Using the Home Page Links



Using the Home Page Links

The links in the right margin of the Portal home page provide access to helpful functions, information and websites.

- [Change Your Password](#)
- [Technical Support](#)
- [Update Your Information](#)
- [Alliance Homepage](#)
- [Alliance Provider Website](#)
- [DHCS Medi-Cal Website](#)
- [Language Assistance for Alliance Members](#)

- **Change Your Password**—See “Changing Your Provider Portal Password” on page 12.
- **Technical Support**—See “Requesting Technical Support” on page 13.
- **Update Information**—See “Updating Your Information” on page 13.
- **Alliance Homepage**—Click this link to open the Alliance website home page (www.thealliance.health) in a new window.
- **Alliance Provider Website**—Click this link to open the Alliance provider website (www.thealliance.health/for-providers) in a new window.
- **DHCS Medi-Cal Website**—Click this link to open the DHCS Medi-Cal website (www.medi-cal.ca.gov) in a new window.
- **Language Assistance for Alliance Members**—See “Obtaining Language Assistance for Alliance Members” on page 13.

Section 2. Using the Home Page Links

Changing Your Provider Portal Password

Change your Portal password in the following situations:

- **On initial login.** When you log in to the Portal for the first time using the initial password you received via email (see “Creating a New User Account” on page 3), you are immediately prompted to change your password.
- **When your password expires.** Your Portal password expires every 90 days. When you log in to the Portal after your password expires, you are immediately prompted to change your password.
- **When you forget your password.** If you don’t remember your Portal password, you can reset it (see “Resetting a Forgotten Password” on page 8). When you log in with the temporary password you receive via email, you are immediately prompted to change your password.
- **When you are locked out of your Portal account.** If your account is locked due to three unsuccessful login attempts, call the Provider Portal Support Specialist at 800-700-3874, ext. 5518 to unlock your account and get a temporary password. When you log in with the temporary password, you are immediately prompted to change your password.
- **At your discretion.** You can change your Portal password anytime. To change your password, click the “Change Your Password” link on the Portal home page to display the Change Password page, and then follow the instructions below.

Perform the following steps to change your password:

1. On the Change Password page, type your Current Password in the field provided, and type your new password in the New Password and Confirm Password fields. Be sure to follow the password requirements listed on the page.

The screenshot shows a web form titled "Change Password". At the top, there is a warning icon and the text: "Your password has expired. Please update your password in order to continue." Below this, it says "Please note that passwords:" followed by a list of requirements: "Must be at least 10 characters", "Must contain at least 1 character from three of the following four groups: Uppercase letters, Lowercase letters, Numbers, Special Characters", "May not contain your username", and "May not be any of your last 10 passwords". The form includes input fields for "User Name" (containing "ccahjones"), "Current Password", "New Password*", and "Confirm Password*". A "Change Password" button is located at the bottom of the form.

2. Click **Change Password**. You are redirected to the Portal home page.

Section 2. Using the Home Page Links

Requesting Technical Support

Click the “Technical Support” link in the right-hand margin of the Portal home page to create an email message in your default email client. When requesting Technical Support, please provide us with the information requested in the email in order for the Alliance to resolve your issue promptly.

Updating Your Information

You can update your practice information at any time by clicking the “Update Your Information” link in the right margin of the Portal home page. The Provider Information Change Form opens in a new window. Simply fill out the fields with the updated information and click **Submit Form**. Note that fields with a red asterisk * are required.

Provider Information Change Form

In an attempt to decrease the quantity of correspondence that is mailed to an incorrect address, or payments paid with the incorrect information, the Alliance is requesting your cooperation and assistance.

Has your applicable information changed recently?

If so, please provide Central California Alliance for Health with the new information by completing and submitting this form.

Please provide the following contact information. Items with an asterisk (*) are required.

Name:*

Office Phone:*

I would like to change my: (select any of the following options that apply)

- Address
- Billing Office / "Pay To" Information
- Contact Information
- Phone Number
- Tax ID Number

Please enter your new contact information:

Street Address:*

Address (Line 2):*

City:*

State:*

Zip Code:*

Office Phone:*

Fax:*

E-mail:*

Tax ID Number:*

Please enter your billing office / "pay-to" information:

Note: The following information should reflect to whom the payments should be made payable to, and the address to which the payment should be sent.

Street Address:*

Address (Line 2):*

City:*

State:*

Zip Code:*

Office Phone:*

Fax:*

E-mail:*

Please enter any comments or special instructions here (500 characters max):

0/500

Obtaining Language Assistance for Alliance Members

Alliance members have access to language assistance services. For information on how to contact interpreters, click the “[Language Assistance for Alliance Members](#)” link in the right margin of the Portal home page. You can also print out and post the [Interpreter Services Quick Reference Guide](#). Call the Alliance Health Education Line at 800-700-3874, ext. 5580 for more information.

Section 3

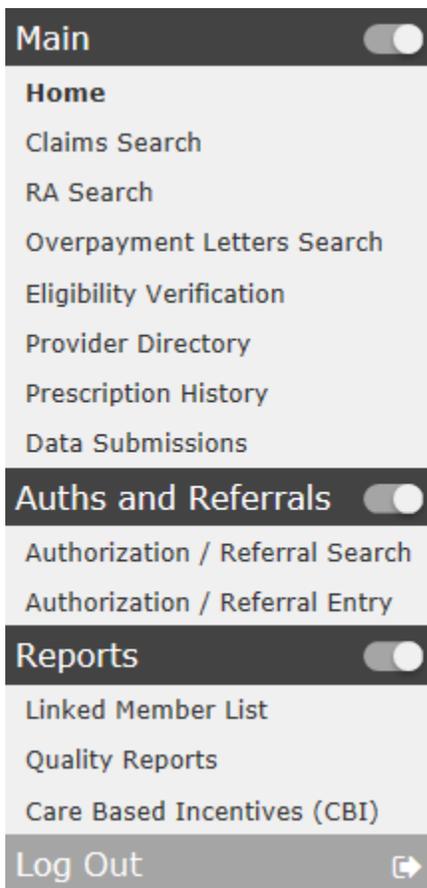
Using the Menu Bar Functions



Using the Menu Bar Functions

The Portal menu bar in the left margin of all Portal pages provides access to primary Portal functions.

NOTE: If a section of the menu bar is not expanded, click the menu toggle button  in the section header to display its functions.



IMPORTANT: Your ability to access each function depends on how your Portal permissions are configured. Contact your Provider Services Representative or Provider Portal Support if you have questions about your Portal permissions or to request access to a feature.

Section 3. Using the Menu Bar Functions

Click the links or page numbers in the table below for detailed information about each menu bar function.

Menu Bar Functions	See Page...
Main	16
Home	10
Claims Search	16
RA Search	24
Overpayment Letters Search	30
Eligibility Verification	33
Provider Directory	37
Prescription History	49
Data Submissions	51
Auths and Referrals	58
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Authorization / Referral Entry	65
Reports	80
Linked Member List	80
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Log Out	105

Section 3. Using the Menu Bar Functions

Main

The “Main” section of the menu bar provides access to a variety of features, including Claims Search, Eligibility Verification and an online Provider Directory.

Claims Search

The Portal allows you to search claims by Date, Claim Number and Patient Account Number. The search returns only claims billed from your practice. For each type of search, the results format is the same—see “Claims Search Results” on page 18 for details. To display the Claims Search page, click Claims Search in the “Main” section of the menu bar.

Central California Alliance for Health: Provider Portal

Claims Search

Search by Date Search by Claim Number Search by Patient Account Number

Claim Type: Social Security #:

Date Criteria: Date From: Date To:

Member: *optional, last name or member #

Provider: *optional, last name or provider #

Claim(s) Found

Providers are now able to resubmit professional CMS claims using the Alliance Provider Portal. When resubmission of a claim is possible, a "Resubmit Claim" button will appear at the bottom of the Claim Search Results Detail page.

You have the option to filter by "Denied" Claim Status and "HCF" Form Type in order to get a list of claims that can be resubmitted through the Portal.

If you have any questions regarding a claim, please contact the Claims Department: (831) 430-5503.
If you have questions regarding the Provider Portal, please contact Provider Portal Support: (831) 430-5518.

EXPORT TO EXCEL EXPORT TO PDF

Claim #	Provider Last Name	Prov... #	Me... #	Member Last Name	Member First Name	Patient Acct #	C... S...	Se... Da... Fr...	Se Da To
---------	--------------------	-----------	---------	------------------	-------------------	----------------	-----------	-------------------	----------

Claims Search by Date

This claims search option allows you to specify a date of service to find claims billed from your practice. When searching claims by date, you specify up to a 45-day date range for either the service date or the received date, and you can specify a member’s Social Security Number, member information (last name or member #) or provider information (last name or provider #).

1. At the top of the Claims Search page, select the “Search by Date” option button.

Claims Search

Search by Date Search by Claim Number Search by Patient Account Number

Claim Type: Social Security #:

Date Criteria: Date From: Date To:

Member: *optional, last name or member #

Provider: *optional, last name or provider #

Claim(s) Found

Section 3. Using the Menu Bar Functions

2. Provide your search criteria:
 - Specify a date range in the Date From and Date To fields. You can type in the fields (MM/DD/YYYY) or click the calendar icons  to select the dates. The date range cannot be more than 45 days. The default date range is the past month.
 - In the Date Criteria dropdown list, select "Service Date" to search by the date the service was performed, or "Date Received" to search by the date the Alliance received the claim.
 - Optionally, enter a member's Social Security # in the field provided.
 - Optionally, enter other member information (last name or member #) in the Member field.
 - Optionally, enter provider information (last name or provider #) in the Provider field.
3. Click **Refresh**. The results display in the lower part of the page. The number of claims found displays at the lower left of the search criteria section.



The screenshot shows a search criteria form with two input fields: "Member:" and "Provider:". Both fields have a placeholder text: "*optional, last name or member #" and "*optional, last name or provider #" respectively. Below the "Provider:" field, the text "2083 Claim(s) Found" is displayed and circled in red.

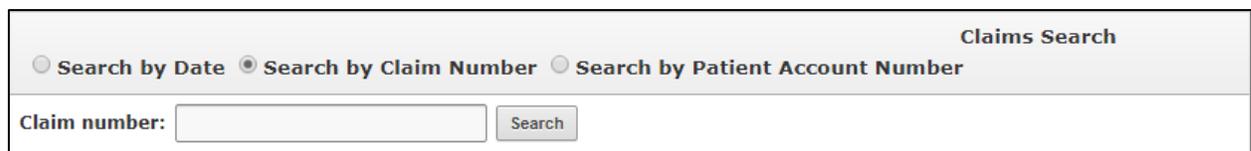
4. For result details, see "Claims Search Results" on page 18.

Claims Search by Claim Number

This claims search option allows you to specify a Claim Number to find claims billed from your practice.

NOTE: As of October 1, 2016, Alliance Claim Control Numbers (CCNs) no longer follow the YYYYMMDD##### format.

1. At the top of the Claims Search page, select the "Search by Claim Number" option button.



The screenshot shows the "Claims Search" form. At the top right, it says "Claims Search". Below this, there are three radio buttons: "Search by Date", "Search by Claim Number" (which is selected), and "Search by Patient Account Number". Below the radio buttons, there is a "Claim number:" label followed by an input field and a "Search" button.

2. Type the Claim Number in the field provided.
3. Click **Search**. The results display in the lower part of the page. See "Claims Search Results" on page 18.

Section 3. Using the Menu Bar Functions

Claims Search by Patient Account Number

This claims search option allows you to enter a Patient Account Number to find claims billed from your practice.

NOTE: The Patient Account Number is **not** the same as the Alliance Member ID #. The Patient Account Number is usually a provider-specific number assigned to a member by the provider's office.

1. At the top of the Claims Search page, select the "Search by Patient Account Number" option button.



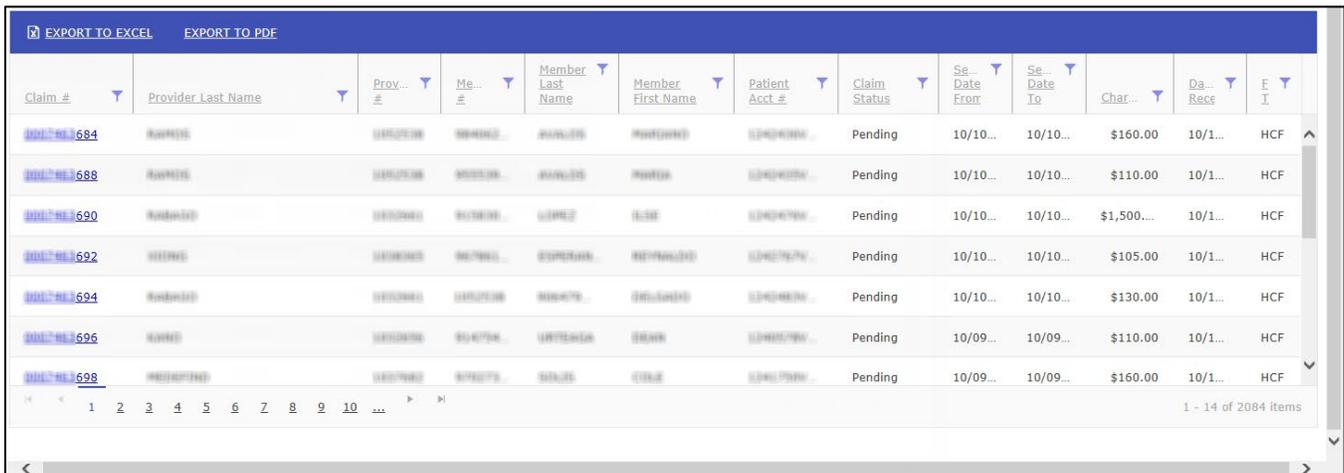
The screenshot shows a search interface titled "Claims Search". It has three radio buttons: "Search by Date", "Search by Claim Number", and "Search by Patient Account Number", with the third one selected. Below the buttons is a text input field labeled "Patient Acct #:" and a "Search" button.

2. Type the Patient Account Number in the field provided.
3. Click **Search**. The results display in the lower part of the page. See "Claims Search Results" below.

Claims Search Results

When you perform one of the above claims searches, the results display in the lower part of the Claims Search page. You can review, sort, and filter the results, view claims details including check details and export the results to a Microsoft Excel document.

NOTE: Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

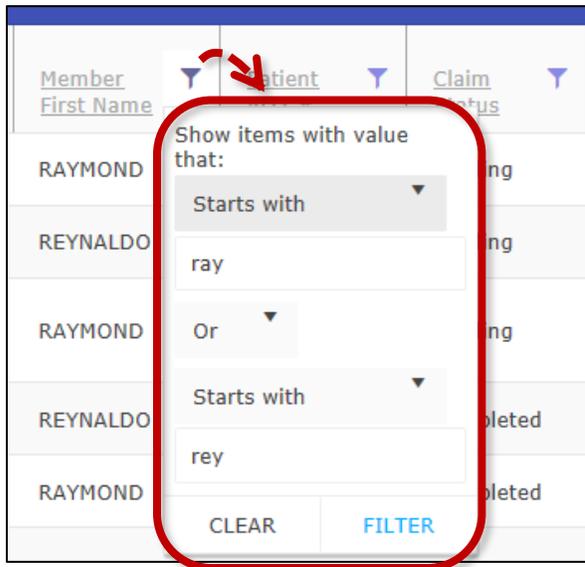


The screenshot shows a table with the following columns: Claim #, Provider Last Name, Prov #, Me #, Member Last Name, Member First Name, Patient Acct #, Claim Status, Se Date From, Se Date To, Char, Da Rec, and F I. The table contains several rows of data, with some cells blurred for privacy. At the top of the table, there are buttons for "EXPORT TO EXCEL" and "EXPORT TO PDF". At the bottom, there is a pagination bar showing "1 - 14 of 2084 items".

1. Review the results table. Each row represents the information for one claim.
2. Sort the table by a column by clicking the column heading.
3. Further refine the results by applying filters to one or more columns. Click the filter icon  in any column heading and build a filter from the choices (such as "Is equal to" or "Starts with"). You can define a second condition for a filter using the "And/Or" dropdown list. For example, for the Member

Section 3. Using the Menu Bar Functions

First Name, you could filter on Starts with "ray" Or Starts with "rey" if you are unsure of the spelling. You can apply filters to more than one column.



4. When there is more than one page of claims in your search results, controls display at the bottom of the page.



Click the controls to navigate the results:

- ▶ — Display the next page.
- ⏪ — Display the last page.
- ◀ — Display the previous page.
- ⏩ — Display the first page.
- ⋮ — Show the previous/next group of pages (for more than 10 pages).
- Page number — Display the corresponding page.

Section 3. Using the Menu Bar Functions

5. View claim details:
 - a. In the Claim # column (first column) of the claims search results table, click the claim number link to open the Claim Search Results Detail (Claim Detail) window.

Claim #	Provider Last Name
696	...
698	...

Claim Search Results Detail

The following information pertains to Central California Alliance for Health
Claim Control Number (CCN):

696

If you still have unanswered questions after viewing the details of this claim, please contact the Alliance Claims Department during normal business hours : (831) 430-5503.

CCN	Rec'd Date	Member ID	Member Name	Account Number	Program	Billing#	Billing Prov Name	Total Billed
696	10/19/2017	Managed Health-Care Managed-Care Program	\$105.00

Line#	DOS	Proc	Mod	POS	Qty	Bill\$	Allow\$	Denied	Other	Net	Status	Int	Expl	Check #
1	2017-10-13 - 2017-10-13	...	U8		1.0000	\$80.00	\$77.09	\$0.00	\$0.00	\$77.09	Claim Paying			EFT-...
2	2017-10-13 - 2017-10-13	...			1.0000	\$25.00	\$4.38	\$0.00	\$0.00	\$4.38	Claim Paying			EFT-...
Totals:						\$105.00	\$81.47	\$0.00	\$0.00	\$81.47				

The Claim Detail window shows information from the search results page, plus details about the line items on the claim.

- b. Click the link in the Check # column to see check details for the line item. If the link is labeled "No," then no check was written for the line item.

Check Info		
CCN: 696		
Line#: 1		
Check #	Check Date	Check Amount
EFT-...	10/31/2017	\$77.09

Close

Section 3. Using the Menu Bar Functions

- c. If the Status column for a line item is "Claim Denied," click the link in the "Expl" column to view details of the Explain Code.

Status	Int	Expl	Check #
Claim Denied.		32A	EFT-0000021946

Explain Code(s)	
CCN: 0000021946	
Line#: 1	
Code	Description
32A	32A: RECIPIENT NOT EFFECTIVE ON DATE OF SERVICE.

- d. Click **Close** to dismiss any open details dialog boxes.
 - e. Close the Claim Detail browser window to return to the search results page.
6. Export search results to Excel or PDF:
 - a. In the blue bar in the middle of the page, click **Export to Excel** or **Export to PDF**.

Search by Date
 Search by Claim Number
 Search by Patient Account Number

Claim Type:
 Social Security #:

Date Criteria:
 Date From:
 Date To:

Member: *optional, last name or member #
 Refresh

Provider: *optional, last name or provider #

569 Claim(s) Found

Downloading Excel File

The application is creating the Excel file and will download it. This may take up to a minute or two.

- b. Depending on your browser and its configuration, you may be prompted to open or download the exported file.
- c. In the Excel file, you can use Excel functions such as sort, filter, search, sum, and print.

NOTE: The export includes all claims in your search results, regardless of your sort/filter selections. If your search found more than 10,000 claims, the Portal may time out and not perform the export. If this happens, modify your search criteria (for example, shorten the date range) to find fewer claims.

Section 3. Using the Menu Bar Functions

Claims Resubmission

If a professional claim denies with a specific denial code, you can resubmit the claim with additional or updated information. To resubmit a denied claim through the Portal:

1. On a denied claim that is eligible to resubmit, click **Resubmit Claim** at the lower right of the Claim Detail window. (See step 5 in “Claims Search Results” above to display the Claim Detail window.)

Claim Search Results Detail

The following information pertains to Central California Alliance for Health
Claim Control Number (CCN):

265

If you still have unanswered questions after viewing the details of this claim, please contact the Alliance Claims Department during normal business hours :(831) 430-5503.

CCN	Rec'd Date	Member ID	Member Name	Account Number	Program	Billing#	Billing Prov Name	Total Billed
265	10/27/2017				Managed Med-Cat Managed Care Program			\$104.88

Line#	DOS	Proc	Mod	POS	Qty	Bill\$	Allow\$	Denied	Other	Net	Status	Int	Expl	Check #
1	2017-10-19 - 2017-10-19			11	1.0000	\$110.00	\$0.00	\$110.00	\$0.00	\$0.00	Claim Denied.		UD0- 901	No
Totals:						\$110.00	\$0.00	\$110.00	\$0.00	\$0.00				

NOTE: If there is no Resubmit Claim button on the page, the claim is not eligible to resubmit.

2. On the Claim Resubmit page, update the information on the claim by modifying the data fields.

Claim Resubmit

Claim: **265**

Provider #: **123456789** **Provider Name:** **ABCDEF GHIJKL**

Member #: **987654321** **Member Name:** **MNOPQR STUVWX**

Please fill out this form and correct any data causing claim denial.

Authorization #	External Referral #	Member #	Patient Account #	Admit Type	Bill Type	Delay Reason	Referring Provider NPI	Total Billed Charges	SOC
		987654321	123456789					\$110.00	

Remarks:

Resubmit	Line	Date of Service Start	Date of Service End	POS	Procedure Code	Mod1	Mod2	Mod3	Mod4	Billed Amt	Qty	Diagnosis List	Status
<input checked="" type="checkbox"/>	1	10/19/2017	10/19/2017	11	99213					\$110.00		O21.0,Z33.1	Claim Denied.

NOTE: You can add and remove diagnosis codes, but there needs to be at least one diagnosis code included on the claim.

Section 3. Using the Menu Bar Functions

3. Click **Resubmit**. A confirmation page displays the provider information (the Provider # is an internal identifier) and member information, and also shows the original claim number and the new claim number.

Claim Resubmit

Claim: 000001767

Provider #: 000000000 **Provider Name:** MUHAMMAD SHABER

Member #: 000000000 **Member Name:** MELANIE JOHNSON CALDER

Claim # 000001767 resubmitted as claim # 000001809

Section 3. Using the Menu Bar Functions

Remittance Advice Search

The Remittance Advice (RA) is a notice of payment sent by the Alliance as a companion to claim payments. When you submit a claim, you will receive an RA that explains the payment and any adjustment(s) made to a payment during the adjudication of claims. RAs provide itemized claims processing decision information. The RA provides justification for the payment, as well as input to your accounting system/accounts receivable and general ledger applications. The codes in the RA help you identify any additional action you may need to take. For example, some RA codes may indicate that you need to resubmit the claim with corrected information.

The above information about RAs was excerpted and adapted from [Understanding Your Remittance Advice Reports](#), a document created by the [Centers for Medicare and Medicaid Services](#) (CMS).

IMPORTANT: Effective December 8, 2020, the Alliance is partnering with ECHO/Change Healthcare to administer provider payments for capitation and fee for service.

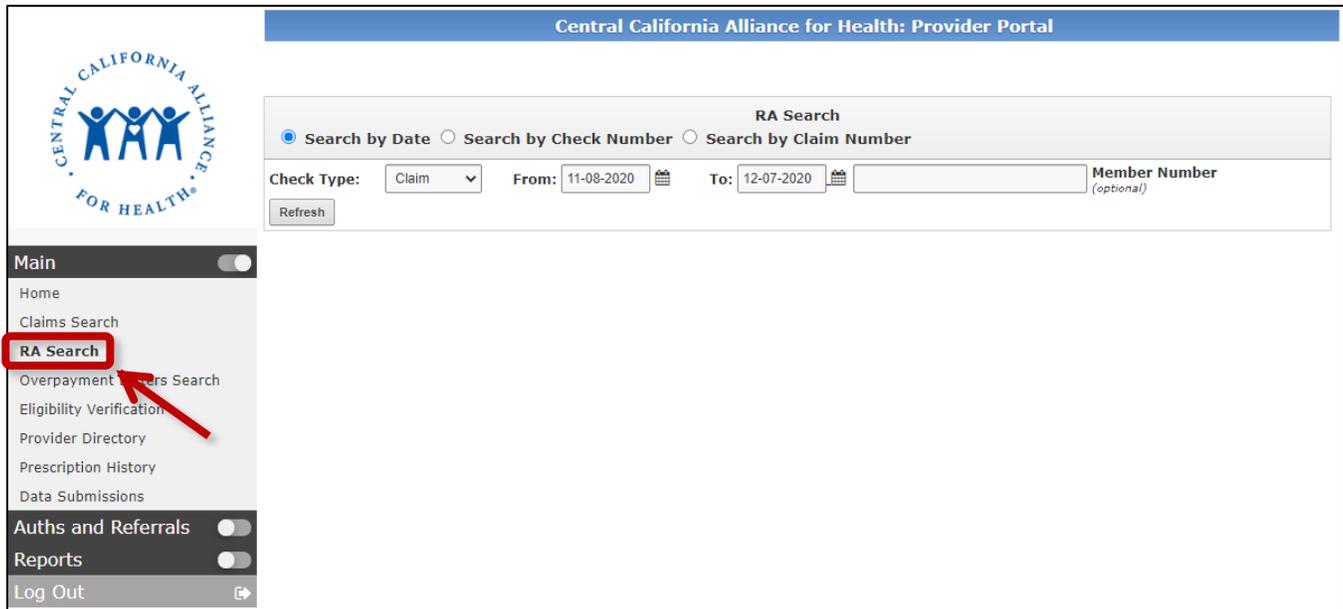
To view RAs generated before December 8, 2020, follow the instructions in this section to search for them in the Alliance Provider Portal.

To view RAs generated December 8, 2020 or after, log in to the ECHO Provider Payments Portal at www.providerpayments.com.

- For more information and help, see the [ECHO Provider Payments FAQ](#) and the [ECHO Provider Payments Portal Quick Reference Guide](#).
- For any questions related to the ECHO portal, EFT, VCC, or RA, please contact ECHO customer service directly at 888-834-3511.

Section 3. Using the Menu Bar Functions

The Portal allows you to search RAs by Date, Check Number and Claim Number. The search returns only RAs associated with your practice. For each type of search, the results format is the same—see “Remittance Advice Search Results” on page 27 for details. To display the RA Search page, click RA Search in the “Main” section of the menu bar.



The screenshot shows the 'Central California Alliance for Health: Provider Portal' interface. On the left is a navigation menu with options: Home, Claims Search, RA Search (highlighted with a red box and a red arrow), Overpayment/Refunds Search, Eligibility Verification, Provider Directory, Prescription History, Data Submissions, Auths and Referrals, Reports, and Log Out. The main content area is titled 'RA Search' and features three radio buttons: 'Search by Date' (selected), 'Search by Check Number', and 'Search by Claim Number'. Below these are input fields for 'Check Type' (set to 'Claim'), 'From' (11-08-2020), 'To' (12-07-2020), and an optional 'Member Number' field. A 'Refresh' button is located at the bottom left of the search area.

Remittance Advice Search by Date

This RA search option allows you to specify an open date range for Fee-For-Service or Capitation claims associated with your practice. You can also include a Member Number.

1. At the top of the RA Search page, select the “Search by Date” option button.



This is a close-up of the 'RA Search' form. The 'Search by Date' radio button is selected. The 'Check Type' dropdown is set to 'Claim'. The 'From' date is 11-08-2020 and the 'To' date is 12-07-2020. The 'Member Number' field is empty and labeled as optional. A 'Refresh' button is visible at the bottom left.

2. Provide your search criteria:
 - In the Check Type dropdown list, select the appropriate type:
 - Select “Claim” to search for RAs that show payment or denial details for Fee-for-Service claims.
 - Select “Capitation” to search for RAs that show the set monthly payment received for each linked member to your practice.

NOTE: Fee-for-Service claims versus Capitated claims – Fee-for-Service claims are claims submitted by the provider for services not covered by monthly capitated payments. Capitated claims are the monthly payments providers receive for their linked members. Evaluation and Management services are typically covered under the capitation payment. Please see the [Provider Manual](#) for more information on Capitation versus Fee-for-Service claims payments.

Section 3. Using the Menu Bar Functions

- Specify a date range in the From and To fields. You can type in the fields (MM/DD/YYYY) or click the calendar icons 📅 to select the dates. The default is 11/8/2020–12/7/2020, which is the last 30 days for which RAs are available to view in the Portal. Remember, to view RAs generated on or after 12/8/2020, log in to the ECHO Provider Payments Portal at www.providerpayments.com.
 - Optionally, type a Member Number in the field provided.
3. Click **Refresh**. The results display in the lower part of the page. (See “Remittance Advice Search Results” on page 27.)

Remittance Advice Search by Check Number

This RA search option allows you to specify a Check Number to find the RA for a particular check. The search returns only RAs associated with your practice and generated before 12/8/2020.

1. At the top of the RA Search page, select the “Search by Check Number” option button.



The screenshot shows a form titled "RA Search" with three radio button options: "Search by Date", "Search by Check Number" (which is selected), and "Search by Claim Number". Below the options is a text input field labeled "Check number:" and a "Search" button.

2. Type the Check Number in the field provided.
3. Click **Search**. The results display in the lower part of the page. (See “Remittance Advice Search Results” on page 27.)

Remittance Advice Search by Claim Number

This RA search option allows you to specify a Claim Number to find the RAs associated with the claim. The search returns only RAs associated with your practice and generated before 12/8/2020.

1. At the top of the RA Search page, select the “Search by Claim Number” option button.



The screenshot shows a form titled "RA Search" with three radio button options: "Search by Date", "Search by Check Number", and "Search by Claim Number" (which is selected). Below the options is a text input field labeled "Claim number:" and a "Search" button.

2. Type the Claim Number in the field provided.
3. Click **Search**. The results display in the lower part of the page. (See “Remittance Advice Search Results” on page 27.)

Section 3. Using the Menu Bar Functions

Remittance Advice Search Results

When you perform one of the above RA searches, the results display in the lower part of the RA Search page. You can review, sort, and filter the results, and view details via a linked PDF document.

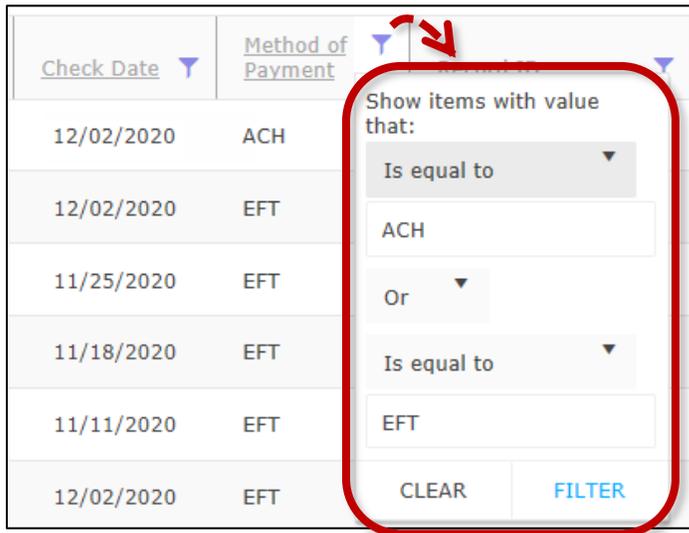
NOTE: Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

Check #	Check Type	Amount	Check Date	Method of Payment	Record ID	Detail Download
087348	Claim	\$2,958.04	12/02/2020	ACH	087348-20070811-00	PDF
-	Claim	\$0.00	11/25/2020	No Payment	--	PDF
-	Claim	\$0.00	11/18/2020	No Payment	--	PDF
-	Claim	\$0.00	11/11/2020	No Payment	--	PDF
EFT-087348	ENC	\$28,215.49	12/02/2020	EFT	087348	PDF
EFT-087348	ENC	\$18,479.35	11/25/2020	EFT	087348	PDF
EFT-087348	ENC	\$21,181.88	11/18/2020	EFT	087348	PDF
EFT-087348	ENC	\$12,080.94	11/11/2020	EFT	087348	PDF
Total:		\$172,962.72				

1. Note the number of RAs found at the top left of the results as “# Check(s) Found.”
2. Review the results table. Each row represents the information for one RA.
3. Sort the table by a column by clicking the column heading.

Section 3. Using the Menu Bar Functions

- Further refine the results by applying filters to one or more columns. Click the filter icon  in any column heading and build a filter from the choices (such as "Is equal to" or "Starts with"). You can define a second condition for a filter using the "And/OR" dropdown list. For example, for the Method of Payment, you could filter on Is equal to "ACH" Or Is equal to "EFT" to find RAs for only those two methods of payment. You can apply filters to more than one column.



- View a detailed PDF document for an RA:
 - Click the "PDF" link in the Detail Download column for an RA or Capitation Report. (Note that if you searched for RAs by date with the Claim Type of "Capitation," you can also view a spreadsheet version of the Capitation Report by clicking the "Excel" link in the Detail Download column.)



Section 3. Using the Menu Bar Functions

Overpayment Letters Search

An overpayment letter is notification to providers that claims have been reviewed and that an overpayment was made to the provider. The letter is generated electronically and is mailed to the provider, and a copy can be found in the Provider Portal.

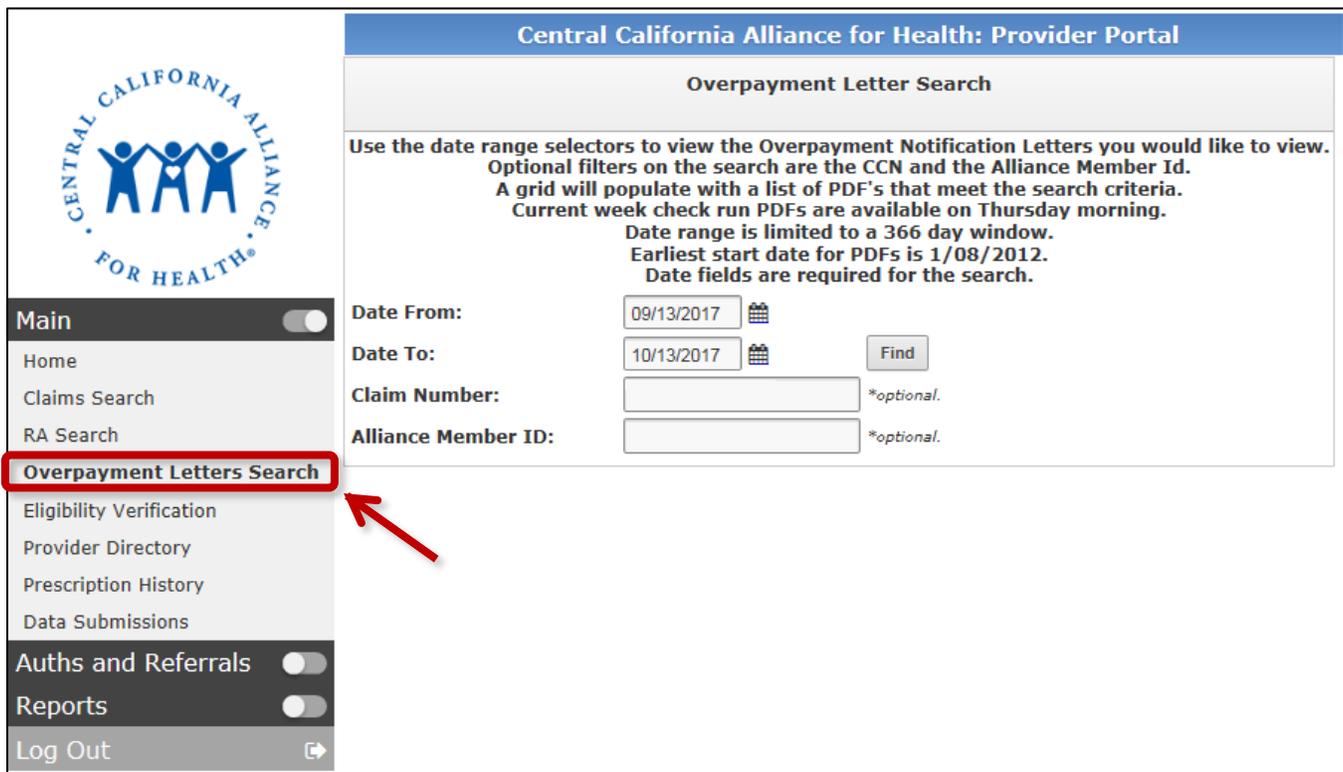
Upon receipt of the overpayment letter, the provider has thirty (30) business days to respond to the Alliance. Providers can:

- Send the Alliance a check for the amount owed to the Alliance.
- Contact the Alliance and request an automatic recovery of the amount owed to the Alliance.
- Contact the Alliance to inform the Plan that they disagree with the identification of overpayment.
- Do nothing. If the provider does not respond to the overpayment letter, the system automatically deducts the balance owed to the Alliance following the 30-day grace period.

The overpaid amount can be recovered through:

- An electronic system recovery.
- A refund check mailed to the Alliance by the provider.

The Portal allows you to search overpayment letters within a one year date range. The search returns only overpayment letters associated with your practice. You can also include a Claim Number or Member Number.



The screenshot displays the 'Central California Alliance for Health: Provider Portal' interface. On the left is a navigation menu with the following items: Main (toggle), Home, Claims Search, RA Search, **Overpayment Letters Search** (highlighted with a red box and a red arrow), Eligibility Verification, Provider Directory, Prescription History, Data Submissions, Auths and Referrals (toggle), Reports (toggle), and Log Out. The main content area is titled 'Overpayment Letter Search' and contains the following text: 'Use the date range selectors to view the Overpayment Notification Letters you would like to view. Optional filters on the search are the CCN and the Alliance Member Id. A grid will populate with a list of PDF's that meet the search criteria. Current week check run PDFs are available on Thursday morning. Date range is limited to a 366 day window. Earliest start date for PDFs is 1/08/2012. Date fields are required for the search.' Below this text are input fields for 'Date From:' (09/13/2017), 'Date To:' (10/13/2017), 'Claim Number:' (optional), and 'Alliance Member ID:' (optional). A 'Find' button is located to the right of the 'Date To:' field.

1. To display the Overpayment Letters Search page, click Overpayment Letters Search in the "Main" section of the menu bar.

Section 3. Using the Menu Bar Functions

2. Provide your search criteria:
 - Specify a date range in the Date From and Date To fields. You can type in the fields (MM/DD/YYYY), or click the calendar icons  to select the dates. The range cannot be more than 366 days, and the earliest Date From is 01/08/2012. The default range is the past 30 days.
 - Optionally, type a Claim Number in the field provided.
 - Optionally, type an Alliance Member ID in the field provided.
 - Optionally, type a Letter ID in the field provided.
3. Click **Find**. The results display in the lower part of the page.

NOTE: Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

Letter ID	Recovery Letter Date	Name	Recovery Letter
30448	3/8/2017	MEDICAL GROUP	Click to view PDF of Letter 30448
30475	3/29/2017	MEDICAL GROUP	Click to view PDF of Letter 30475
30539	4/12/2017	MEDICAL GROUP	Click to view PDF of Letter 30539

4. Note the number of overpayment letters found at the top left of the results.
5. Review the results table. Each row represents the information for one overpayment letter.
6. Sort the table by a column by clicking the column heading.
7. Further refine the results by applying filters to one or more columns. Click the filter icon  in any column heading and build a filter from the choices (such as "Is equal to" or "Starts with"). You can define a second condition for a filter using the "And/Or" dropdown list. You can apply filters to more than one column.
8. View a PDF document for an overpayment letter:
 - a. Click the link in the Recovery Letter column for an overpayment letter.



Section 3. Using the Menu Bar Functions

The overpayment letter PDF file opens in a new window. (Depending on your browser and its configuration, you may be prompted to open or download the PDF file.)



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
 1600 Green Hills Road, Suite 101 * Scotts Valley, CA 95066-4981 * (831) 460-5500
 950 E. Blanco Road, Suite 101 * Salinas, CA 93901-4487 * (831) 755-6000
 530 West 16th Street, Suite B * Merced, CA 95340-4710 * (209) 381-5300

IDENTIFICATION OF OVERPAYMENT

Letter ID: 0406472 Notification Date: 12/05/2017

PO BOX #1000
 Attention: Billing Office

Patient# :	Name:	DOB:	
CCN# :	RA/DATE:	Member Number:	
Recovery Reason:	RETRO-OHC		
Line Number:	Eff Date:	Proc/Rev#:	Amt:
0203	05/13/2017	81002	\$2.27
0303	05/13/2017	81025	\$4.38
FCN# :			Amt: \$6.65

Patient# :	Name:	DOB:	
CCN# :	RA/DATE:	Member Number:	
Recovery Reason:	RETRO-OHC		
Line Number:	Eff Date:	Proc/Rev#:	Amt:
0203	05/22/2017	J0696	\$7.12

The overpayment letter shows an itemized account of the claims that contributed to the overpayment.

- b. Close the PDF file window to return to the search results page.

Section 3. Using the Menu Bar Functions

Eligibility Verification

The Portal allows you to verify eligibility by Member Number, Social Security Number or a combination of Member First Name, Last Name and Date of Birth. You must always include a Date of Service when verifying eligibility. You can verify eligibility for multiple members at one time, and you can print the results.

For additional information on member eligibility, please refer to the “Enrollment and Eligibility” section of the [Provider Manual](#).

Central California Alliance for Health: Provider Portal

Eligibility Verification Search

Information provided below will be cross-checked with member eligibility records for all programs.

You can search by Member Number and Date of Service or Social Security Number and Date of Service or a combination of Member First Name, Last Name and Date of Birth and Date of Service.

Please use the calendar icon to choose Dates of Service.

Remove	Line	Alliance Member Id	Member SSN	Member Last Name	Member First Name	Member Date of Birth	Date of Service
Remove	1	<input type="text"/> 📅	<input type="text"/> 📅				
Remove	2	<input type="text"/> 📅	<input type="text"/> 📅				
Remove	3	<input type="text"/> 📅	<input type="text"/> 📅				
Remove	4	<input type="text"/> 📅	<input type="text"/> 📅				
Remove	5	<input type="text"/> 📅	<input type="text"/> 📅				
Remove	6	<input type="text"/> 📅	<input type="text"/> 📅				
Remove	7	<input type="text"/> 📅	<input type="text"/> 📅				
Remove	8	<input type="text"/> 📅	<input type="text"/> 📅				
Remove	9	<input type="text"/> 📅	<input type="text"/> 📅				
Remove	10	<input type="text"/> 📅	<input type="text"/> 📅				

[Add Search Row\(s\)](#) Number of Search Row(s) 📅

1. To display the Eligibility Verification Search page, click Eligibility Verification in the “Main” section of the menu bar.
2. Provide your search criteria using one of the following combinations of data in the fields provided:
 - Member Number and Date of Service.
 - Social Security Number and Date of Service.
 - Member First Name, Member Last Name, Member Date of Birth and Date of Service.

NOTE: You can verify eligibility for multiple members at one time by entering information on multiple search rows. If you need additional rows, select a number of rows to add in the dropdown list at the bottom of the page and click **Add Search Row(s)**.

[Add Search Row\(s\)](#) Number of Search Row(s) 📅

You can remove a row by clicking the “Remove” link in the first column of the search criteria.

Section 3. Using the Menu Bar Functions

- Click **Search**. The Eligibility Verification Search Results page displays.

NOTE: Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

Eligibility Verification Search Results										
Information provided below comes from Central California Alliance for Health member eligibility records ONLY!										
ELIGIBILITY CONFIRMATION #: FLBHE24PN7										
Submitted Data				Eligibility Results						
Original Search Criteria	Date Of Service	Member Number	Member Name	Member Date Of Birth	Missed Appointment Notification	Eligibility Status	PCP	Other Health Coverage?	SPD Flag	CCS Flag
1 	09/08/2017	██████████	██████████	██/██/1967	Add	Eligible: Santa Cruz Medi-Cal Managed Care Program Aid Code: County Code:	Office: CENTRAL CALIFORNIA ALLIANCE FOR HEALTH Phone: 831-430-5500 PCP Name: OHC PRIMARY - THE ALLIANCE	Yes	Yes	No
2 	09/08/2017	██████████	██████████	██/██/1989	Add	Eligible: Monterey Medi-Cal Managed Care Program Aid Code: County Code:	Office: ██████████ ██████████ Phone: ██████████ PCP Name: ██████████	No	No	No
3 	09/08/2017	██████████	██████████	██/██/2016	Add	Eligible: Monterey Medi-Cal Managed Care Program Aid Code: County Code:	Office: CENTRAL CALIFORNIA ALLIANCE FOR HEALTH Phone: 831-430-5500 PCP Name: OHC PRIMARY - THE ALLIANCE	No	No	No
4 	09/08/2017	██████████	██████████	██/██/1952		No Active Member Coverage Found.	Office: N/A PCP Name: N/A	Yes	No	No
<small>Note 1: if "Member Not Found" is displayed, the system was unable to locate a valid member in our system based on the information submitted. You may retry your query with different data.</small>										
<input type="button" value="Modify Search"/>		<input type="button" value="New Search"/>							<input type="button" value="Print"/>	

- Review the results table. Each row represents the information for one member. The columns in the "Submitted Data" section show the Date of Service, Member Number, Member Name and Member Date of Birth.
- Sort the table by a column by clicking the column heading.
- Further refine the results by applying filters to one or more columns. Click the filter icon  in any column heading and build a filter from the choices (such as "Is equal to" or "Starts with"). You can define a second condition for a filter using the "And/Or" dropdown list. You can apply filters to more than one column.

Section 3. Using the Menu Bar Functions

7. Position your mouse pointer over the icon  in the Original Search Criteria column to see the criteria.

Original Search Criteria	Date Of Service
1 	09/08/2017
Member Number: Policy Number: Member SSN: Last Name: First Name: Date Of Birth: Date Of Service: 09/08/2017	

8. Note the information in the columns of the “Eligibility Results” section:

- **Eligibility Status** shows the member’s eligibility.
- **PCP** shows the member’s chosen or assigned primary care physician and indicates whether the member is “linked,” meaning he or she has selected or has been assigned to a PCP. An “administrative member” is not assigned to a specific physician or clinic.
- **Other Health Coverage** shows a “Yes” link if the member has Other Health Coverage (OHC). Click the link to open a dialog box that displays the OHC information.

OHC Details ✕

Carrier #1 Information

MEDICARE PART D CARRIER: AETNA
MEDICARE
8004451796
This information has not been verified by the Alliance. Please contact the member to validate its accuracy.

Carrier #2 Information

MEDICARE COVERAGE PART A

Carrier #3 Information

MEDICARE COVERAGE PART B

Carrier #4 Information

MEDICARE D

Ok

- **SPD Flag** shows whether the member is a Senior or Person with Disability (SPD). For more information, see the [Seniors and Disabilities page](#) on the Alliance website.
- **CCS Flag** indicates whether the member is in the California Children’s Services (CCS) program. For more information, see the “California Children’s Services - Whole Child Model Program” section in the “Introduction” of the [Provider Manual](#).

Section 3. Using the Menu Bar Functions

9. If the member has missed an appointment, you can inform the Alliance Member Services Department by submitting a notification. Member Services will send a letter to the member, outlining why it is important for the member to keep his or her medical appointments or to cancel if an appointment is no longer needed. To submit a notification:
 - a. Click the “Add” link in the Missed Appointment Notification column of the results table. A “Member Appointment No-Show Notification” window opens.

- b. Provide the information on the form and click **Create**. The window closes.
10. To change your eligibility search criteria, click **Modify Search** at the bottom of the page. To start a new eligibility search, click **New Search** at the bottom of the page. Return to step 2 above.
11. To print your search results:
 - a. Click **Print** at the bottom right of the Eligibility Verification Search Results page. A printable page opens in a new window.

ELIGIBILITY CONFIRMATION #: **ELIGCONFIRM**

Submitted Data			Eligibility Results							
Original Search Criteria	Date Of Service	Member Number	Member Name	Member Date Of Birth	Eligibility Status	PCP	Other Health Coverage?	SPD	CCS	Print
1 <input checked="" type="checkbox"/>	09/08/2017	87752828	CARRAN, SHIRAZ	11/26/1967	Eligible: Santa Cruz Medi-Cal Managed Care Program Aid Code: County Code:	Office: CENTRAL CALIFORNIA ALLIANCE FOR HEALTH Phone: 831-430-5500 PCP Name: OHC PRIMARY - THE ALLIANCE	Yes	Yes	No	<input type="checkbox"/>
2 <input checked="" type="checkbox"/>	09/08/2017	87752828	MARCO, MELISSA GONZALES	07/20/1989	Eligible: Monterey Medi-Cal Managed Care Program Aid Code: County Code:	Office: CLINICA DE SALUD DEL VALLE DE SALINAS CENTROVALLE Phone: 831-430-5500 PCP Name: CLINICA DE SALUD DEL VALLE DE SALINAS CENTROVALLE	No	No	No	<input type="checkbox"/>
3 <input checked="" type="checkbox"/>	09/08/2017	87752828	MARCO, MELISSA GONZALES	07/20/2016	Eligible: Monterey Medi-Cal Managed Care Program Aid Code: County Code:	Office: CENTRAL CALIFORNIA ALLIANCE FOR HEALTH Phone: 831-430-5500 PCP Name: OHC PRIMARY - THE ALLIANCE	No	No	No	<input type="checkbox"/>
4 <input checked="" type="checkbox"/>	09/08/2017		REINAL, REINALDO	03/06/1952	No Active Member Coverage Found.	Office: N/A PCP Name: N/A	Yes	No	No	<input type="checkbox"/>

Note: If "Member Not Found" is displayed, the system was unable to locate a valid member in our system based on the information submitted. You may retry your query with different data.

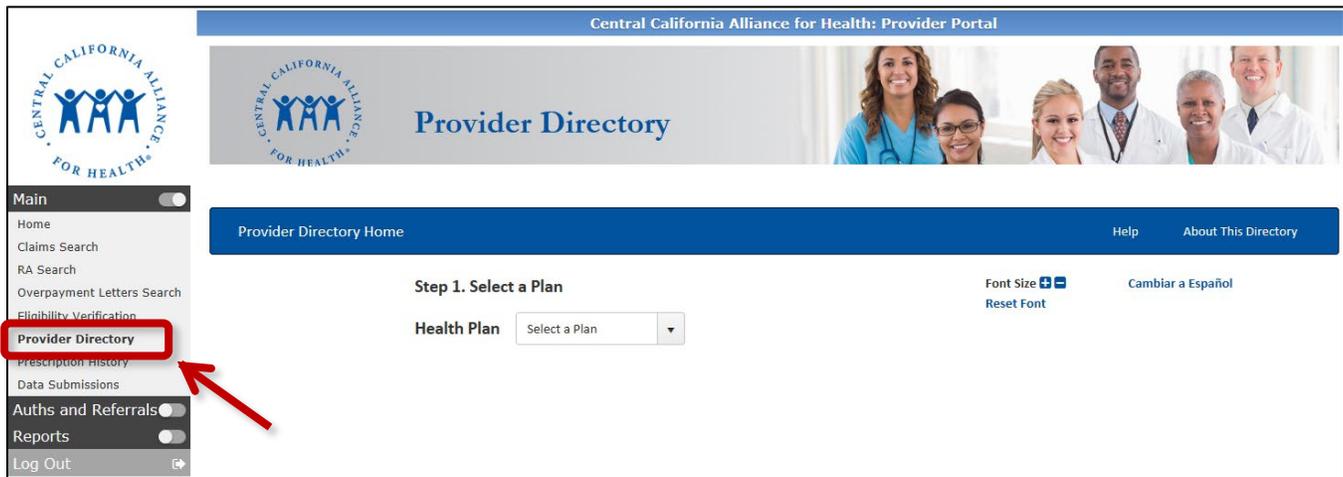
Print All Print All - One Per Page Print Individual

- b. You can print all of the eligibility results as shown by clicking **Print All**, or print one per page by clicking **Print All – One Per Page**, or select the Print checkbox in the last column for each result that you want to print (also one per page), and click **Print Individual**.

Section 3. Using the Menu Bar Functions

Provider Directory

The Provider Directory is a resource that assists providers and members in finding Alliance contracted providers, specialists, facilities and equipment. The Provider Directory allows you to search by plan and then specify other criteria, such as the name, type and location of the provider, specialist, facility or equipment.



NOTE: On each of the Provider Directory pages, there are controls that affect the appearance of the pages:

- On each of the Provider Directory pages, you can display the pages in Spanish by clicking the “Cambiar a Español” (“Change to Spanish”) link. To switch back to English, click the “Change To English” link.
- On each of the Provider Directory pages, you can increase or decrease the font size on the pages by clicking the plus and minus Font Size icons. Reset the font to 100% by clicking the “Reset Font” link.



- On the home page of the Provider Directory, you can get help on the Alliance Provider Directory by clicking **Help** in the banner at the top of the page.
- On the home page of the Provider Directory, you can read information about the Alliance Provider Directory by clicking **About This Directory** in the banner at the top of the page.

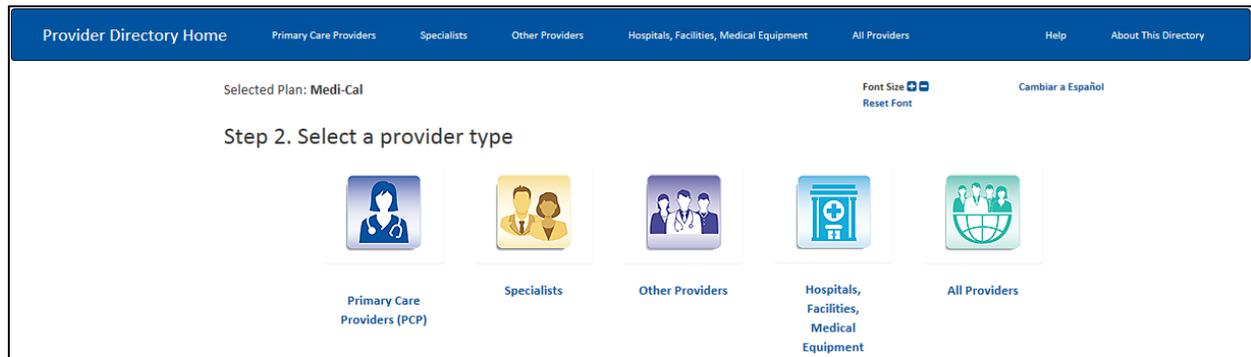
To search the provider directory:

1. To display the Provider Directory Search page, click Provider Directory in the “Main” section of the menu bar.
2. On the Step 1 page, select Medi-Cal or IHSS in the Health Plan dropdown list.

NOTE: To change plans after you have selected one, or to start over at any time, click **Provider Directory Home** in the banner.

Section 3. Using the Menu Bar Functions

- On the Step 2 page, select a provider type by clicking the appropriate icon or the link below it.



- On the search page, specify your criteria depending on your provider type selection above:
 - Primary Care Providers (PCP)**—Specify any of the following:
 - Provider Name: Type part or all of a specific PCP’s first or last name.
 - Accepting New Patients: Select the checkbox to find PCPs with new patient capacity.
 - Extended Office Hours: Select the checkbox to find PCPs who have indicated that they offer extended hours.
 - Gender: Select Male or Female to find PCPs of a specific gender.
 - CCS (California Children’s Services): Check to find providers that are able to provide California Children’s Services program services.
 - Click the “More Search Options” link to specify values for additional search fields:
 - NPI: Type part or all of a specific PCP’s National Provider Identifier (NPI).
 - PCP Specialty: Select the type of practice you are seeking.
 - Provider Language: Select a language to find PCPs who speak that language.
 - Staff Language: Select a language to find PCPs whose staff speaks that language.
 - Hospital Affiliation: Select a hospital to find PCPs affiliated with a specific facility. Members who select one of the found PCPs will go to this facility for hospital care, if necessary.
 - Specialists**—Specify any of the following:
 - Specialist Name: Type part or all of a specific specialist’s first or last name.
 - Specialty/Type: Select the specialty for the provider you are seeking.
 - Gender: Select Male or Female to find specialists of a specific gender.
 - CCS (California Children’s Services): Check to find providers that are able to provide California Children’s Services program services.
 - Click the “More Search Options” link to specify values for additional search fields:
 - NPI: Type part or all of a specific provider’s National Provider Identifier (NPI).
 - Provider Language: Select a language to find specialists who speak that language.
 - Staff Language: Select a language to find specialists whose staff speaks that language.
 - Hospital Affiliation: Select a hospital to find specialists affiliated with a specific facility.

Section 3. Using the Menu Bar Functions

- **Other Providers** (Physical Therapy, Occupational Therapy, Speech Therapy, or Chiropractic)—Specify any of the following:
 - Specialist Name: Type part or all of a specific provider’s first or last name.
 - Specialty/Type: Select the specialty for the provider you are seeking.
 - Gender: Select Male or Female to find providers of a specific gender.
 - CCS (California Children’s Services): Check to find providers that are able to provide California Children’s Services program services.
 - Click the “More Search Options” link to specify values for additional search fields:
 - NPI: Type part or all of a specific provider’s National Provider Identifier (NPI)
 - Provider Language: Select a language to find providers who speak that language.
 - Staff Language: Select a language to find providers whose staff speaks that language.
 - Hospital Affiliation: Select a hospital to find providers affiliated with a specific facility.
 - **Hospitals, Facilities, Medical Equipment** (Hospitals, Surgery Centers, Long Term Care (LTC)/Skilled Nursing Facility (SNF) Hospice, Community Based Adult Services, Home Health, Dialysis Center, Prosthetics, Laboratory/Draw Sites, Durable Medical Equipment (DME))—Specify either of the following:
 - Facility Name: Type part or all of a specific facility’s name.
 - Facility/DME Type: Select the type of facility or equipment you are seeking.
 - CCS (California Children’s Services): Check to find providers that are able to provide California Children’s Services program services.
 - **All Providers**—Specify the following, as necessary:
 - Provider Name: Type part or all of a provider’s first or last name.
 - NPI: Type part or all of a specific provider’s National Provider Identifier (NPI).
 - CCS (California Children’s Services): Check to find providers that are able to provide California Children’s Services program services.
5. For any of the above provider type searches, you can narrow your search by geographic location by specifying values in the Search By Location fields:
- County.
 - Address.
 - City.
 - State.
 - ZIP Code.
6. Click the **Find** button at the bottom of the page to display the search results.

Section 3. Using the Menu Bar Functions

Provider Directory Search Results

When you initiate a provider directory search (see “Provider Directory” on page 37), the results display information about each provider or facility that matches your search criteria.

NOTE: The example results shown below are for a PCP search. The results for the other provider types are similar. Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

The screenshot displays the search results for Primary Care Providers (PCP) in the Medi-Cal plan. The search results are displayed in a table with columns for provider name, address, extended hours, staff languages, and accessibility. The results are filtered by location (Watsonville, CA 95076 831-). The page includes a filter results box on the left and a search results box on the right. The search results box shows 7 of 12 items.

1. You can filter the results by any of the search criteria fields that you did not specify on the search page. (For example, if you specified a City in your search criteria, then you cannot filter by City in the results.) Specify your filter values in the Filter Results box on the left, and then click **Apply Filters**. The results update to match your new criteria. Click **Clear Filters** to remove any filters you applied. Your original search criteria remain in effect.

NOTE: To display and use the filter fields that correspond to the “More Search Options” on the search criteria page, click the “More Filters” link at the bottom of the Filter Results box.

2. When there is more than one page of providers in your search results, controls display at the bottom of the page.

The screenshot shows the pagination controls at the bottom of the search results page. The controls include navigation buttons for first, previous, next, and last. The page numbers 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 are displayed, with page 12 highlighted. The total number of items is 78 - 84 of 204 items.

Section 3. Using the Menu Bar Functions

Click the controls to navigate the results:



— Display the next page



— Display the last page



— Display the previous page



— Display the first page



— Show the previous/next group of pages (for more than 10 pages)



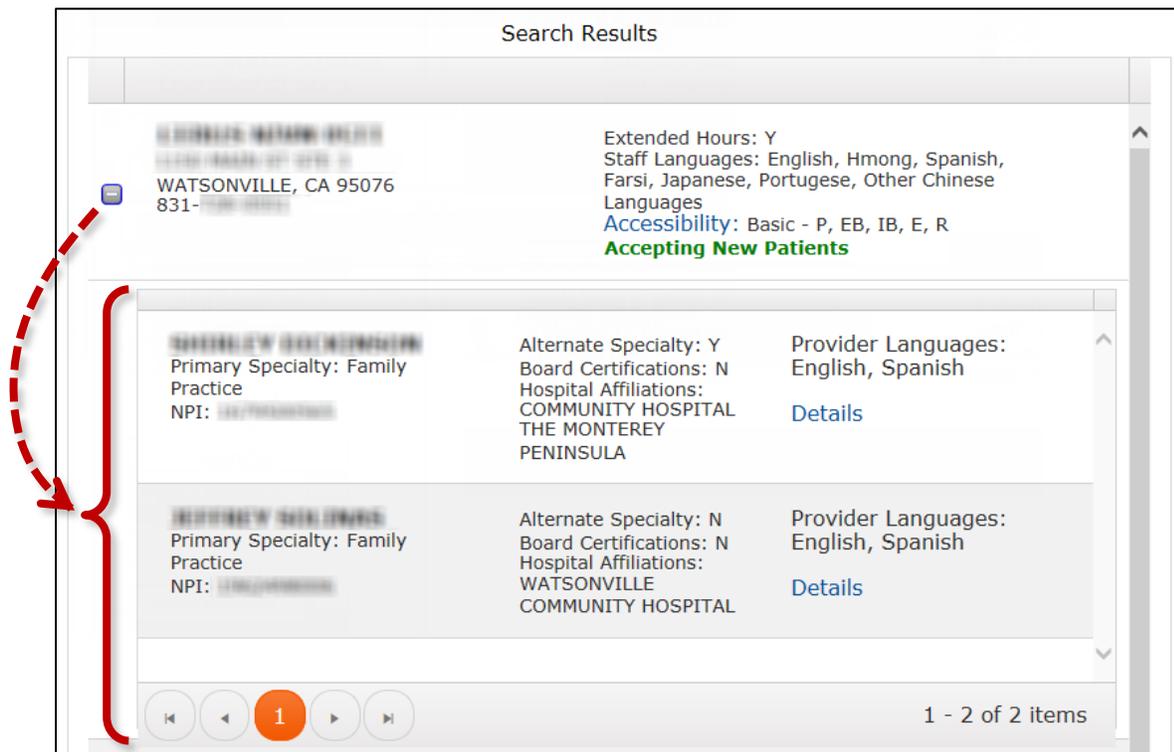
— Page number — Display the corresponding page

3. Review the details of your search:

- For **Primary Care Provider** searches, continue to step 4 on page 42.
- For **Specialist, Other Provider** and **All Provider** searches, skip to step 11 on page 45.
- For **Hospitals, Facilities, Medical Equipment** searches, skip to step 17 on page 47.

Section 3. Using the Menu Bar Functions

4. For PCP searches, the results display information for offices or affiliated providers that match your search criteria.
5. For each office displayed, view the information, such as the address and phone number, whether extended office hours are offered, staff languages spoken, accessibility standards for seniors and persons with disabilities (click the “Accessibility” link to open a legend for the levels of access and the codes), and whether new patients are being accepted.
6. You can view the providers affiliated with an office by clicking the “expand” icon  for that office. (The icon toggles to the “collapse” icon , allowing you to hide the expanded section.)



The expanded section shows the following information for each affiliated provider: the provider’s name, primary specialty, National Provider Identifier (NPI), whether the provider has an alternate specialty or board certifications, the provider’s hospital affiliations and the languages the provider speaks.

NOTE: When there are more than two affiliated providers, the controls at the bottom of the section allow you to view all of the providers, two at a time.

Section 3. Using the Menu Bar Functions

- From the expanded view, you can display additional details about a provider by clicking the “Details” link for the provider or facility.

The screenshot shows a provider's profile page. At the top, there is a summary section with three columns of information: Primary Specialty (Family Practice), Alternate Specialty (None), and Provider Languages (English, Spanish). A red arrow points to a blue 'Details' link. Below this, the 'Provider Details' section is displayed, containing a grid of provider information such as Name, Gender, NPI, License, Specialties, Board Certifications, Groups, CCS status, and Hospital affiliations. The 'Group Name / Office Locations' section follows, listing two office locations with their addresses, hours, languages, and accessibility information. At the bottom, there is a footer with contact information for reporting inaccuracies.

Provider Summary:

Primary Specialty: Family Practice NPI: [REDACTED]	Alternate Specialty: N Board Certifications: N Hospital Affiliations: WATSONVILLE COMMUNITY HOSPITAL	Provider Languages: English, Spanish Details
---	--	---

Provider Details:

Provider Name: [REDACTED] Provider Gender: M Provider NPI: [REDACTED] State Medical License Number: [REDACTED]	Primary Specialty: Family Practice Specialties: Family Practice Board Certifications: [REDACTED] Groups: [REDACTED]	CCS: N Provider Languages: English, Spanish Hospitals: WATSONVILLE COMMUNITY HOSPITAL
---	--	---

Group Name / Office Locations:

[REDACTED] WATSONVILLE, CA 95076 831- [REDACTED]	Extended Hours: Y All Hours: M: 8:00a - 8:00p Tu: 8:00a - 8:00p W: 8:00a - 8:00p Th: 8:00a - 8:00p F: 8:00a - 6:00p Sa: 9:00a - 5:00p Staff Languages: English, Hmong, Spanish, Farsi, Japanese, Portugese, Other Chinese Languages Primary Office: Y	Accessibility: Limited - P, EB, IB, E Access TTY: N Access Public Transportation: N/A CHDP: Y CPSP: N
[REDACTED] WATSONVILLE, CA 95076 831- [REDACTED]	Extended Hours: Y All Hours: M: 8:00a - 8:00p Tu: 8:00a - 6:00p W: 8:00a - 6:00p Th: 8:00a - 6:00p F: 8:00a - 6:00p Sa: 9:00a - 5:00p Staff Languages: English, Hmong, Spanish, Farsi, Japanese, Portugese, Other Chinese Languages Primary Office: N	Accessibility: Basic - P, EB, IB, E, R Access TTY: N Access Public Transportation: N/A CHDP: N CPSP: N

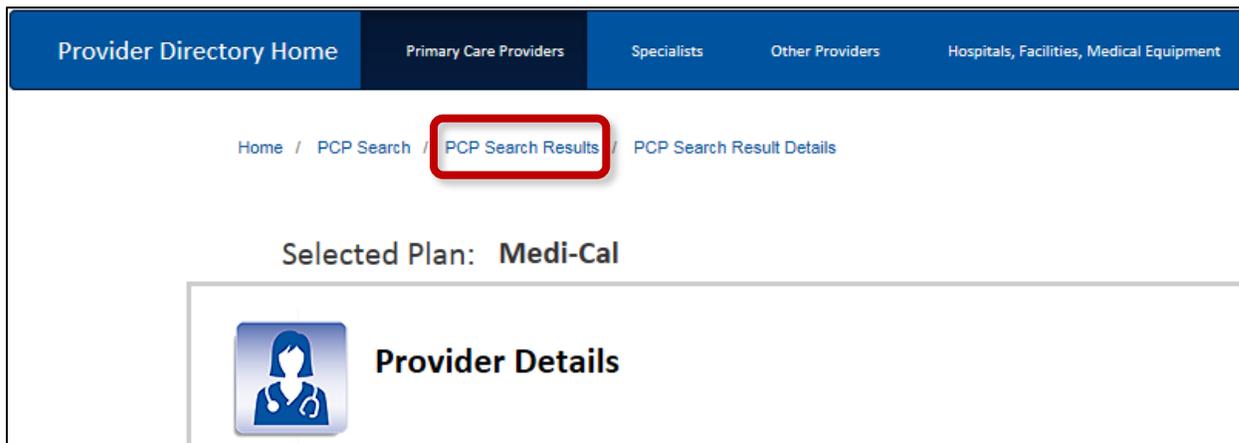
To report inaccuracies in the data presented, do one of the following:

- Fill out the [online form](#)
- Call 877-778-3915
- Send an email to Directory@ccah-alliance.org

The top of the page shows additional information about the provider, such as whether the provider is able to provide California Children’s Services (CCS) services. The Group Name/Office Locations section shows details about the location(s) with which the provider is affiliated, including the address, office hours, languages spoken, accessibility standards for seniors and persons with disabilities (click the “Accessibility” link to open a legend for the levels of access and the codes), whether the group/location has TTY capabilities, whether the facility is accessible via public transportation, and whether the group/location is a Child Health and Disability Prevention Program (CHDP) provider or a Comprehensive Perinatal Services Program (CPSP) provider.

Section 3. Using the Menu Bar Functions

- To report inaccuracies in the information shown, you can click the “online form” link at the bottom of the provider details page to fill out and submit an online form, or you can contact the Alliance via phone or email as shown.
- To return to your search results from the provider details page, click “PCP Search Results” in the navigation path. Return to step 5 above.



- To continue, skip to step 19 on page 48.

Section 3. Using the Menu Bar Functions

11. For Specialist, Other Provider and All Provider searches, the results display information about the providers and facilities that match your search criteria.

NOTE: Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

Home / Specialists / Specialist Search Results

Selected Plan: **Medi-Cal**

Specialties: Font Size Reset Font Cambiar a Español

Filter Results

Apply Filters Clear Filters

New Search

Plan
Medi-Cal

Provider Name
smith

Specialty
Select a Specialty Type

Gender
Any

CCS (California Children's Services)

County
Select a County

Address

City

Zip Code

More Filters

Search Results

MONTEREY, CA 93940 831-
Primary Specialty: Podiatric Medicine
Alternate Specialty: N
Board Certifications: Y
Hospital Affiliations: COMMUNITY HOSPITAL THE MONTEREY PENINSULA, NATIVIDAD MEDICAL CTR
Available by Referral Only
NPI:
Provider Languages: English
Staff Languages: English, Spanish
Accessibility: Basic - P, EB, IB, E, R
[Details](#)

MONTEREY, CA 93940 831-
Primary Specialty: Podiatric Medicine
Alternate Specialty: N
Board Certifications: Y
Hospital Affiliations: COMMUNITY HOSPITAL THE MONTEREY PENINSULA
Available by Referral Only
NPI:
Provider Languages: English
Staff Languages: English, Spanish
Accessibility: Basic - P, EB, IB, E, R
[Details](#)

MONTEREY, CA 93940 831-
Primary Specialty: Podiatric Medicine
Alternate Specialty: N
Board Certifications: Y
Hospital Affiliations: COMMUNITY HOSPITAL THE MONTEREY PENINSULA
Available by Referral Only
NPI:
Provider Languages: English
Staff Languages: English, Spanish
Accessibility: Basic - P, EB, IB, E, R
[Details](#)

1 - 3 of 3 items

12. View the results information:

- For Specialist and Other Provider searches, view the provider information, such as the address and phone number, primary specialty, whether the provider has an alternate specialty or board certification, hospital affiliations, National Provider Identifier (NPI), provider and staff languages spoken, and accessibility standards for seniors and persons with disabilities (click the “Accessibility” link to open a legend for the levels of access and the codes).
- For All Provider searches, view the provider and facility information, such as the address and phone number, National Provider Identifier (NPI), languages spoken, accessibility standards for seniors and persons with disabilities (click the “Accessibility” link to open a legend for the levels of access and the codes), and provider type (PCP, Specialist, Other, or Facility).

Section 3. Using the Menu Bar Functions

13. You can display additional details about a provider by clicking the “Details” link for the provider.

The screenshot shows a provider's profile page. At the top, there is a summary box with a "Details" link highlighted by a red arrow. Below this is the "Specialist Detail" section, which includes a "CCS: Y" status circled in red. The "Group Name /Office Locations" section at the bottom provides information about the provider's location, including address, hours, languages, and accessibility standards.

Provider Summary:
MERCED, CA 95340
209-
Primary Specialty: Urology And Urological Surgery
Alternate Specialty: N
Board Certifications: Y
Hospital Affiliations: None Reported
Available by Referral Only
NPI:
Provider Languages: English
Staff Languages: English
Accessibility: None Reported
[Details](#)

Specialist Detail
Font Size +
Reset Font
Cambiar a Español

Provider Name:
Gender: M
Provider NPI:
State Medical License Number:
Primary Specialty: Surgery
Specialties: Surgery; Colon And Rectal Surgery
Board Certifications: Surgery; Colon And Rectal Surgery
Groups:
CCS: Y
Provider Languages: English
Hospitals:

Group Name /Office Locations
MERCED, CA 95340
Extended Hours: N
All Hours: M: 8:00a - 5:00p Tu: 8:00a - 5:00p W: 8:00a - 5:00p Th: 8:00a - 5:00p F: 8:00a - 5:00p
Staff Languages: English, Cantonese, Spanish
Primary Office: Y
Accessibility: Basic - P, EB, IB, E, R
Access TTY: N
Access Public Transportation: 3 + Blocks
CHDP: N
CPSP: N

To report inaccuracies in the data presented, do one of the following:

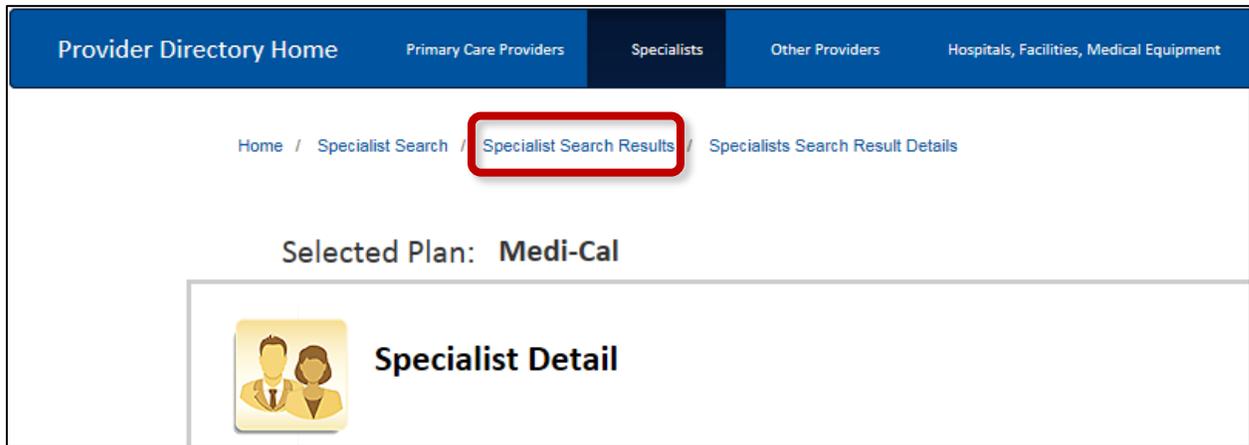
- Fill out the [online form](#)
- Call 877-778-3915
- Send an email to Directory@cch-alliance.org

The top of the page shows additional information about the provider, such as whether the provider is able to provide California Children’s Services (CCS) services. The Group Name/Office Locations section shows details about the location(s) with which the provider is affiliated, including the address, office hours, languages spoken, accessibility standards for seniors and persons with disabilities (click the “Accessibility” link to open a legend for the levels of access and the codes), whether the group/location has TTY capabilities, whether the facility is accessible via public transportation, and whether the group/location is a Child Health and Disability Prevention Program (CHDP) provider or a Comprehensive Perinatal Services Program (CPSP) provider.

14. To report inaccuracies in the information shown, you can click the “online form” link at the bottom of the provider details page to fill out and submit an online form, or you can contact the Alliance via phone or email as shown.

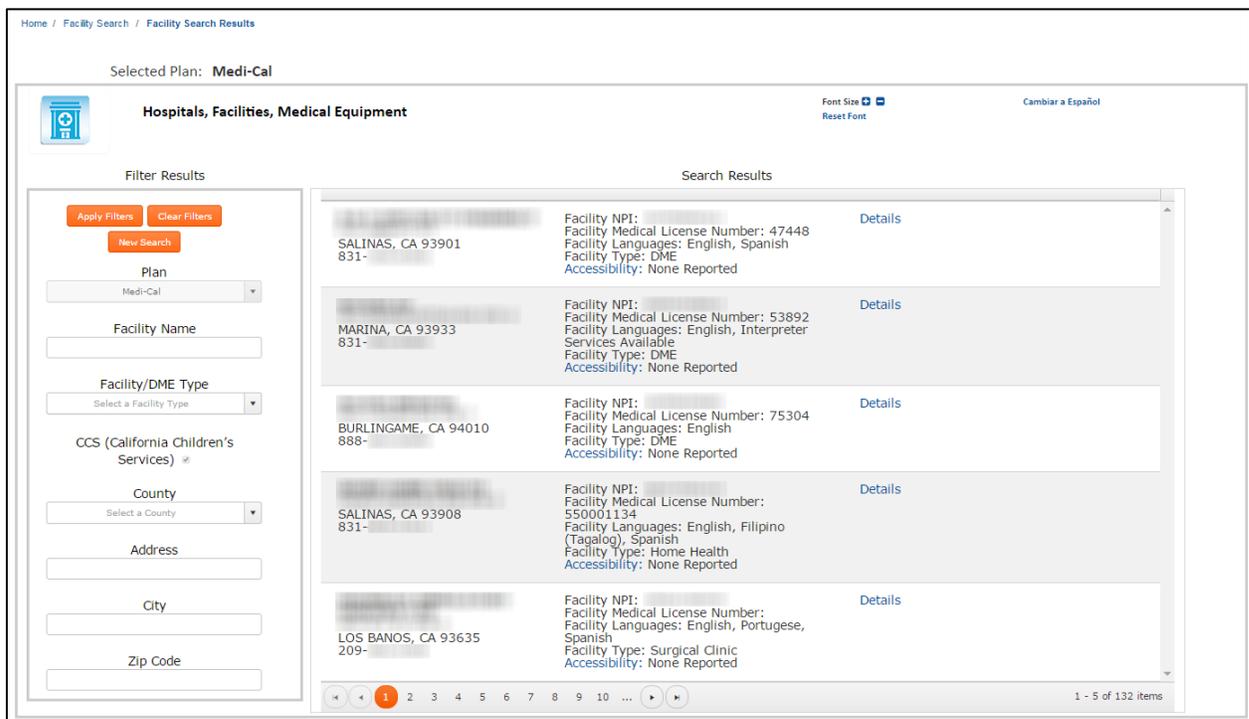
Section 3. Using the Menu Bar Functions

15. You can return to your search results from the provider details page by using the navigation path. Click the “Specialist Search Results,” “Other Provider Search Results” or “All Providers Search Results” link (depending on the provider type of your search). Return to step 12 above.



16. To continue, skip to step 19 on page 48.
17. For Hospitals, Facilities, Medical Equipment searches, the results display information about the facilities that match your search criteria.

NOTE: Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).



18. For each facility displayed, view the information, such as the address and phone number, National Provider Identifier (NPI), medical license number, languages spoken, facility type and accessibility

Section 3. Using the Menu Bar Functions

standards for seniors and persons with disabilities (click the “Accessibility” link to open a legend for the levels of access and the codes).

19. At any time, you can start a new search:

The screenshot shows the Provider Directory Home page. The navigation bar at the top includes "Provider Directory Home", "Primary Care Providers", "Specialists", "Other Providers", "Hospitals, Facilities, Medical Equipment", "All Providers", "Help", and "About This Directory". The main content area is titled "Primary Care Providers (PCP)" and shows search results for "Medi-Cal". A "Filter Results" box contains "Apply Filters", "Clear Filters", and "New Search" buttons. A "Search Results" box displays details for a provider in Capitola, CA, including staff languages and accessibility information. Red arrows and text annotations highlight three search options: "New search with different plan" (pointing to "Provider Directory Home"), "New search with different provider type and same" (pointing to "Specialists"), and "New search with same provider type and same plan" (pointing to "New Search").

- To start a new search with the **same** provider type and with the same health plan selection from the results view, click **New Search** in the Filter Results box. (Return to step 4 in “Provider Directory” above.)
- To start a new search with a **different** provider type and with the same health plan selection, click the corresponding provider type in the banner. (Return to step 4 in “Provider Directory” above.)
- To start a new search with a different health plan selection, click **Provider Directory Home** in the banner. (Return to step 2 in “Provider Directory” above.)

Section 3. Using the Menu Bar Functions

Prescription History

The Portal allows you to access a Member's Prescription History within a 91-day range. You can specify either a member's Social Security Number or Alliance Member ID.

The screenshot displays the 'Central California Alliance for Health: Provider Portal'. On the left is a navigation menu with the following items: Main (with a toggle switch), Home, Claims Search, RA Search, Overpayment Letters Search, Eligibility Verification, Provider Directory, Prescription History (highlighted with a red box and a red arrow), Data Submissions, Auths and Referrals (with a toggle switch), Reports (with a toggle switch), and Log Out (with a refresh icon). The main content area is titled 'Prescription History' and contains the following text: 'To access a Member's Prescription History enter the Social Security Number or Alliance Member ID. Then enter or select a custom date range to determine the timeframe of the Member's Prescription History.' Below this text are three input fields: 'Social Security Number* or Member ID:' (with a text input field and a note '*enter SS# without the dashes'), 'Date From:' (with a date input field containing '09/13/2017' and a calendar icon), and 'Date To:' (with a date input field containing '10/13/2017' and a calendar icon). A 'Find' button is located to the right of the 'Date To' field.

1. To display the Prescription History Search page, click Prescription History in the "Main" section of the menu bar.
2. Provide your search criteria:
 - Optionally, enter a member's Social Security Number or Member ID in the field provided.
 - Specify a date range in the Date From and Date To fields. You can type in the fields (MM/DD/YYYY), or click the calendar icons 📅 to select the dates. The date range cannot be more than 90 days. The default is the past 30 days.

Section 3. Using the Menu Bar Functions

- Click **Find**. The results display in the lower part of the page.

NOTE: Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

Fill Date	DrugDescription	Pharmacy	Quantity	Days Supply	Formulary (Y/N)
10/12/2017	FLUTICASONE PROP 50 MCG SPRAY	[REDACTED]	16.000	30	Y
10/12/2017	SM CHILD ALL DAY ALLER 1 MG/ML	[REDACTED]	118.000	23	Y
10/2/2017	LISINOPRIL 2.5 MG TABLET	[REDACTED]	30.000	30	Y

- Review the results table. Each row represents the information for one prescription. The columns are listed below:

- Fill Date** shows the date the medication was filled or refilled.
- Drug Description** shows information about the medication.
- Pharmacy** indicates the location that filled the prescription.
- Quantity** shows the count of the medication filled.
- Days Supply** is the number of days medication covers when taken as prescribed.
- Formulary (Y/N)** indicates whether this medication is in the [Alliance Pharmacy Formulary](#).

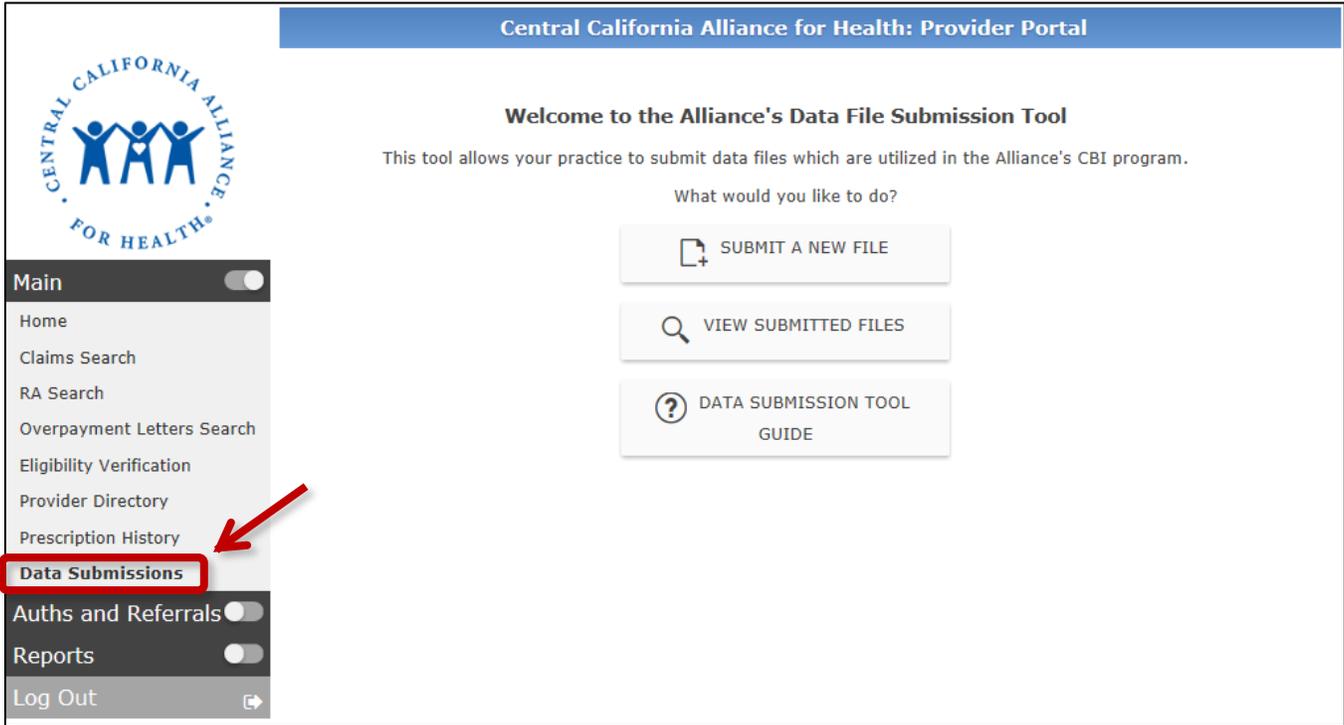
NOTE: Please check the Alliance Formulary linked above rather than relying on the indicator in the Formulary column.

- Sort the table by a column by clicking the column heading.
- Further refine the results by applying filters to one or more columns. Click the filter icon  in any column heading and build a filter from the choices (such as "Is equal to" or "Starts with"). You can define a second condition for a filter using the "And/Or" dropdown list. You can apply filters to more than one column.

Section 3. Using the Menu Bar Functions

Data Submissions

The Portal allows you to submit required supplemental data to the Alliance for the Care-Based Incentive (CBI) program. To display the Data File Submission page, click Data Submissions in the “Main” section of the menu bar.

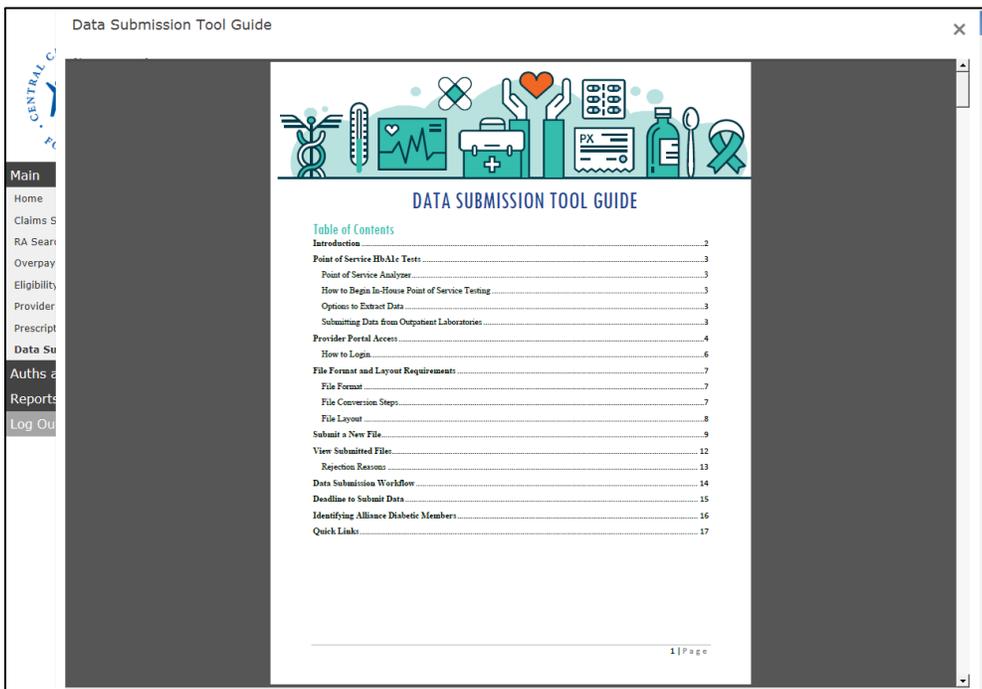
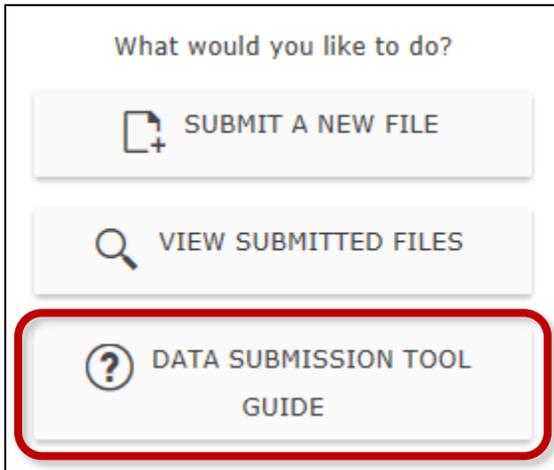


The screenshot displays the 'Central California Alliance for Health: Provider Portal' interface. On the left is a navigation menu with the following items: Main (with a toggle switch), Home, Claims Search, RA Search, Overpayment Letters Search, Eligibility Verification, Provider Directory, Prescription History, **Data Submissions** (highlighted with a red box and a red arrow pointing to it), Auths and Referrals (with a toggle switch), Reports (with a toggle switch), and Log Out (with an external link icon). The main content area features the Alliance logo and a blue header. Below the header, it says 'Welcome to the Alliance's Data File Submission Tool' and 'This tool allows your practice to submit data files which are utilized in the Alliance's CBI program.' Underneath, it asks 'What would you like to do?' and provides three buttons: 'SUBMIT A NEW FILE' (with a document icon), 'VIEW SUBMITTED FILES' (with a magnifying glass icon), and 'DATA SUBMISSION TOOL GUIDE' (with a question mark icon).

Section 3. Using the Menu Bar Functions

Data Submission Tool Guide

The [Data Submission Tool Guide](#) provides step-by-step instructions for submitting files with supplemental data. View, download, save and/or print the Data Submission Tool Guide to train or share with staff. Click **Data Submission Tool Guide** in the center of the Data File Submission page to open a PDF version of the guide in a dialog box. Use the controls on the PDF window to save or print the guide.



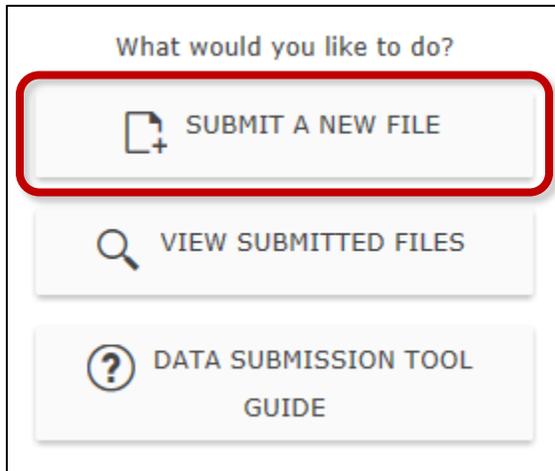
Section 3. Using the Menu Bar Functions

New File Submission

This section describes how to submit required supplemental data to the Alliance for the CBI program.

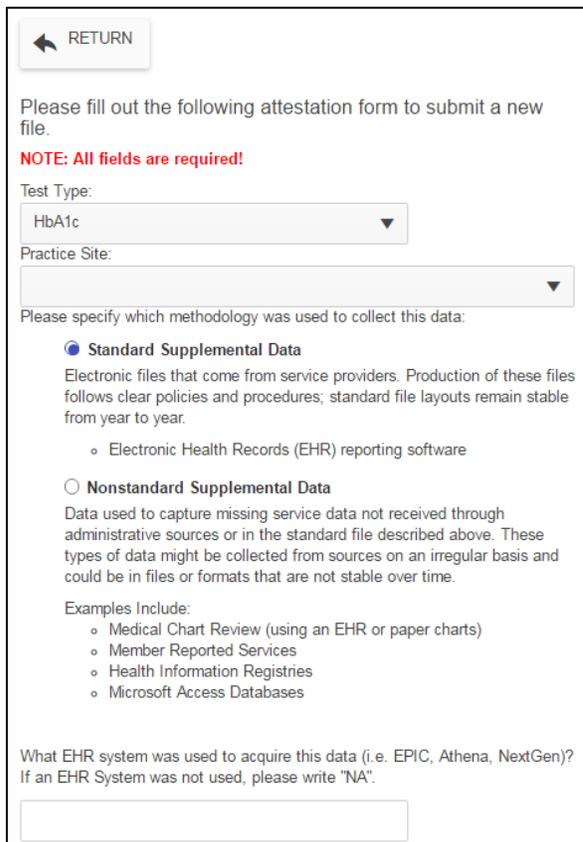
IMPORTANT: Files for submission must be in comma-separated values (CSV) format or tab-delimited format and must adhere to a specific layout. For instructions to create CSV or tab-delimited files from Excel files and details about the required file layout, see the [Data Submission Tool Guide](#).

1. Click **Submit a New File** in the center of the Data File Submission page to open the Attestation form.



What would you like to do?

- SUBMIT A NEW FILE** (highlighted with a red box)
- VIEW SUBMITTED FILES
- DATA SUBMISSION TOOL GUIDE



← RETURN

Please fill out the following attestation form to submit a new file.

NOTE: All fields are required!

Test Type:
HbA1c

Practice Site:

Please specify which methodology was used to collect this data:

- Standard Supplemental Data**
Electronic files that come from service providers. Production of these files follows clear policies and procedures; standard file layouts remain stable from year to year.
 - Electronic Health Records (EHR) reporting software
- Nonstandard Supplemental Data**
Data used to capture missing service data not received through administrative sources or in the standard file described above. These types of data might be collected from sources on an irregular basis and could be in files or formats that are not stable over time.
Examples Include:
 - Medical Chart Review (using an EHR or paper charts)
 - Member Reported Services
 - Health Information Registries
 - Microsoft Access Databases

What EHR system was used to acquire this data (i.e. EPIC, Athena, NextGen)?
If an EHR System was not used, please write "NA".

Section 3. Using the Menu Bar Functions

2. In the upper part of the form, select the Test Type from the dropdown list: "HbA1c" or "Cervical Cancer Screenings (PAP & HPV)."
3. Select your Practice Site from the dropdown list, which displays all practice sites linked to the National Provider Identifier (NPI) associated with your site.
4. Select the appropriate option button to indicate how the data in the submission file was collected:
 - **Standard Supplemental Data** includes electronic files from service providers. Production of these files follows clear policies and procedures; standard file layouts remain stable from year to year. For example, Electronic Health Records (EHR) reporting software.
 - **Nonstandard Supplemental Data** includes data used to capture missing service data not received through administrative sources or in the standard file described above. These types of data might be collected from sources on an irregular basis and could be in files or formats that are not stable over time. See the Attestation page for examples.
5. In the text field provided, type the name of the EHR system that was used to collect the data. Type "N/A" if no EHR system was used.
6. In the lower part of the form, enter your contact information, indicating that you are the person submitting the file.

Submitter Name

First Name	Last Name
------------	-----------

Position Title

Submitter E-mail *Confirmation report will be sent to this email address

E-mail	Re-Enter E-mail
--------	-----------------

Submitter Phone

Attestation

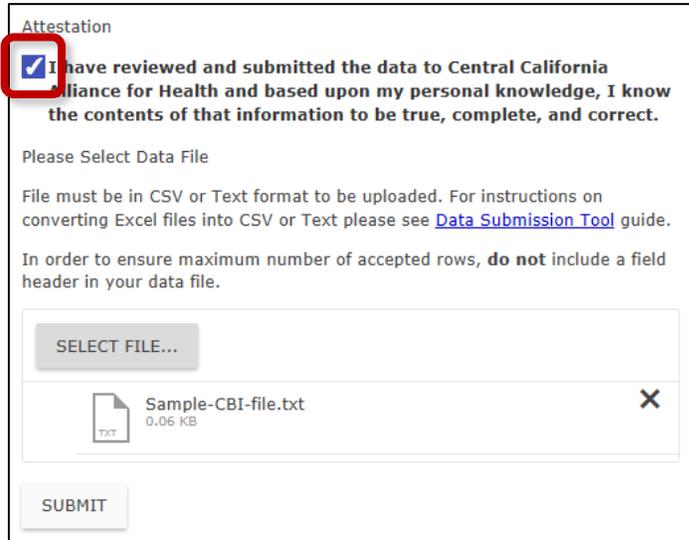
I have reviewed and submitted the data to Central California Alliance for Health and based upon my personal knowledge, I know the contents of that information to be true, complete, and correct.

SUBMIT

NOTE: An email confirmation will be sent to the email address provided on the attestation form within one business day. The email contains your site information, the name of the file submitted, the date the Alliance received the file, the number of lab results submitted and the number of those records that were accepted and rejected.

Section 3. Using the Menu Bar Functions

7. Select the Attestation checkbox to declare that the file you are submitting has been reviewed and the information is correct and complete. The Attestation page expands, allowing you to select a file from your computer or network.



Attestation

I have reviewed and submitted the data to Central California Alliance for Health and based upon my personal knowledge, I know the contents of that information to be true, complete, and correct.

Please Select Data File

File must be in CSV or Text format to be uploaded. For instructions on converting Excel files into CSV or Text please see [Data Submission Tool](#) guide.

In order to ensure maximum number of accepted rows, **do not** include a field header in your data file.

SELECT FILE...

Sample-CBI-file.txt
0.06 KB

SUBMIT

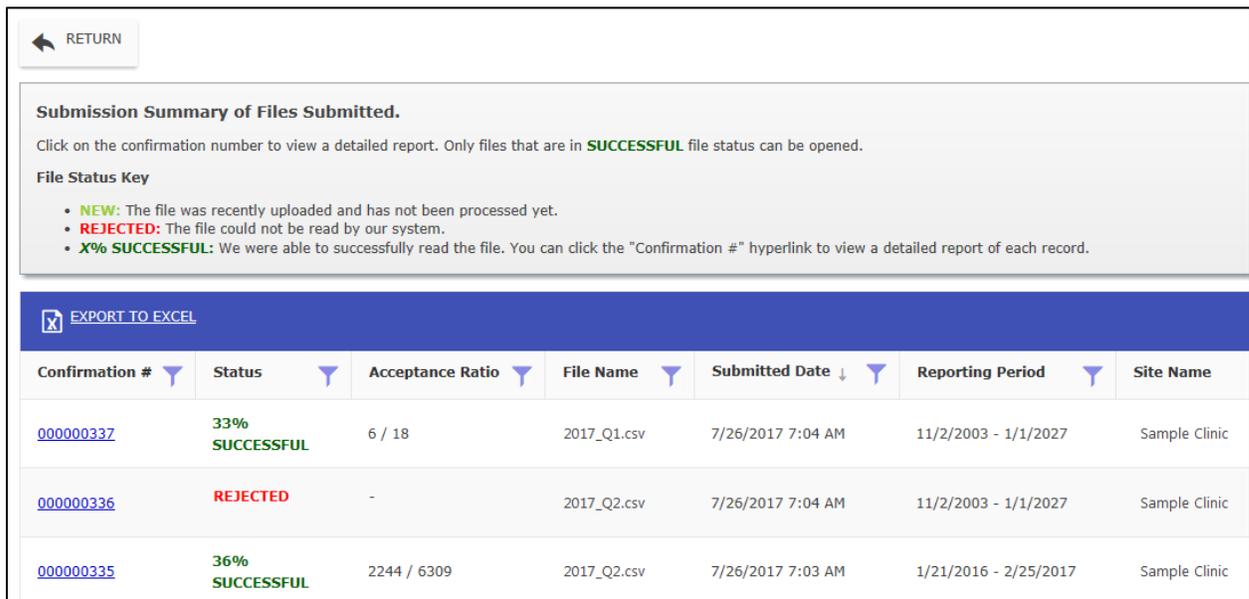
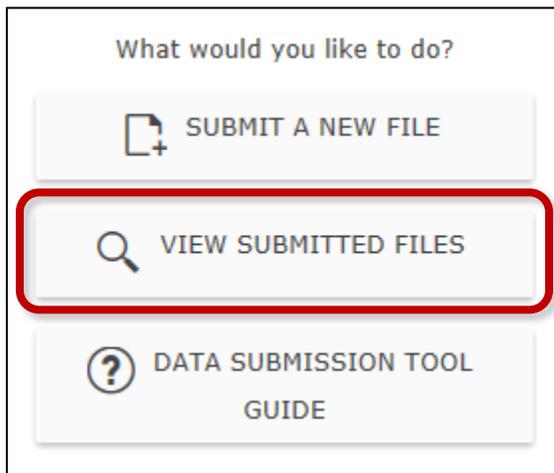
8. Click **Select File**, and in the “Choose File to Upload” dialog box, navigate to and select the appropriate file, and click **Open**.
9. On the Attestation form, click **Submit**.

Section 3. Using the Menu Bar Functions

View Submitted Files

If you have submitted files, you can confirm the acceptance success of the data. For rejected records within a file, you can review the rejection reasons so that you can correct the data and resubmit the file.

1. Click **View Submitted Files** in the center of the Data File Submission page to display the File Submission Summary page.



A screenshot of the "Submission Summary of Files Submitted" page. It includes a "RETURN" button, a title, a note about opening files, a "File Status Key" with definitions for NEW, REJECTED, and SUCCESSFUL, an "EXPORT TO EXCEL" button, and a table of submission records.

Confirmation #	Status	Acceptance Ratio	File Name	Submitted Date	Reporting Period	Site Name
000000337	33% SUCCESSFUL	6 / 18	2017_Q1.csv	7/26/2017 7:04 AM	11/2/2003 - 1/1/2027	Sample Clinic
000000336	REJECTED	-	2017_Q2.csv	7/26/2017 7:04 AM	11/2/2003 - 1/1/2027	Sample Clinic
000000335	36% SUCCESSFUL	2244 / 6309	2017_Q2.csv	7/26/2017 7:03 AM	1/21/2016 - 2/25/2017	Sample Clinic

2. Review the table. Each row represents a file that was submitted under the NPI number of your site. If multiple sites are linked, those files display as well.
3. Sort the table by a column by clicking the column heading. By default, the table is sorted by the Submitted Date column.
4. Further refine the results by applying filters to one or more columns. Click the filter icon  in any column heading and specify a filter from the choices (such as "Is equal to" or "Starts with"). You can apply filters to more than one column.

Section 3. Using the Menu Bar Functions

- The Status column shows the success rate of each submitted file. See the File Status Key at the top of the page for an explanation of the Status.

NOTE: Thoroughly review your submissions to ensure all lines were uploaded successfully.

- Export the file summary information to Excel:
 - In the blue bar in the middle of the page, click **Export To Excel**.
 - Depending on your browser and its configuration, you are prompted to open or download the exported Excel file.
 - In the file, you can use Excel functions such as sort, filter, search, sum, and print.
- Display a detailed report for a successfully submitted file:
 - Click the link in the Confirmation # column to display the Submission Details page.

← RETURN

Details for Submission Id 000000205

File Name: 2017_Q2.csv

Submitted Date: 7/19/2017 9:59 AM

Total Records Submitted: 9

Total Records Accepted: 4

EXPORT TO EXCEL

Data Validation Results	Rejection Reason(s)	Alliance Member ID	DOB	HbA1c Screening Date	CPT Code	LOINC Code	HbA1c Test Value
ACCEPTED		XXXXXXXXXX	11/23/2...	4/27/2017	83036		7.0
ACCEPTED		XXXXXXXXXX	1/20/2004	4/10/2017		4548-4	3.0
ACCEPTED		XXXXXXXXXX	7/24/2009	4/14/2017	3045F		13.0
ACCEPTED		XXXXXXXXXX	4/20/2004	5/19/2017	83036		5.0
REJECTED		XXXXXXXXXX	4/20/2004	5/19/2017	83036		1.0
REJECTED	• INVALID RESULT	XXXXXXXXXX	4/20/2004	5/19/2017	83036		INVALID
REJECTED	• MEMBER INVALID ID	INVALID	10/8/2002	2/19/2016	3046F		14.0
REJECTED	• INVALID FORMAT FOR DATE OF BIRTH	XXXXXXXXXX	12/31/9999	3/16/2016	83036		17.8

The top of the page shows data about the file. The lower part of the page shows each record in the file. The Data Validation Results column shows whether the record was accepted or rejected, and the Rejection Reason(s) column gives the reason a record was rejected. You can correct the error in your data file and resubmit it. For details about the rejection reasons, see the [Data Submission Tool Guide](#).

- Export details information to Excel similarly to step 6 above.
- Click **Return** to go back to the File Submission Summary page.

Section 3. Using the Menu Bar Functions

Auths and Referrals

The “Auths and Referrals” section of the menu bar provides functions to perform authorization and referral searches and entry.

Learn more about Authorizations and Referrals by reviewing the resources on the [Referrals and Authorizations Webinar page](#) within the [Alliance Training page](#). You can also access the resources here:

- [Referrals and Authorizations Webinar Recording](#)
- [Referrals and Authorizations Webinar \(PDF\)](#)
- [Referrals and Authorizations FAQ \(PDF\)](#)
- [Authorization Request Example \(PDF\)](#)
- [Authorized Referral Example \(PDF\)](#)
- [RAF Form Example \(PDF\)](#)

Authorization/Referral Search

The Portal allows you to search authorizations and referrals that have been entered into the Portal. You can search by Authorization or Referral Number, Alliance member information or authorization/referral details.



The screenshot displays the 'Central California Alliance for Health: Provider Portal' interface. On the left, a sidebar menu is visible with the 'Auths and Referrals' section expanded, and 'Authorization / Referral Search' highlighted. A red arrow points to this menu item. The main content area shows the 'My Authorizations' page with a search form. The form includes fields for Auth Number, Member ID, Member First Name, Member Last Name, Member SSN, Member DOB, Authorization Class, Authorization Sub Class, Authorization Status, and Created Date Range. A 'SEARCH' button is located at the bottom of the form.

1. To display the Authorizations and Referrals Search page, click Authorization / Referral Search in the “Auths and Referrals” section of the menu bar.

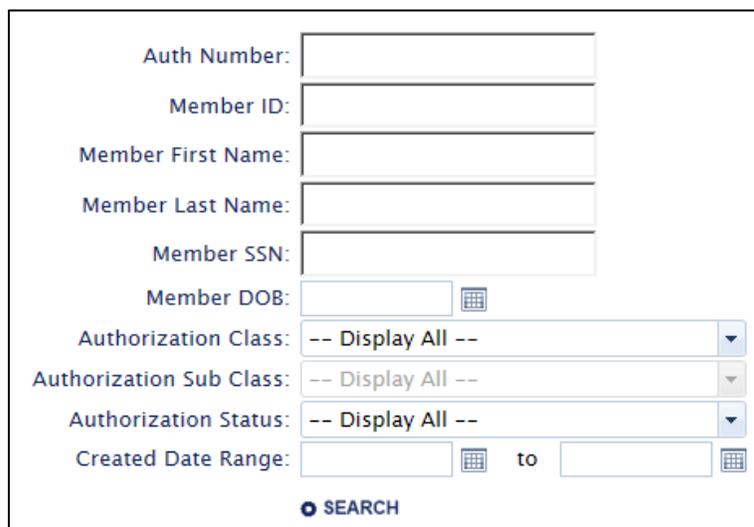
NOTE: If the “Auths and Referrals” section of the menu bar is not expanded, click the menu toggle button  in the section header to display its functions.

Section 3. Using the Menu Bar Functions

2. Provide your search criteria. At a minimum, provide one of the following combinations of data in the fields provided:
 - Authorization Number or Referral Number (in the Auth Number field) – returns specific Authorization or Referral requested.
 - Member ID and Member DOB (Date of Birth); type in the field (M/D/YYYY) or click the calendar icon  to select the date – returns all Authorizations and Referrals associated with the member.
 - Member SSN and Member DOB – returns all Authorizations and Referrals associated with the member.
 - Member First Name, Member Last Name and Member DOB – returns all Authorizations and Referrals associated with member.
 - Created Date Range (from and to); type in the fields (M/D/YYYY) or click the calendar icons  to select the dates, up to a one-year range – if you provide only a date range, returns all authorizations within that range that were submitted by the provider who is logged in.

NOTE: You can search for Service Authorization Requests (SARs) by entering the Member ID and DOB or Member SSN and DOB.

3. Optionally, to narrow your search results, select an Authorization Class, an Authorization Sub Class and/or an Authorization Status in their respective dropdown lists.



The screenshot shows a search form with the following fields and controls:

- Auth Number:
- Member ID:
- Member First Name:
- Member Last Name:
- Member SSN:
- Member DOB: 
- Authorization Class: 
- Authorization Sub Class: 
- Authorization Status: 
- Created Date Range:  to 
-

Section 3. Using the Menu Bar Functions

- Click **Search**. The Search Results page displays the authorizations that match your search criteria.

NOTE: Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

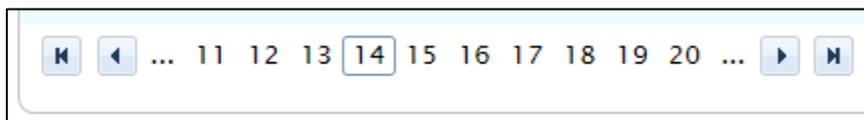
Search Results

Displaying 51 authorizations that matched your search criteria.

MODIFY SEARCH

Auth #	Member ID	Member	Requesting	Servicing	Class/SubClass	Type	Status	Requested		
V171	MEMBER ID	MEMBER NAME	REQUESTING	SERVICING	Referral (Authorized Referral)	Pre-Service	Approved	10/4/2017		
V171	MEMBER ID	MEMBER NAME	REQUESTING	SERVICING	Referral (Authorized Referral)	Pre-Service	Void	10/4/2017		
C171	MEMBER ID	MEMBER NAME	REQUESTING	SERVICING	Referral (Consultation Request)	Pre-Service	Approved	10/4/2017		
C171	MEMBER ID	MEMBER NAME	REQUESTING	SERVICING	Referral (Consultation Request)	Pre-Service	Approved	10/4/2017		
D171	MEMBER ID	MEMBER NAME	REQUESTING	SERVICING	DME (Orthotics)	Pre-Service	Approved	10/4/2017		

- Review the results table. Each row represents the information for one authorization.
- Sort the table by a column by clicking the column heading. By default, the table is sorted by the Requested Date column.
- When there is more than one page of authorizations in your search results, controls display at the bottom of the page.

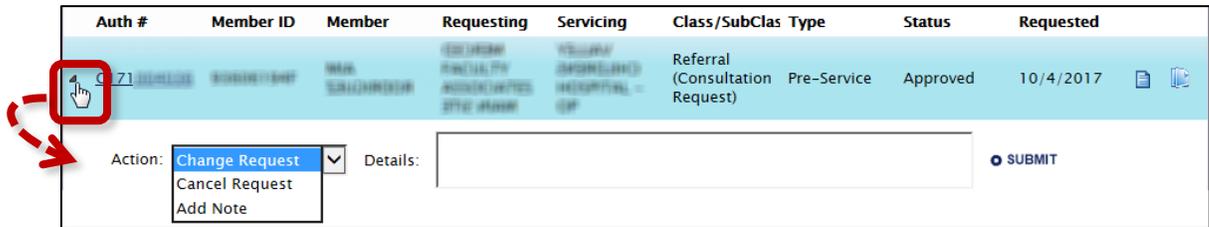


Click the controls to navigate the results:

- Display the next page
- Display the last page
- Display the previous page
- Display the first page
- Show the previous/next group of pages (for more than 10 pages)
- Page number — Display the corresponding page

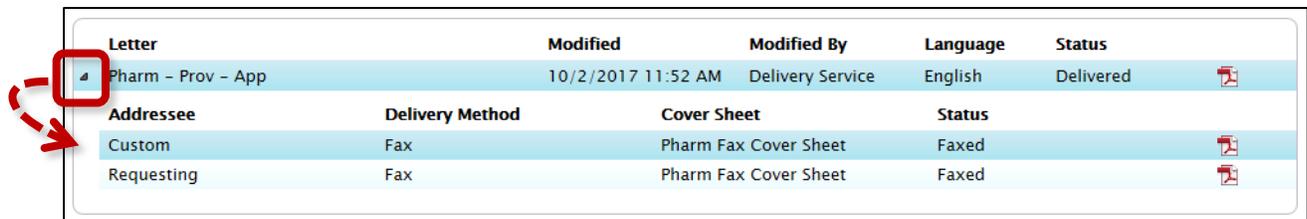
Section 3. Using the Menu Bar Functions

8. You can change or cancel the request, or you can add a note to the request:
 - a. At the far left of the row in the results table, click the “expand” icon  to show additional fields.



The screenshot shows a table with columns: Auth #, Member ID, Member, Requesting, Servicing, Class/SubClas Type, Status, and Requested. A row is selected, and an expand icon (a small square with a right-pointing arrow) is highlighted with a red box and a red arrow. Below the table, an 'Action' dropdown menu is open, showing three options: 'Change Request', 'Cancel Request', and 'Add Note'. A 'Details' text input field and a 'SUBMIT' button are also visible.

- b. To change the request, select “Change Request” in the Action dropdown list, enter a description of the change in the Details field and click **Submit**. The modification is added to the record.
 - c. To cancel the request, select “Cancel Request” in the Action dropdown list, enter a reason for the cancellation in the Details fields, and click **Submit**. The Alliance Authorizations Department will void the request.
 - d. To add a note to the request, select “Add Note” in the Action dropdown list, type the note in the Details fields and click **Submit**.
9. View the correspondence related to a request: Click the correspondence icon  in the right margin of the results table. In the window that opens, click the PDF icon  to view a PDF version of each letter. Note that some letters have multiple parts. Click the “expand” icon  to view the parts.



The screenshot shows a table with columns: Letter, Modified, Modified By, Language, and Status. A row is selected, and a correspondence icon (a document with a right-pointing arrow) is highlighted with a red box and a red arrow. Below the table, an expanded view shows details for the selected letter, including 'Addressee', 'Delivery Method', 'Cover Sheet', and 'Status'.

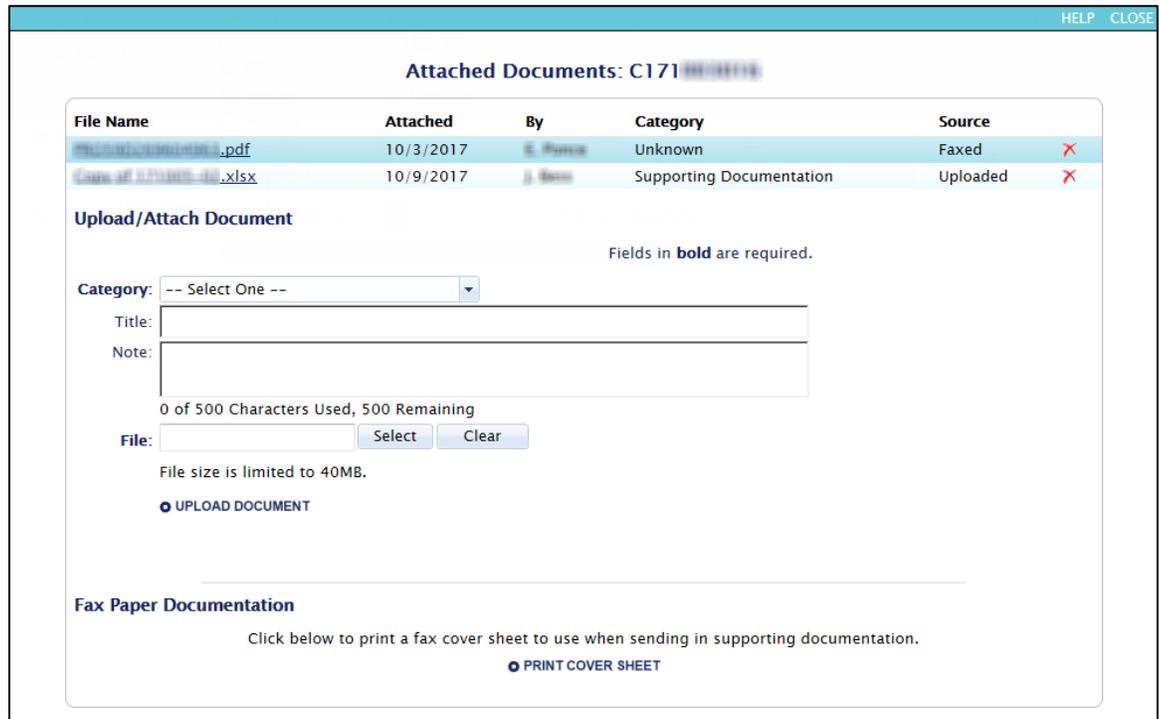
Letter	Modified	Modified By	Language	Status
Pharm - Prov - App	10/2/2017 11:52 AM	Delivery Service	English	Delivered

Addressee	Delivery Method	Cover Sheet	Status
Custom	Fax	Pharm Fax Cover Sheet	Faxed
Requesting	Fax	Pharm Fax Cover Sheet	Faxed

Section 3. Using the Menu Bar Functions

10. View or add attached documents, or generate a fax cover sheet:

- a. Click the attached documents icon  in the right margin of the results table. A window opens, showing details about any documents attached to the request.



File Name	Attached	By	Category	Source
[redacted].pdf	10/3/2017	E. Perera	Unknown	Faxed 
[redacted].xlsx	10/9/2017	J. Bess	Supporting Documentation	Uploaded 

Upload/Attach Document

Fields in **bold** are required.

Category:

Title:

Note:

0 of 500 Characters Used, 500 Remaining

File:

File size is limited to 40MB.

Fax Paper Documentation

Click below to print a fax cover sheet to use when sending in supporting documentation.

- b. To open and view the document, click a document File Name.
- c. For documents with a notepad icon  to the right of the File Name, click the icon to view the title and notes that were added when the document was uploaded.
- d. To delete a document, click the delete icon  at the right of a document's row.
- e. To upload a new document, select a Category, add a Title for the document and an optional Note, click **Select** to navigate to and select a file, and click **Upload Document**.
- f. To generate a fax cover sheet for a document related to this request, click **Print Cover Sheet** at the bottom of the window. A pre-populated PDF cover sheet opens. Use the controls on the PDF window to save or print the cover sheet.
- g. Click **Close** in the upper right corner to close the window.

Section 3. Using the Menu Bar Functions

11. View an authorization summary and access its functions:

- a. In the Auth # column (first column) of the search results, click the authorization number link to open an Authorization Summary window, which shows the details of the authorization or referral.

Auth # **Member ID**

[C171](#) [XXXXXXXXXX](#)

HELP CLOSE

Authorization Summary

EXPORT TO PDF

Authorization Info

Essette Auth #: [C171](#) **ATTACHED DOCUMENTS**

Other Ref #: - Auth Type: Pre-Service

Auth Class: Referral (Consultation Request) Request Date: 10/4/2017

Status: Approved Determination Date: -

Priority: Routine Authorized Period: 10/4/2017 - 10/4/2018

LOB: MEDICAL-NEED-CAL MANAGED-CARE PROGRAM Admission/Service Date: -

Member Name: [MAN, NICHOLAS](#) Member ID: [XXXXXXXXXX](#)

Address: [11111 LITTLEBROOKFIELD DR](#) -

 APT 6 Date of Birth: 10/06/2013 (Age: 4)

 MERCED, CA 95369-1814 Phone: (209) 874-XXXX

Requesting Provider: [MERCED COUNTY ASSOCIATED HOSPITALS](#)

Servicing Provider: [VALLEY CARE CENTER - OP](#)

Department

Orthopedics

Chief Complaint

Elbow fracture

Code	Code Set	Description
S42412A	ICD-10	DISPLACED SIMPLE SUPRACONDYLAR FRACTURE WITHOUT INTERCONDYLAR FRACTURE OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE

Qty Req'd	Determination	Qty Approved	Code	Description
11	Approved	11	U0005	Consultation With Follow-up Visits

Notes

Created	Created By	Category (Sub Category)	Note
10/4/2017 8:27 AM	Steve Grayberg	E-Portal	The requesting provider requested correspondence be sent to the following number(s): MERCED COUNTY ASSOCIATED HOSPITALS (209) 874-XXXX; Customer Contact - Dept Referrals Contact Center (209) 874-XXXX

- b. Export the authorization summary information to a PDF file: Click **Export To PDF** in the upper right corner. Depending on your browser and its configuration, you are prompted to open or download the exported PDF file. Use the controls on the PDF window to save or print the file.
- c. View provider information: Click the Prescribing Provider (if present), Requesting Provider or Servicing Provider links to display a page with details about the provider.

Section 3. Using the Menu Bar Functions

- d. View the Notes at the bottom of the Authorization Summary window. (You can add a new note by returning to step 8 above.)
- e. View and add attached documents: Click **Attached Documents** in the upper right corner and then follow the instructions in step 10 above.

NOTE: You cannot generate a fax cover sheet from this window.

- f. For Transportation requests, you can add a new request directly from the Authorization Summary window. Click **Add New Request**. In the expanded section, enter the information for the new request and click **Save**.

ADD NEW REQUEST
Assessments

Add Transportation Request:

Appt. Date/Time:

Will Call

Recurrence: Sunday Thursday
 Monday Friday
 Tuesday Saturday
 Wednesday

End Date:

Pick-Up Location:

Pick-Up Date/Time:
 Will Call

Drop-Off Location:

Return Date/Time:
 Will Call

Note: (optional)

SAVE **CANCEL**

Assessments

- g. Also for Transportation requests, if an assessment has been performed, you can view its details by clicking the corresponding heading in the "Assessments" section of the page.

ADD NEW REQUEST
Assessments

Show History

Transportation Assessment

- h. Click **Close** in the upper right corner to close the Authorization Summary window.

Section 3. Using the Menu Bar Functions

Authorization / Referral Entry

The Portal simplifies the process of entering authorizations and referrals. You specify the authorization class and type, select a member, add the details and attach any supporting documents. Although you use the same function in the Portal to enter both authorizations and referrals, the instructions are given separately because of the differences in the information you provide for each type of request.

Begin by clicking Authorization / Referral Entry in the “Auths and Referrals” section of the menu bar to display the Submit Auth/Referral Request page, then proceed to “Referral Entry” on page 66 or to “Authorization Entry” on page 73.

The screenshot displays the 'Submit Auth/Referral Request' page in the Central California Alliance for Health Provider Portal. The page features a navigation menu on the left with sections for 'Main', 'Auths and Referrals', 'Reports', and 'Log Out'. The 'Auths and Referrals' section is expanded, showing 'Authorization / Referral Search' and 'Authorization / Referral Entry'. The main content area is titled 'Submit Auth/Referral Request' and includes a user login status 'J Jones is currently logged in.' and buttons for 'HOME' and 'LOG OUT'. The page is divided into four steps: Step 1: Select a member and classification (with dropdowns for Submitted By, Auth Class, Auth Sub-Class, and Auth Type), Step 2: Complete detail fields, Step 3: Attach supporting documentation, and Step 4: View confirmation and PDF summary. A 'CONTINUE' button is located at the bottom right of the form area.

NOTE: If the “Auths and Referrals” section of the menu bar is not expanded, click the menu toggle button  in the section header to display its functions.

Section 3. Using the Menu Bar Functions

Referral Entry

1. In the **Step 1** section of the Submit Auth/Referral Request page, perform the following:
 - a. If the Submitted By dropdown list is present, select the related facility for the referral.
 - b. In the Auth Class dropdown list, select "Referral."

Step 1: Select a member and classification.

Fields in **bold** are required.

Submitted By: [dropdown]

Auth Class: -- Select One --

Auth Sub-Class: -- Select One --

Auth Type: DME

Date of Service/Admission: Inpatient

Member: Outpatient
Pharmacy
Referral
Transportation / Non-Emergent
Wheelchairs

CONTINUE

- c. In the Auth Sub-Class dropdown list, select "Referral."
 - d. In the Auth Type dropdown list, select "Pre-Service" or "Post-Service." If you select "Post-Service," you must also specify a Date of Service/Admission. Type a date or click the calendar icon  to select a date.

Auth Class: Referral

Auth Sub-Class: Referral

Auth Type: Post-Service

Date of Service/Admission: [calendar icon]

Member: Enter Member ID, SSN, partial name or leave blank for full search. SEARCH

- e. In the Member search field that displays, enter a Member ID, SSN, or a partial first or last name, or leave the field blank to use the Full Search.
 - f. Click **Search**.
 - If only one member matches your search criteria, the member's name and Member ID replace the Member field.

Section 3. Using the Menu Bar Functions

- If no members match your search criteria or if you left the Member field blank, a Member Search dialog box opens, allowing you to use the Full Search. Provide your criteria, and then click **Search**. Tip: You can enter just the first few characters in a field and/or you can use the % wildcard (for example, enter “johns%on” in the Last Name field to find members with the name “Johnson” or “Johnston”).

- If more than one member matches your search criteria, a list of matching members displays. Click a column heading to sort by that column. Click the “select” icon  adjacent to the appropriate member.

Member ID	SSN	Member Name	DOB	Phone	M/F
000000001	000000000	SHAPIRO	01/01/1980	0000000000	F
000000002	000000000	SHAPIRO	01/01/1980	0000000000	M
000000003	000000000	SHAPIRO	01/01/1980	0000000000	F

- When you have selected one member, the member’s information displays with any referrals *of the same Auth Class* (referrals in this case) from the past 12 months. You can view details of a referral by clicking the “expand” icon  in the list of referrals. You can view an Authorization Summary by clicking the link in the Auth Number column. (See step 11.a. in the “Authorization / Referral Search” section above.)

Auth Class: Referral
 Auth Sub-Class: Referral
 Auth Type: Pre-Service
 Date of Service/Admission:
 Member: SHAPIRO (000000001) MODIFY

The following Referral authorizations were created for SHAPIRO during the past year.

Auth Number	Sub Class	Type	Service Provider	Service Date	Auth Status
C17	Consultation Request	PRE			Approved
V17	Authorized Referral	PRE			Void
C17	Consultation Request	PRE			Approved

CONTINUE

NOTE: Members who are Administrative Members, not currently eligible, or not linked to your login account do not appear in the search results.

Section 3. Using the Menu Bar Functions

- g. Click **Continue** in the lower right of the Step 1 section to advance to the Step 2 section.

NOTE: While you are working in the Step 2 section, you can click the **Step 1** heading to review or modify the information in that section. Click **Continue** to return to the Step 2 section.

2. In the **Step 2** section of the Submit Auth/Referral Request page, perform the following:
 - a. Note the auto-populated Member's PCP information link. The Requesting Provider link shows the name and National Provider Identifier (NPI) for the provider chosen in the previous step. Click the links to display details in a new window.

Step 1: Select a member and classification.

Step 2: Complete detail fields.

Fields in **bold** are required.

Member's PCP: [MEMBER MEDICAL GROUP OF THE CENTRAL COAST - SALINA NPI # 1000000000](#)

Requesting Provider: [MEMBER PARTIAL BY ASSOCIATED NPI# SITE NPI# 1000000000](#)

Servicing Provider:

Requesting Provider Contact Info:

Requesting Provider Custom Info: Department: Contact: Fax:

Specialty/Department:

Chief Complaint:

0 of 1000 Characters Used, 1000 Remaining

Diagnoses: Code Description

No diagnoses have been added.

Add:

Services: Qty Code Description

No services have been added.

OR Select specific service:

Dates of Service: to

Priority:

Additional Information:

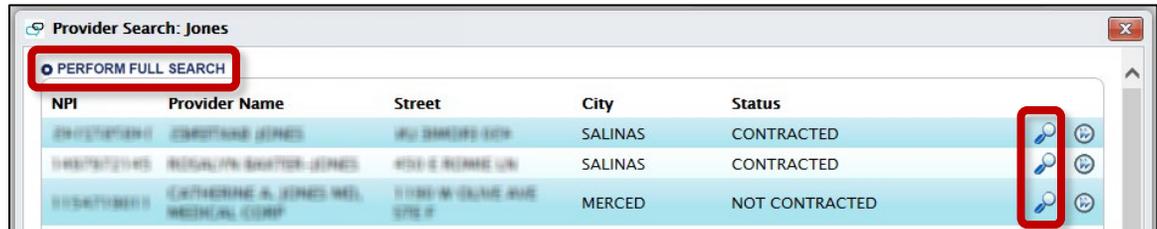
0 of 2000 Characters Used, 2000 Remaining

2. In the Servicing Provider field, enter a Provider ID, NPI, or a partial first or last name, or leave the field blank to use the Full Search.

NOTE: Servicing Provider refers to the Place of Service or where the member will be seen. If you are referring the member to a private practice, enter the Specialist's information. Local referral requests submitted through the Portal will automatically approve.

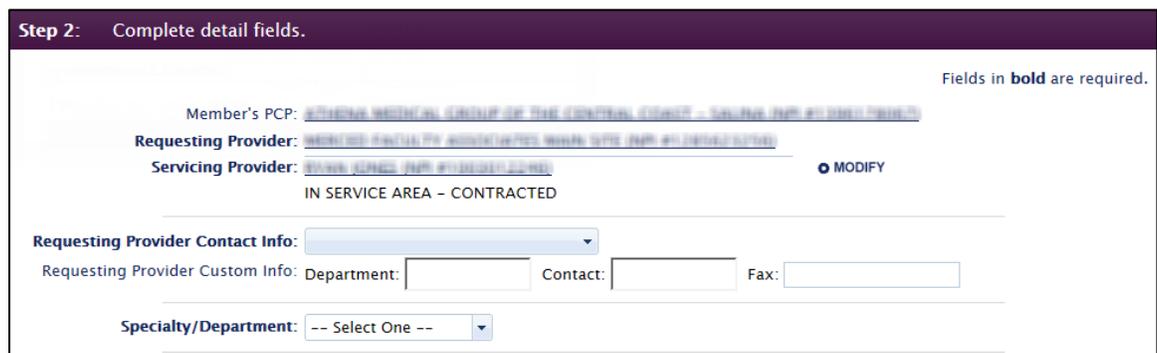
Section 3. Using the Menu Bar Functions

- c. Click **Search**. The provider search functions similarly to the member search in the previous step, including the Full Search feature. The provider search results also include a link to an additional provider information window by clicking the magnifying glass icon .



NPI	Provider Name	Street	City	Status
000000000	COROTINE JONES	400 BARKER LN	SALINAS	CONTRACTED
000000000	REGALYN BRITTON JONES	400 E BARKER LN	SALINAS	CONTRACTED
000000000	CATHERINE A. JONES MD, MEDICAL CORP	1100 W CALNE AVE STE 2	MERCED	NOT CONTRACTED

When you have selected a servicing provider, the provider's name and NPI display as a link, which you can click to view additional information in a new window. The provider's In/Out of Service Area status and contract status also displays.



Step 2: Complete detail fields.

Fields in **bold** are required.

Member's PCP: [GENERAL MEDICAL GROUP OF THE CENTRAL COAST - SALINAS NP#000000000](#)

Requesting Provider: [MERCED FACILITY ASSOCIATED WITH STE NP#000000000](#)

Servicing Provider: [CYNTHIA JONES NP#000000000](#) MODIFY

IN SERVICE AREA - CONTRACTED

Requesting Provider Contact Info:

Requesting Provider Custom Info: Department: Contact: Fax:

Specialty/Department:

- d. In the Requesting Provider Contact Info dropdown list, click to select the appropriate choice(s) for your facility/office that includes your personal contact information: name, phone and fax numbers. You can select more than one choice.

If the appropriate information is not available in the dropdown list, complete the Requesting Provider Custom Info section, providing your Department, Contact Name and Fax Number. The Alliance requires this information in order to contact you with any questions about the request and to fax the authorization determination for the request. Lack of this information may cause a delay in status determination and additional need notification.

- e. In the Specialty/Department dropdown list, select the specialty or department that will perform the services. **IMPORTANT:** The request will be voided for "Not Enough Information" if you do not specify the Specialty/Department.

Section 3. Using the Menu Bar Functions

- f. In the Diagnoses section, type part or all of the diagnosis code or description in the Add field (Tip: use the % wildcard, such as “fracture%finger”), and click **Search**. In the list of matching diagnosis codes, click the “select” icon  adjacent to the appropriate code. You can add multiple diagnosis codes by repeating this step. Click the delete icon  to remove a diagnosis code.



Code	Description
562601B	FRACTURE OF UNSPECIFIED PHALANX OF LEFT INDEX FINGER, INITIAL ENCOUNTER FOR OPEN FRACTURE

IMPORTANT: Use ICD-10 Codes for the diagnosis codes. If the ICD-10 code is not available, include the diagnosis description in the Chief Complaint field.

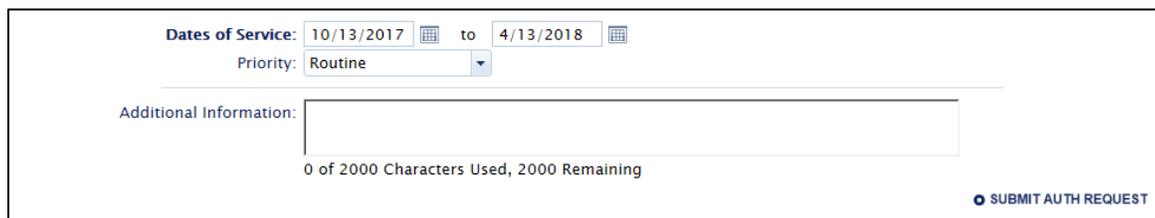
- g. In the Services section, select a value from the dropdown list: Consultation Visit, Consultation With Follow-up Visits, or Follow-up Visits ONLY, and then click **Add**. In the Qty field, enter the appropriate quantity. You can add multiple services by repeating this step. Click the delete icon  to remove a service.



Qty	Code	Description
1		Consultation With Follow-up Visits

NOTE: When referring for Physical Therapy, Speech Therapy, Occupational Therapy, Radiology, Hospital for Diagnostic or Acupuncture, you can refer with one consult only. Specialists will submit a request for Authorization if additional services are needed.

- h. In the Dates of Service fields, type or select the date range (or the expected range) for the request. The “from” date defaults to today’s date, and the “to” date defaults to 6 months from today’s date.



Dates of Service: 10/13/2017 to 4/13/2018

Priority: Routine

Additional Information: 0 of 2000 Characters Used, 2000 Remaining

- i. In the Priority dropdown list, select the appropriate priority for the request:
- **Routine**—Routine requests will receive a determination within five business days.
 - **Urgent/Emergent**—Urgent/Emergent requests will receive determination within three business days. A request is considered urgent when the standard timeframe could seriously jeopardize the member’s life, health or ability to attain, maintain or regain maximum function. Post-service requests will not be considered urgent.
- j. In the Additional Information field, add any details relevant to the request. The information is saved as a Note on the request.

Section 3. Using the Menu Bar Functions

- k. Click **Submit Auth Request** in the lower right of the Step 2 section to advance to the Step 3 section.
3. In the **Step 3** section of the Submit Auth/Referral Request page, attach supporting documentation.

NOTES:

- In Service Area / Auto Approved Referrals do NOT require documentation.
 - Out of the network area referrals require medical necessity review.
 - Out of the network area referrals require clinical documentation indicating medical necessity.
- a. In the “supporting documentation” dropdown list, select “Yes” or “No.” If you selected “No,” skip to step 3.c below.

Step 3: Attach supporting documentation.

Fields in **bold** are required.

Do you have supporting documentation to accompany this authorization request? Yes

What kind of documentation? Both

Fax Paper Documentation

Click below to print a fax cover sheet to use when sending in support of this request.

PRINT COVER SHEET

Upload Electronic Documentation

File Name	Attached	By	Category	Source
No records to display.				

Browse for electronic documents to attach to this authorization request: **Select** **Clear**

Only PDFs are allowed. Files must not be larger than 40MB.

UPLOAD DOCUMENT

* PLEASE NOTE: FAILURE TO PROVIDE SUPPORTING DOCUMENTATION MAY DELAY OR VOID THIS REQUEST. **CONTINUE**

- b. In the “What kind...” dropdown list, select Paper Documents, Electronic Files or Both.
 - If you selected Paper Documents or Both, you can generate a fax cover sheet for a paper document related to this request by clicking **Print Cover Sheet** in the Fax Paper Documentation section. A pre-populated PDF cover sheet opens. Use the controls on the PDF window to save or print the cover sheet.
 - If you selected Electronic Files or Both, you can upload a document: Click **Select** to navigate to and select a file (PDF files are preferred), and then click **Upload Document**. You can upload multiple documents by repeating this step. Click the delete icon **X** to remove a document.
- c. Click **Continue** in the lower right of the Step 3 section to advance to the Step 4 section.

NOTE: While you are working in the Step 4 section, you can click the **Step 3** heading to review or modify the information in that section. Click **Continue** to return to the Step 4 section.

Section 3. Using the Menu Bar Functions

4. In the **Step 4** section of the Submit Auth/Referral Request page, perform the following:
 - a. View the confirmation information. Note the Reference # and the status of the request. You can use the number to search for the request via the Authorization/Referral Search link. (See “Authorization/Referral Search” above.)

Step 1: Select a member and classification.

Step 2: Complete detail fields.

Step 3: Attach supporting documentation.

Step 4: View confirmation and PDF summary.

Thank you for submitting your Referral Request. It has been assigned Reference #V171-1111 with a status of "Received." Please use the [Authorization/Referral Search link](#) to check the status of this authorization, submit a cancel or change request, and/or attach additional documentation.

PRINT SUMMARY

Disclaimers:

SUBMIT ANOTHER REQUEST

Reimbursement for services rendered is subject to:

- Member eligibility must be verified for date(s) of service
- Service(s) rendered is a covered benefit
- Member is not eligible for other health care coverage
- Service(s) rendered do not require authorization
- Service(s) rendered are performed within effective date range of referral

- b. To generate a printable version of the request, click **Print Summary**. A PDF of the request opens in a new window. Use the controls on the PDF window to save or print the cover sheet.
- c. To view an Authorization Summary for the request, click the reference number link. (See step 11.a. in the “Authorization/Referral Search” section above.)
- d. To submit another request, click **Submit Another Request** and return to step 1.

Section 3. Using the Menu Bar Functions

Authorization Entry

1. In the **Step 1** section of the Submit Auth/Referral Request page, perform the following:
 - a. If the Submitted By dropdown list is present, select the related facility for the authorization.
 - b. In the Auth Class dropdown list, select the appropriate class, such as Inpatient or Pharmacy.

Step 1: Select a member and classification.

Fields in **bold** are required.

Submitted By: MEDICAL FACILITY ASSOCIATED WITH MEMBER SITE

Auth Class: -- Select One -- 

Auth Sub-Class: -- Select One --

Auth Type: DME
Inpatient
Outpatient
Pharmacy
Referral
Transportation/Non-Emergent
Wheelchairs

 CONTINUE

NOTE: Click the information icon  for details about the Auth Classes.

- c. In the Auth Sub-Class dropdown list, select the appropriate sub-class.
- d. In the Auth Type dropdown list, select “Pre-Service” or “Post-Service.” If you select “Post-Service,” you must also specify a Date of Service/Admission. Type a date or click the calendar icon  to select a date.

Auth Class: Outpatient 

Auth Sub-Class: Acupuncture

Auth Type: Post-Service

Date of Service/Admission: 

Member: Enter Member ID, SSN, partial name or leave blank for full search. 

- e. In the Member search field that displays, enter a Member ID, SSN, or a partial first or last name, or leave the field blank to use the Full Search.
- f. Click **Search**.
 - If only one member matches your search criteria, the member’s name and Member ID replace the Member field.
 - If no members match your search criteria or if you left the Member field blank, a Member Search dialog box opens, allowing you to use the Full Search. Provide your criteria and then click **Search**. Tip: You can enter just the first few characters in a field

Section 3. Using the Menu Bar Functions

and/or you can use the % wildcard (for example, enter “johns%on” in the Last Name field to find members with the name “Johnson” or “Johnston”).

- If more than one member matches your search criteria, a list of matching members displays. Click a column heading to sort by that column. Click the “select” icon  adjacent to the appropriate member.

Member ID	SSN	Member Name	DOB	Phone	M/F
XXXXXXXXXX	XXXXXXXXXX	SHAPIRO	01/12/1980	XXXXXXXXXX	F
XXXXXXXXXX	XXXXXXXXXX	SHAPIRO	01/12/1980	XXXXXXXXXX	M
XXXXXXXXXX	XXXXXXXXXX	SHAPIRO	01/12/1980	XXXXXXXXXX	F

- When you have selected one member, the member’s information displays with any authorizations *of the same Auth Class* from the past 12 months. You can view details of an authorization by clicking the “expand” icon  in the list of authorizations. You can view an Authorization Summary by clicking the link in the Auth Number column. (See step 11.a. in the “Authorization / Referral Search” section above.)

Auth Number	Sub Class	Type	Service Provider	Service Date	Auth Status
X171	Outpatient (Rehab Therapies)	PRE	SHAPIRO VALLEY MEDICAL CLINIC - ORTHOPEDICS		Approved
X171	Outpatient (Rehab Therapies)	PRE	ST. FRANCIS MEMORIAL HOSPITAL - OP		Approved

NOTE: Members who are Administrative Members, not currently eligible, or not linked to your login account do not appear in the search results.

- Click **Continue** in the lower right of the Step 1 section to advance to the Step 2 section.

NOTE: While you are working in the Step 2 section, you can click the **Step 1** heading to review or modify the information in that section. Click **Continue** to return to the Step 2 section.

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2. In the **Step 2** section of the Submit Auth/Referral Request page, perform the following:
 - a. Note the auto-populated Member's PCP information link. The Requesting Provider link shows the name and National Provider Identifier (NPI) for the provider chosen in the previous step. Click the links to display details in a new window.

Step 1: Select a member and classification.

Step 2: Complete detail fields.

Fields in **bold** are required.

Member's PCP: [MERCED MEDICAL GROUP OF THE CENTRAL COAST - SALINAS \(NPI # 1000000000\)](#)

Requesting Provider: [MERCED MEDICAL GROUP OF THE CENTRAL COAST - SALINAS \(NPI # 1000000000\)](#)

Servicing Provider:

Requesting Provider Contact Info:

Requesting Provider Custom Info: Department: Contact: Fax:

Chief Complaint:

0 of 1000 Characters Used, 1000 Remaining

Diagnoses: Code Description

No diagnoses have been added.

Add:

Services: Qty Code Description Modifier

No services have been added.

Add:

Dates of Service: 10/13/2017 to 4/13/2018

Priority: Routine

Additional Information:

0 of 2000 Characters Used, 2000 Remaining

- b. In the Servicing Provider field, enter a Provider ID, NPI, or a partial first or last name, or leave the field blank to use the Full Search.

NOTE: Servicing Provider refers to the Place of Service or where the member will be seen. If you are referring the member to a private practice, enter the Specialist's information.

- c. Click **Search**. The provider search functions similarly to the member search in the previous step, including the Full Search feature. The provider search results also include a link to an additional provider information window by clicking the magnifying glass icon .

Provider Search: Jones

NPI	Provider Name	Street	City	Status
1000000000	CATHERINE JONES	400 BARKER CTR	SALINAS	CONTRACTED
1000000000	MERCED MEDICAL GROUP - JONES	400 E BARKER CTR	SALINAS	CONTRACTED
1000000000	CATHERINE A. JONES MD, MEDICAL GROUP	1100 W GARDNER AVE STE 2	MERCED	NOT CONTRACTED

Section 3. Using the Menu Bar Functions

When you have selected a servicing provider, the provider's name and NPI display as a link, which you can click to view additional information in a new window. The provider's In/Out of Service Area status and contract status also displays.

Step 2: Complete detail fields.

Fields in **bold** are required.

Member's PCP: [\[Link\]](#)

Requesting Provider: [\[Link\]](#)

Servicing Provider: [\[Link\]](#) MODIFY

IN SERVICE AREA - CONTRACTED

Requesting Provider Contact Info:

Requesting Provider Custom Info: Department: Contact: Fax:

- d. In the Requesting Provider Contact Info dropdown list, select the appropriate choice(s) for your facility/office that includes your personal contact information: name, phone and fax numbers. You can select more than one choice.

If the appropriate information is not available in the dropdown list, complete the Requesting Provider Custom Info section, providing your Department, Contact Name and Fax Number. The Alliance requires this information in order to contact you with any questions about the request and to fax the authorization determination for the request. Lack of this information may cause a delay in status determination and additional need notification.

- e. In the Diagnosis section, type part or all of the diagnosis code or description in the Add field (Tip: Use the % wildcard, such as "fracture%finger"), and click **Search**. In the list of matching diagnosis codes, click the "select" icon  adjacent to the appropriate code. You can select multiple diagnosis codes by repeating this step. Click the delete icon  to remove a diagnosis code.

Chief Complaint:

0 of 1000 Characters Used, 1000 Remaining

Diagnoses:	Code	Description	
	M948X9	OTHER SPECIFIED DISORDERS OF CARTILAGE, UNSPECIFIED SITES	

Add: SEARCH

IMPORTANT: Use ICD-10 Codes for the diagnosis codes. If the ICD-10 code is not available, include the diagnosis description in the Chief Complaint field.

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- f. In the Services section, type part or all of the procedure code or description in the Add field and click **Search**. In the list of matching procedure codes, click the “select” icon  adjacent to the appropriate code. In the Qty field, enter the appropriate quantity. From the Modifier dropdown list(s), select the appropriate modifier(s) as necessary. You can select multiple procedure codes by repeating this step. Click the delete icon  to remove a service.

Services:	Qty	Code	Description	Modifier	
	<input type="text" value="1"/>	97001	PHYSICAL THERAPY EVALUATION	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/>	 
Add: <input type="text" value="Enter a CPT/HCPCS code or part of the descr."/> <input type="button" value="SEARCH"/>					

- g. In the Dates of Service fields, type or select the date range (or the expected range) for the request. The “from” date defaults to today’s date, and the “to” date defaults to 6 months from today’s date.

Dates of Service:	<input type="text" value="10/13/2017"/> 	to	<input type="text" value="4/13/2018"/> 
Priority:	<input type="text" value="Routine"/>		
Additional Information:	<input type="text"/>		
0 of 2000 Characters Used, 2000 Remaining			
<input type="button" value="SUBMIT AUTH REQUEST"/>			

- h. In the Priority dropdown list, select the appropriate priority for the request:
- **Routine**—Routine requests will receive a determination within five business days.
 - **Urgent/Emergent**—Urgent/Emergent requests will receive determination within three business days. A request is considered urgent when the standard timeframe could seriously jeopardize the member’s life, health or ability to attain, maintain or regain maximum function. Post-service requests will not be considered urgent.
- i. In the Additional Information field, add any details relevant to the request. The information is saved as a Note on the request.
- j. Click **Submit Auth Request** in the lower right of the Step 2 section to advance to the Step 3 section.

Section 3. Using the Menu Bar Functions

3. In the **Step 3** section of the Submit Auth/Referral Request page, perform the following:
 - a. In the “supporting documentation” dropdown list, select “Yes” or “No.” If you selected “No,” skip to step 3.c below.

Step 3: Attach supporting documentation.

Fields in **bold** are required.

Do you have supporting documentation to accompany this authorization request? Yes

What kind of documentation? Both

Fax Paper Documentation

Click below to print a fax cover sheet to use when sending in support.

PRINT COVER SHEET

Upload Electronic Documentation

File Name	Attached	By	Category	Source
No records to display.				

Browse for electronic documents to attach to this authorization request:

Only PDFs are allowed. Files must not be larger than 40MB.

UPLOAD DOCUMENT

* PLEASE NOTE: FAILURE TO PROVIDE SUPPORTING DOCUMENTATION MAY DELAY OR VOID THIS REQUEST. **CONTINUE**

- b. In the “What kind...” dropdown list, select Paper Documents, Electronic Files or Both.
 - If you selected Paper Documents or Both, you can generate a fax cover sheet for a paper document related to this request by clicking **Print Cover Sheet** in the Fax Paper Documentation section. A pre-populated PDF cover sheet opens. Use the controls on the PDF window to save or print the cover sheet.
 - If you selected Electronic Files or Both, you can upload a document by clicking **Select** to navigate to and select a file (PDF files are preferred). Then, click **Upload Document**. You can upload multiple documents by repeating this step. Click the delete icon **X** to remove a document.
- c. Click **Continue** in the lower right of the Step 3 section to advance to the Step 4 section.

NOTE: While you are working in the Step 4 section, you can click the **Step 3** heading to review or modify the information in that section. Click **Continue** to return to the Step 4 section.

Section 3. Using the Menu Bar Functions

4. In the **Step 4** section of the Submit Auth/Referral Request page, perform the following:
 - a. View the confirmation information. Note the Reference # and the status of the request. You can use the number to search for the request via the Authorization/Referral Search link. (See “Authorization/Referral Search” above.)

The screenshot shows a confirmation page with a progress bar at the top. The progress bar has four steps: Step 1: Select a member and classification; Step 2: Complete detail fields; Step 3: Attach supporting documentation; and Step 4: View confirmation and PDF summary. Step 4 is highlighted in dark purple. Below the progress bar, the text reads: "Thank you for submitting your Rehab Therapies Request. It has been assigned Reference #X171 with a status of "Received." Please use the Authorization/Referral Search link to check the status of this authorization, submit a cancel or change request, and/or attach additional documentation." A "PRINT SUMMARY" button is located in the top right corner. Below the main text, there is a "Disclaimers:" section with a "SUBMIT ANOTHER REQUEST" button and a list of conditions for reimbursement.

Step 1: Select a member and classification.

Step 2: Complete detail fields.

Step 3: Attach supporting documentation.

Step 4: View confirmation and PDF summary.

Thank you for submitting your Rehab Therapies Request. It has been assigned Reference #X171 with a status of "Received." Please use the Authorization/Referral Search link to check the status of this authorization, submit a cancel or change request, and/or attach additional documentation.

Disclaimers:

Reimbursement for services rendered is subject to:

- Member eligibility must be verified for date(s) of service
- Service(s) rendered is a covered benefit
- Member is not eligible for other health care coverage
- Service(s) rendered do not require authorization
- Service(s) rendered are performed within effective date range of referral

- b. To generate a printable version of the request, click **Print Summary**. A PDF of the request opens in a new window. Use the controls on the PDF window to save or print the cover sheet.
- c. To view an Authorization Summary for the request, click the reference number link. (See step 11.a. in the “Authorization/Referral Search” section above.)
- d. To submit another request, click **Submit Another Request** and return to step 1.

Section 3. Using the Menu Bar Functions

Reports

The reports in the Portal have been created to assist Primary Care Providers (PCPs) in understanding the needs of their members. The reports also assist providers in increasing quality of care while lowering costs and improving both care coordination and communication between members, providers and the Alliance. Much of the information found in this section also helps providers improve their participation in the Alliance Care-Based Incentive (CBI) program.

To learn more about the Care-Based Incentive Program, please visit the [Care-Based Incentive page](#) on the Alliance website and review the CBI-related trainings and webinars on the Alliance [Training page](#).

Linked Member List

Linked Member List reports show detailed health information for members linked to your practice. To display the Linked Member List report page, click Linked Member List in the “Reports” section of the menu bar.

The screenshot shows the 'Central California Alliance for Health: Provider Portal' interface. On the left is a navigation menu with sections: 'Main' (Home, Claims Search, RA Search, Overpayment Letters Search, Eligibility Verification, Provider Directory, Prescription History, Data Submissions), 'Auths and Referrals' (Authorization / Referral Search, Authorization / Referral Entry), and 'Reports' (Linked Member List, Quality Reports, Care Based Incentives (CBI), Log Out). The 'Reports' section is expanded, and 'Linked Member List' is highlighted with a red box and a red arrow. The main content area shows the 'Member Roster for Enrollment Month' page, including a search form for Enrollment Month (July 2018) and Provider, and a table header for Member(s) Found with columns: Member ID, Last Name, First Name, DOB, Phone, Sex, Address, City, State, Zip, Eff Date.

NOTE: If the “Reports” section of the menu bar is not expanded, click the menu toggle button  in the section header to display its functions.

You can access and export the following types of linked member list reports:

1. Linked Member Roster—see page 81.
2. Newly Linked Members and 120-Day Initial Health Assessment (IHA)—see page 82.
3. Linked Member Inpatient Admissions—see page 83.
4. Linked Member ED Visits—see page 85.
5. Open Referrals—see page 86.

Section 3. Using the Menu Bar Functions

Linked Member Roster

The Linked Member Roster report allows providers to generate a list of all members linked to their practice during a specific month from 2015 forward.

To run the Linked Member List report:

1. Click the Linked Member Roster tab at the top of the page.

Linked Member Roster Newly Linked Members and 120 IHA Linked Member Inpatient Admissions Linked Member ED Visits Open Referrals

Member Roster for Enrollment Month

The various Linked Member Reports offer your practice up to date information on members who may be indicated for preventative health services. These reports are based on eCensus data and reference the information with your own health records system before contacting members.

NOTE: The data displayed in these reports is not tied to your Care Based Incentive (CBI) payments. Please see the "Care Based Incentive" portion of the Provider Portal for finalized data for [Resources webpage](#). If you have questions regarding the CBI Program and portal reports, please email portalhelp@ccah-alliance.org.

Enrollment Month: July 2018 Find Provider:

The Linked Member Roster will provide you with a comprehensive list of all Alliance members linked to your practice.

[For a list of Aid Code definitions visit the Medi-Cal Aid Codes Master Chart.](#)
[For a list of County Codes visit the California County Codes list.](#)

Member(s) Found

2. From the Enrollment Month dropdown list, select a month and year for your report. Select a month from 2015 forward.
3. In the Provider dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).
4. Click **Find**. The report displays in the lower section of the page. The number of linked members for the month displays above the report table.

Member Roster for Enrollment Month

The various Linked Member Reports offer your practice up to date information on members who may be indicated for preventative health services. These reports are based on eCensus data and claims data, which may be subject to claims lag. We recommend that you cross reference the information with your own health records system before contacting members.

NOTE: The data displayed in these reports is not tied to your Care Based Incentive (CBI) payments. Please see the "Care Based Incentive" portion of the Provider Portal for finalized data for the CBI program. Additional information on the CBI Program is available on the [CBI Resources webpage](#). If you have questions regarding the CBI Program and portal reports, please email portalhelp@ccah-alliance.org.

Enrollment Month: July 2018 Find Provider:

The Linked Member Roster will provide you with a comprehensive list of all Alliance members linked to your practice.

[For a list of Aid Code definitions visit the Medi-Cal Aid Codes Master Chart.](#)
[For a list of County Codes visit the California County Codes list.](#)

5226 Member(s) Found

[Export to Excel](#)

Member Mailed Appt	Member ID	Last Name	First Name	DOB	Phone	Sex	Address	City	State	Zip	Eff Date	Exp Date	SPD	CCS	Aid Code	County Code	Co-Pay
Click						F		MERCED	CA	95341	01/01/2015	07/31/2018	No	No	32	24	No
Click						F		ATWATER	CA	95301	02/01/2016	07/31/2018	No	No	33	24	No
Click						F		MERCED	CA	95340	01/01/2015	07/31/2018	No	No	38	24	No
Click						F		LOS BANOS	CA	93635	01/01/2015	07/31/2018	No	No	M3	24	No
Click						M		MERCED	CA	95341	07/01/2018	07/31/2018	No	No	K1	43	No
Click						M		MERCED	CA	95348	01/01/2015	07/31/2018	No	No	35	24	No
Click						M		MERCED	CA	95348	07/01/2018	07/31/2018	No	No	T2	24	No
Click						M		MERCED	CA	95340	01/01/2015	07/31/2018	No	No	T2	24	No
Click						F		MERCED	CA	95340	01/01/2015	07/31/2018	No	No	M3	24	No
Click						M		MERCED	CA	95341	01/01/2015	07/31/2018	No	No	M5	24	No
Click						F		ATWATER	CA	95301	01/01/2015	07/31/2018	No	No	O3	24	No
Click						F		MERCED	CA	95348	01/01/2015	07/31/2018	Yes	No	60	24	No
Click						F		ATWATER	CA	95301	08/01/2017	07/31/2018	No	No	P7	24	No
Click						F		SNELLING	CA	95369	01/01/2015	07/31/2018	No	No	M1	24	No

Section 3. Using the Menu Bar Functions

- Review the report. Each row represents the information for one member. Note the following columns:
 - Member Missed Appt** allows you to send a “No Show Notification” to the Alliance Member Services Department when a member misses an appointment. Click the link in this column. In the window that opens, provide information on the form and click **Create**. Member Services will send a letter to the member, outlining why it is important for the member to keep his or her medical appointments or to cancel if an appointment is no longer needed.
 - SPD** indicates whether the member is a Senior or Person with Disability (SPD). For more information, see the [Seniors and Disabilities page](#) on the Alliance website.
 - CCS** indicates whether the member is in the California Children’s Services (CCS) program. For more information, see the “California Children’s Services - Whole Child Model Program” section in the “Introduction” of the [Provider Manual](#).
 - Aid Code** shows the code that relates to a member’s eligibility. A link above the report table provides access to a list of Aid Code definitions in the [Medi-Cal Aid Codes Master Chart](#) on the Medi-Cal website.
 - County Code** shows the code for the county in which the member resides. A link above the report table provides access to the [California County Codes list](#) on the California State Web Portal.
- For more report functions, see “Linked Member List Report Functions” on page 88.

Newly Linked Members and 120-Day Initial Health Assessment (IHA)

The Newly Linked Members and 120-Day Initial Health Assessment (IHA) report allows providers to generate a list of all members recently linked to their practice. It also indicates which linked members are in need of an Initial Health Assessment (IHA) and when the IHA is due.

The IHA is a comprehensive assessment that must include Preventive Screening Services and an age-appropriate Staying Healthy Assessment (SHA) form. Find more information regarding the IHA and SHA form on the [Health Assessments page](#) of the Alliance website. Note that not all members will need an Initial Health Assessment completed by you or your office. This could simply mean that a member transferred clinics or that there was a lapse in the member’s eligibility.

Section 3. Using the Menu Bar Functions

To run the Newly Linked Members and IHA report:

1. Click the Newly Linked Members and 120 IHA tab at the top of the page.

Linked Member Roster **Newly Linked Members and 120 IHA** Linked Member Inpatient Admissions Linked Member ED Visits Open Referrals

Newly Linked Members and 120-Day Initial Health Assessment

Note: Medi-Cal guidelines require newly enrolled Medi-Cal members receive an Initial Health Assessment (IHA) within 120 days of enrollment.

The Initial Health Assessment (IHA) measure encourages PCPs to establish a relationship with all newly linked members and perform a comprehensive visit within the first 120 calendar days of enrollment with the Alliance.

The Alliance Care Based Incentive (CBI) Program incentivizes providers for completion of the IHA within 120 days of enrollment. IHAs also require the completion of the age appropriate Staying Healthy Assessment (SHA). The Alliance captures information on IHA visits using claims (see IHA billing Code List at on the [CBI Resources webpage](#)).

Please see the "Care Based Incentive" portion of the Provider Portal for finalized data for the CBI program. Additional information on the CBI Program is available on the [CBI Resources webpage](#). If you have questions regarding the CBI Program and portal reports, please email portalhelp@ccab-alliance.org.

Enrollment Month: July 2018 Find Provider:

This report assists in monitoring new members for eligibility of an IHA. Members who are established patients but new to Medi-Cal will require completion of an IHA. A gap in Medi-Cal enrollment of over 12 months also qualifies the member as a new enrollee which requires the completion of an IHA. Members who are new to your practice, but are not new to Medi-Cal, do not require an IHA. NOTE: The data displayed in these reports is not tied to your Care Based Incentive (CBI) payments.

More information on Initial Health Assessments (IHAs) and Staying Healthy Assessments (SHAs) can be found at <https://www.ccab-alliance.org/risk.html>

Best Practices:

- Review the following report for members needing an IHA. The last two columns of the report show who is due for an IHA and the date it is due to meet the 120 day compliance. Reconcile this information with your EHR.
- Consider scheduling nurse appointments to assist in completing a Staying Healthy Assessment (SHA) prior to PCP visit.
- If you have not already done so, submit your claims/encounter data to the Alliance.

Member(s) Found

2. From the Enrollment Month dropdown list, select a month for your report.
3. In the Provider dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).
4. Click **Find**. The report displays in the lower section of the page. The number of newly linked members for the month displays above the report table.

Enrollment Month: July 2018 Find Provider:

This report assists in monitoring new members for eligibility of an IHA. Members who are established patients but new to Medi-Cal will require completion of an IHA. A gap in Medi-Cal enrollment of over 12 months also qualifies the member as a new enrollee which requires the completion of an IHA. Members who are new to your practice, but are not new to Medi-Cal, do not require an IHA. NOTE: The data displayed in these reports is not tied to your Care Based Incentive (CBI) payments.

More information on Initial Health Assessments (IHAs) and Staying Healthy Assessments (SHAs) can be found at <https://www.ccab-alliance.org/risk.html>

Best Practices:

- Review the following report for members needing an IHA. The last two columns of the report show who is due for an IHA and the date it is due to meet the 120 day compliance. Reconcile this information with your EHR.
- Consider scheduling nurse appointments to assist in completing a Staying Healthy Assessment (SHA) prior to PCP visit.
- If you have not already done so, submit your claims/encounter data to the Alliance.

120 Member(s) Found

Member ID	Last Name	First Name	DOB	Phone	Sex	Age	Language	Months Enrolled	IHA Needed	IHA Due By	Address	City	State	Zip	Plan
					F	7	English	1	No			WINTON	CA	95388	MCM
					M	40	English	1	No			MERCED	CA	95340	MCM
					F	5	English	1	No			MERCED	CA	95341	MCM
					F	58	English	1	Yes	9/29/2018		MERCED	CA	95340	MCM
					F	20	English	1	No			MERCED	CA	95341	MCM
					M	40	English	1	No			MERCED	CA	95341	MCM
					M	11	English	1	No			LOS BANOS	CA	95355	MCM
					F	5	English	1	No			LOS BANOS	CA	95355	MCM
					M	8	English	1	No			LOS BANOS	CA	95355	MCM
					F	12	English	1	No			LOS BANOS	CA	95355	MCM
					M	18	English	1	Yes	9/29/2018		MERCED	CA	95341	MCM
					F	2	English	1	No			MERCED	CA	95341	MCM
					M	9	English	1	No			MERCED	CA	95340	MCM
					F	5	English	1	No			MERCED	CA	95341	MCM

5. Review the report. Each row represents the information for one member. Note the following columns:
 - **Plan** shows the code for the county the members are enrolled in:
 - Merced County Medi-Cal (MCM).
 - Monterey County Medi-Cal (MMC).
 - Santa Cruz County Medi-Cal (SMC)
 - **IHA Needed** indicates whether the member needs an IHA.
 - **IHA Due By** indicates the date the member's IHA is due to be completed.
6. For more report functions, see "Linked Member List Report Functions" on page 88.

Section 3. Using the Menu Bar Functions

Linked Member Inpatient Admissions

The Linked Member Inpatient Admissions report allows providers to generate a list of linked members who have been admitted and/or discharged from the hospital within a date range.

To run the Linked Member Inpatient Admissions report:

1. Click the Linked Member Inpatient Admissions tab at the top of the page.

Linked Member Roster | Newly Linked Members and 120 IHA | **Linked Member Inpatient Admissions** | Linked Member ED Visits | Open Referrals

Linked Members Inpatient Admissions

Members who have been discharged from a hospital stay benefit from a follow-up visit with their PCP to review their post-discharge instructions, perform medication reconciliation, and ensure the member has adequate support in the home. This is a critical transition point and can prevent the member from having an adverse event and reduce the probability of costly hospital readmission.

The Alliance Care Based Incentive (CBI) Program incentivizes providers for performing post-discharge visits within 14 days of the member's discharge. Please see the "Care Based Incentive" portion of the Provider Portal for finalized data for the CBI program. Additional information on the CBI Program is available on the [CBI Resources webpage](#). If you have questions regarding the CBI Program and portal reports, please email portalhelp@ccah-alliance.org.

Inpatient Admit Date Range - Begin:

Inpatient Admit Date Range - End:

Provider:

This list includes your linked members who, according to our records, are admitted to the hospital or have been discharged. NOTE: This list is based on eCensus data, and not all regional hospitals provide data via eCensus (email portalhelp@ccah-alliance.org for a list of hospitals who participate). The list may include members who have not yet been seen in your office, but who are linked to your practice. We recommend that you cross reference this information with your health records system before contacting members. The data displayed in these reports is not tied to your Care Based Incentive (CBI) payments.

Best Practices Tips:

- Incorporate regular reviewing of this report into front office procedures.
- Contact and schedule members that have been discharged from the hospital to see their PCP within 14 days.
- Members should have a follow up visit with their PCP after admission, even if the member had a follow up with a specialist.
- Review discharge instructions to ensure members understand their post care, and have assistance at home during their recovery time.

2. Select the Begin and End dates for the Inpatient Admission Date Range. You can type in the fields (MM/DD/YYYY) or click the calendar icons to select the dates. The date range cannot be more than 367 days. The default date range is today's date.
3. In the Provider dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).
4. Click **Find**. The report displays in the lower section of the page. The number of linked members for the date range displays above the report table.

Linked Members Inpatient Admissions

Inpatient Admit Date Range - Begin: Provider:

Inpatient Admit Date Range - End:

383 Member(s) Found

Member ID	Last Name	First Name	DOB	Phone	Admit Date	Discharge Date	Chief Complaint	Disposition	Facility	Admit Time	Discharge Time
					07/01/2018	7/1/2018	VOMITING	HOME		18:41	20:24
					08/27/2018	8/29/2018	NEWBORN			18:43	13:35
					08/27/2018	8/29/2018	LABOR			1:13	13:35
					08/27/2018	8/27/2018	FEVER	HOME		20:40	21:45
					08/27/2018	8/27/2018	INJURY, EXTREMITY	HOME		11:11	13:00
					08/25/2018	8/25/2018	SWELLING	HOME		16:04	17:04
					08/24/2018	7/2/2018	DKA GI BLEED			16:10	17:55
					08/24/2018	8/24/2018	COUGH	HOME		12:16	13:34
					08/24/2018		S/P I & DTIB, ORIF POSS EXTREMNAL FIXATION			00:00	

Section 3. Using the Menu Bar Functions

- Review the report. Each row represents the information for one member. Note the following columns:
 - Discharge Date** shows the date the member was discharged from the hospital. Depending on a hospital's protocol for reporting discharge information, this column may be blank or show "12/30/1899." Contact the reporting Facility if you have questions about the date.
 - Disposition** shows a code that indicates the member discharge status. Contact the reporting Facility if you have questions about the code.
- For more report functions, see "Linked Member List Report Functions" on page 88.

Linked Member ED Visits

The Linked Member Emergency Department (ED) Visits report is similar to the Inpatient Admissions report as it allows providers generate a list of linked members who have visited the Emergency Department.

To run the Linked Member ED Visits report:

- Click the Linked Member ED Visits tab at the top of the page.

Linked Member Roster | Newly Linked Members and 120 IHA | Linked Member Inpatient Admissions | **Linked Member ED Visits** | Open Referrals

Linked Members ED Visits

A substantial proportion of visits to the ED are either non-urgent or could have been avoided through timely primary care access. Evidence shows that many preventable emergency care visits occur because patients could not access timely primary care. Health centers play a vital role in reducing avoidable ED visits by providing accessible, continuous and comprehensive primary care. Providers that utilize the Alliance's Nurse Advice Line have seen a significant reduction in preventable ED and urgent care visits.

[Click here for a list of 2018 Alliance Codes to Identify Preventable ED and Urgent Care Visits.](#)

The Care Based Incentive Program incentivizes providers to focus on member access and after hours options to reduce the high costs associated with preventable ED visits. Please see the "Care Based Incentive" portion of the Provider Portal for finalized data for the CBI program. Additional information on the CBI Program is available on the [CBI Resources webpage](#). If you have questions regarding the CBI Program and portal reports, please email portalhelp@ccab-alliance.org.

ED Visit Date Range - Begin: 07/18/2018

ED Visit Date Range - End: 07/18/2018 Find

Provider:

This list assists in monitoring linked members who, according to our records, have been recently seen at the ED. This list is based on eCensus data, does not represent a complete listing of ED visits made by your members and may include members who have not yet been seen in your office, but who are linked to your practice. We recommend cross referencing this list with your own health records system before contacting members. The data displayed in these reports is not tied to your Care Based Incentive (CBI) payments.

Best Practices:

Use the portal reports to review your data:

- Identify high utilizers of the emergency room and bring them in to review problem list.
- Know your data: why are patients using the ED? (Diagnosis) When do they go? (Day of week, time of day) Who goes most frequently? (Individuals, age, gender)
- Refer high utilizers and any other complex patients to the Alliance's Care Management program.
- Capitalize on all touch points to ensure that contact information is up to date; does your clinic have the best phone number to reach this patient?
- Look at the availability of your third next available appointment; if available appointments are too far out, patients may elect to use the ED.
- Review wait times.
- Consider fast-tracking for common conditions like urinary tract infections, ear infections, etc.
- Ensure all staff uses the same messages to communicate with patients calling for urgent appointments.

Member(s) Found

- Select the Begin and End dates for the ED Visit Date Range. You can type in the fields (MM/DD/YYYY) or click the calendar icons to select the dates. The date range cannot be more than 367 days. The default date range is today's date.
- In the Provider dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).

Section 3. Using the Menu Bar Functions

- Click **Find**. The report displays in the lower section of the page. The linked member count displays.

Linked Members ED Visits

A substantial proportion of visits to the ED are either non-urgent or could have been avoided through timely primary care access. Evidence shows that many preventable emergency care visits occur because patients could not access timely primary care. Health centers play a vital role in reducing avoidable ED visits by providing accessible, continuous and comprehensive primary care. Providers that utilize the Alliance's Nurse Advice Line have seen a significant reduction in preventable ED and urgent care visits.

[Click here for a list of 2018 Alliance Codes to Identify Preventable ED and Urgent Care Visits.](#)

The Care Based Incentive Program incentivizes providers to focus on member access and after hours options to reduce the high costs associated with preventable ED visits. Please see the "Care Based Incentive" portion of the Provider Portal for finalized data for the CBI program. Additional information on the CBI Program is available on the [CBI Resources webpage](#). If you have questions regarding the CBI Program and portal reports, please email portalhelp@ccah-alliance.org.

ED Visit Date Range - Begin: 07/01/2018 Provider:

ED Visit Date Range - End: 07/18/2018 **Find**

This list assists in monitoring linked members who, according to our records, have been recently seen at the ED. This list is based on eCensus data, does not represent a complete listing of ED visits made by your members and may include members who have not yet been seen in your office, but who are linked to your practice. We recommend cross referencing this list with your own health records system before contacting members. The data displayed in these reports is not tied to your Care Based Incentive (CBI) payments.

Best Practices:

Use the portal reports to review your data:

- Identify high utilizers of the emergency room and bring them in to review problem list.
- Know your data, why are patients using the ED? (Diagnosis) When do they go? (Day of week, time of day) Who goes most frequently? (Individuals, age, gender)
- Refer high utilizers and any other complex patients to the Alliance's Care Management program.
- Capitalize on all touch points to ensure that contact information is up to date; does your clinic have the best phone number to reach this patient?
- Look at the availability of your third next available appointment; if available appointments are too far out, patients may elect to use the ED.
- Review wait times.
- Consider fast-tracking for common conditions like urinary tract infections, ear infections, etc.
- Ensure all staff uses the same messages to communicate with patients calling for urgent appointments.

103 Member(s) Found

[Export to Excel](#)

Member ID	Last Name	First Name	DOB	Phone	Visit Date	Visit Time	Chief Complaint	Facility	Patient Admitted
					07/11/2018	13:55	COUGH EARACHE		No
					07/09/2018	13:39	CRUSHING		Yes
					07/01/2018	18:41	VOMITING		Yes
					07/02/2018	13:46	ABDOMINAL CRAMPING 6 WEEKS GESTATION		No
					07/16/2018	15:05	RASH		No
					07/08/2018	15:55	ABDOMINAL PAIN		Yes
					07/02/2018	14:29	ABDOMINAL PAIN		No
					07/05/2018	2:11	STOMACH CRAMPS X 4 DYS DIARRHEA		No
					07/15/2018	17:06	RED MARK ON STOMACH		No
					07/08/2018	15:59	KNEE NUMBNESS		No
					07/17/2018	18:02	TROUBLE BREATHING		No
					07/15/2018	20:52	SWELLING EYE		Yes
					07/01/2018	2:59	POSSIBLE BROKEN RIGHT ARM		No
					07/11/2018	8:02	STOMACH PAINS X 4 DAYS		No

1 - 14 of 103 Items

- Review the report. Each row represents the information for one member and shows the date and time of the ED visit, the reason for the visit and the visited facility.
- For more report functions, see "Linked Member List Report Functions" on page 88.

Open Referrals

The Open Referrals report allows providers to generate a list of linked members who have open referrals with the Alliance.

To run the Open Referrals report:

- Click the Open Referrals tab at the top of the page.

Linked Member Roster | Newly Linked Members and 120 IHA | Linked Member Inpatient Admissions | Linked Member ED Visits | **Open Referrals**

Open Referrals

Received Date Range - Begin: 07/01/2018 Provider:

Received Date Range - End: 07/18/2018 **Find**

Referral Type: All

Member(s) Found

- Select the Begin and End dates for the Received Date Range. You can type in the fields (MM/DD/YYYY), or click the calendar icons to select the dates. The date range cannot be more than 31 days. The default date range is today's date.

Section 3. Using the Menu Bar Functions

3. In the Referral Type dropdown list, select All (default), Consultation Request or Authorized Referral.
4. In the Provider dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).
5. Click **Find**. The report displays in the lower section of the page. The number of linked members for the date range displays above the report table.

6. Review the report. Each row represents the information for one member. Note the following columns:
 - **Utilized** indicates whether the member has used the Consultation/Authorized Referral.
 - **Servicing Provider** is the place of service or facility where the member will be or has been seen.
7. For more report functions, see “Linked Member List Report Functions” on page 88.

If you have any questions regarding the Referrals in the Portal, please call the Authorizations Department at **800-700-3874, ext. 5506**.

Section 3. Using the Menu Bar Functions

Linked Member List Report Functions

The following functions are common to each of the linked member list reports:

- When there is more than one page of members, the controls at the bottom of the page allow you to navigate the pages.



- You can sort the report by a column by clicking the column heading.
- Further refine the report data by applying filters. Click the filter icon  in a column heading and specify a filter from the choices (such as "Is equal to" or "Starts with"). You can apply filters to more than one column.
- Export the report to Excel:
 1. In the blue bar in the middle of the page, click Export To Excel.



2. Depending on your browser and its configuration, you are prompted to open or download the exported Excel file.
3. In the file, you can use Excel functions such as sort, filter, search, sum and print.

Section 3. Using the Menu Bar Functions

Quality Reports

The Quality Reports offer your practice up-to-date information on members who may be indicated for preventative health services. These reports are subject to claims lag and should be cross-referenced with your own health records system before contacting members. Monthly and quarterly reports are available.

To display the Quality Reports page, click Quality Reports in the “Reports” section of the menu bar.

The screenshot shows the Central California Alliance for Health Provider Portal. The left-hand menu bar has the 'Quality Reports' option highlighted with a red box and a red arrow pointing to it. The main content area is titled 'Central California Alliance for Health Quality Improvement Reports - Monthly'. Below the title, there is a paragraph of text explaining that monthly quality reports provide up-to-date information on members who may be indicated for preventative health services. It also mentions that the data is not tied to the Care Based Incentive (CBI) program. Below this text is a 'Summary Report Criteria' section with four dropdown menus: 'Report Type (Help)', 'Provider Name', 'Report Month', and 'Compliance Indicator'. A 'Submit' button is located at the bottom of this section.

Monthly

The monthly quality reports include the following:

- Cervical Cancer Screenings.
- Childhood Immunizations (Combo 10).
- Immunizations for Adolescents.
- Well Adolescent Visits (12-21 years).
- Well Child Visits (3-6 years).

Information about each report type is available within the Portal.

NOTE: As of December 2016, the Alliance removed the monthly Immunization report. Providers can utilize the immunization registry in their area (CAIR or RIDE) for the most up-to-date immunization information. In 2017, the Alliance began including registry data in the CBI reporting program.

Section 3. Using the Menu Bar Functions

To run a monthly report:

1. Click the Monthly tab at the top of the Quality Reports page.

Monthly Quarterly

Central California Alliance for Health Quality Improvement Reports - Monthly

Monthly Quality Reports offer your practice up to date information on members who may be indicated for preventative health services. These reports use your own health records system before contacting members. The data displayed in these reports are not tied to your Care Based Incentive (CBI) pay. The data is displayed in the Provider Portal for finalized data related to the CBI program.

Additional information on the CBI Program is available on the [CBI Resources webpage](#). If you have questions regarding the CBI Program and portal, please contact the CBI Program Manager.

Summary Report Criteria

Report Type ([Help](#)) Select the Report Type before clicking Submit

Provider Name Select a Provider before clicking Submit

Report Month No data available for selected report type and provider

Compliance Indicator Select the Compliance before clicking Submit

2. In the Summary Report Criteria section of the page, specify your criteria:
 - a. In the Report Type dropdown list, select a report to run: Cervical Cancer Screenings, Childhood Immunizations (Combo 10), Immunizations for Adolescents, Well Adolescent Visits (12-21 years) or Well Child Visits (3-6 years).

NOTE: For information about each report type, select the report from the dropdown list, then click the “Help” link. An Information section with details displays below the criteria section.
 - b. In the Provider Name dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).
 - c. In the Report Month dropdown list, choose the current month (the default) or any of the previous 11 months.

NOTE: You cannot select a month until you select a Report Type and Provider Name, and then only if data is available for the selected Report Type and Provider Name.
 - d. In the Compliance Indicator dropdown list, specify which records to view by selecting All, Compliant or Not Compliant.
3. Click **Submit**. The Information section displays details about the report, and the Results section displays the report.

Section 3. Using the Menu Bar Functions

NOTE: Some details of the report results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

First Name	Last Name	Member ID	Member DOB	Member Age	Member Phone	Compliance Indicator	Services Needed
				19 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, HepA, Flu, Rota
				9 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, Flu
				14 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, HepA, Flu, Rota
				13 M		Not Compliant	DTaP, IPV, PCV, HiB, VZV, HepB, MMR, HepA, Flu, Rota
				17 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, HepA, Flu, Rota
				12 M		Not Compliant	DTaP, IPV, PCV, HiB, VZV, HepB, MMR, HepA, Flu, Rota
				14 M		Not Compliant	DTaP, IPV, PCV, HiB, VZV, HepB, MMR, HepA, Flu, Rota
				15 M		Not Compliant	DTaP, IPV, PCV, HiB, VZV, HepB, MMR, HepA, Flu, Rota
				23 M		Not Compliant	DTaP, IPV, PCV, HiB, VZV, HepB, MMR, HepA, Flu, Rota
				12 M		Not Compliant	DTaP, IPV, PCV, HiB, VZV, HepB, MMR, HepA, Flu, Rota
				7 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, Flu, Rota
				22 M		Not Compliant	DTaP, IPV, PCV, HiB, VZV, HepB, MMR, HepA, Flu, Rota
				4 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, Flu, Rota
				18 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, HepA, Flu, Rota
				18 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, HepA, Flu, Rota
				18 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, HepA, Flu, Rota
				13 M		Not Compliant	DTaP, IPV, PCV, HiB, VZV, HepB, MMR, HepA, Flu, Rota
				5 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, Flu, Rota
				8 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, Flu, Rota
				20 M		Not Compliant	DTaP, IPV, PCV, HiB, VZV, HepB, MMR, HepA, Flu, Rota
				16 M		Not Compliant	DTaP, IPV, PCV, HiB, VZV, HepB, MMR, HepA, Flu, Rota
				16 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, HepA, Flu, Rota
				10 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, Flu, Rota
				3 M		Not Compliant	DTaP, IPV, PCV, HiB, HepB, Flu, Rota

4. Review the report table. Each row represents the information for one member. Some reports indicate the Services Needed for the member to become compliant.
5. Sort the table by a column by clicking the column heading.
6. The bottom right of the report shows the total number of records in the list.
7. For additional report functions, see “Quality Reports Functions” on page 93.

Quarterly

The quarterly quality reports include the following:

- Asthma Medication Ratio.
- Avoidance of Antibiotics in Adults with Acute Bronchitis.
- Breast Cancer Screenings.
- Chlamydia Screenings.
- Diabetes Care.

Information about each report type is available within the Portal.

Section 3. Using the Menu Bar Functions

To run a quarterly report:

1. Click the Quarterly tab at the top of the Quality Reports page.

Monthly Quarterly

Central California Alliance for Health Quality Improvement Reports - Quarterly

Quarterly Quality Reports are published approximately 3 months following the close of each quarter, and include information on members who may subject to claims lag and should be cross referenced with your own health records system before contacting members.

Please email portalhelp@ccah-alliance.org if you have any questions or concerns about the Quarterly Quality Reports.

Summary Report Criteria

Report Type ([Help](#)) Select the Report Type before clicking Submit

Provider Name Select a Provider before clicking Submit

Report Quarter No data available for selected report type and provider

Compliance Indicator Select the Compliance before clicking Submit

Submit

2. In the Summary Report Criteria section of the page, specify your criteria:
 - a. In the Report Type dropdown list, select a report to run: Asthma Medication Ratio, Avoidance of Antibiotics in Adults with Acute Bronchitis, Breast Cancer Screenings, Chlamydia Screenings or Diabetes Care.

NOTE: For information about each report type, select the report from the dropdown list, then click the “Help” link. An Information section with details displays below the criteria section.
 - b. In the Provider Name dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).
 - c. In the Report Quarter dropdown list, choose the most recently ended quarter (the default) or either of the previous two quarters.

NOTE: You cannot select a quarter until you select a Report Type and Provider Name.
 - d. In the Compliance Indicator dropdown list, specify which record to view by selecting All, Compliant or Not Compliant.
3. Click **Submit**. The Information section displays details about the report, and the Results section displays the report.

Section 3. Using the Menu Bar Functions

NOTE: Some details of the report results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

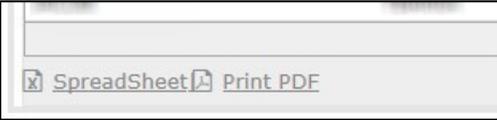


First Name	Last Name	Member ID	Member DOB	Member Phone	Compliance Indicator	Services Needed
					Compliant	
					Compliant	
					Compliant	
					Not Compliant	ACE/ARB
					Compliant	
					Compliant	
					Compliant	
					Compliant	
					Not Compliant	Diuretics
					Not Compliant	Diuretics
					Compliant	
					Not Compliant	Diuretics
					Compliant	
					Compliant	
					Compliant	
					Compliant	
					Compliant	

4. Review the report table. Each row represents the information for one member. Some reports indicate the Services Needed for the member to become compliant.
5. Sort the table by a column by clicking the column heading.
6. The bottom right of the report shows the total number of records in the list.
7. For additional report functions, see “Quality Reports Functions” below.

Quality Reports Functions

The following functions are common to the monthly and quarterly quality reports:

- Export the report to Excel:
 1. At the bottom left of the report, click the “Spreadsheet” link.
- 
- Generate and print a PDF version of the report:
 1. At the bottom left of the report, click the “Print PDF” link. The report PDF file opens in a new window. (Depending on your browser and its configuration, you may be prompted to open or download the PDF file.)
 2. Use the controls on the PDF window to save or print the report.

Section 3. Using the Menu Bar Functions

Care Based Incentive (CBI) Reports

The Care Based Incentive (CBI) Program is designed to compensate Primary Care Providers (PCPs) for efforts undertaken to improve the care provided to eligible members as reflected by data measured by the Alliance.

Providers can view cumulative summaries of both fee-for-service and programmatic performance against the Alliance CBI measures for a selected time period.

CBI quarterly information is not available for approximately six months following the close of each quarter due to claims lag time and to ensure we capture the data submitted via claims to the Alliance.

To display the CBI report page, click Care Based Incentives (CBI) in the “Reports” section of the menu bar.

The screenshot displays the Central California Alliance for Health Provider Portal. The left-hand navigation menu is visible, with the 'Reports' section expanded. The 'Care Based Incentives (CBI)' option is highlighted with a red box and a red arrow. The main content area shows the 'Central California Alliance for Health Care Based Incentives Program' header. Below the header, there is a brief description of the CBI program and a link for more information. The 'Summary Report Criteria' section contains three dropdown menus: 'Practice Site' (set to 'MEDICARE FACILITY - MEDICARE FEE-FOR-SERVICE'), 'Practice Profile Date' (set to '2018 Q1'), and 'Measure Type' (set to 'Select a Measure Type Before Clicking Search'). A 'Submit' button is located at the bottom of the criteria section.

Section 3. Using the Menu Bar Functions

Summary and Performance

The Summary and Performance CBI report allows providers to view cumulative summaries of both fee-for-service and programmatic performance against the Alliance CBI measures for a given quarter.

To run a Summary and Performance report:

1. Click the Summary and Performance tab at the top of the CBI reports page.

The screenshot shows a web interface for the Central California Alliance for Health Care Based Incentives Program. At the top, there are three tabs: "Summary and Performance" (highlighted with a red box), "Measure Details", and "Fee-For-Service Form Submissions". Below the tabs is a blue header with the program name and a "Help" link. The main content area contains introductory text about the CBI program and a link for more information. Below this is a "Summary Report Criteria" section with three dropdown menus: "Practice Site" (with a blurred selection), "Practice Profile Date" (set to "2018 Q1"), and "Measure Type" (set to "Select a Measure Type Before Clicking Search"). A "Submit" button is located at the bottom left of the criteria section.

2. In the Practice Site dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).
3. In the Practice Profile Date dropdown list, select quarter from 2012 Q1 forward.
4. In the Measure Type dropdown list, select the measure type: Programmatic or Fee For Service.
5. Click **Submit** to display the report.
6. Review the report:
 - For **Programmatic** reports, continue to step 7 on page 96.
 - For **Fee For Service** reports, skip to step 12 on page 98.

Section 3. Using the Menu Bar Functions

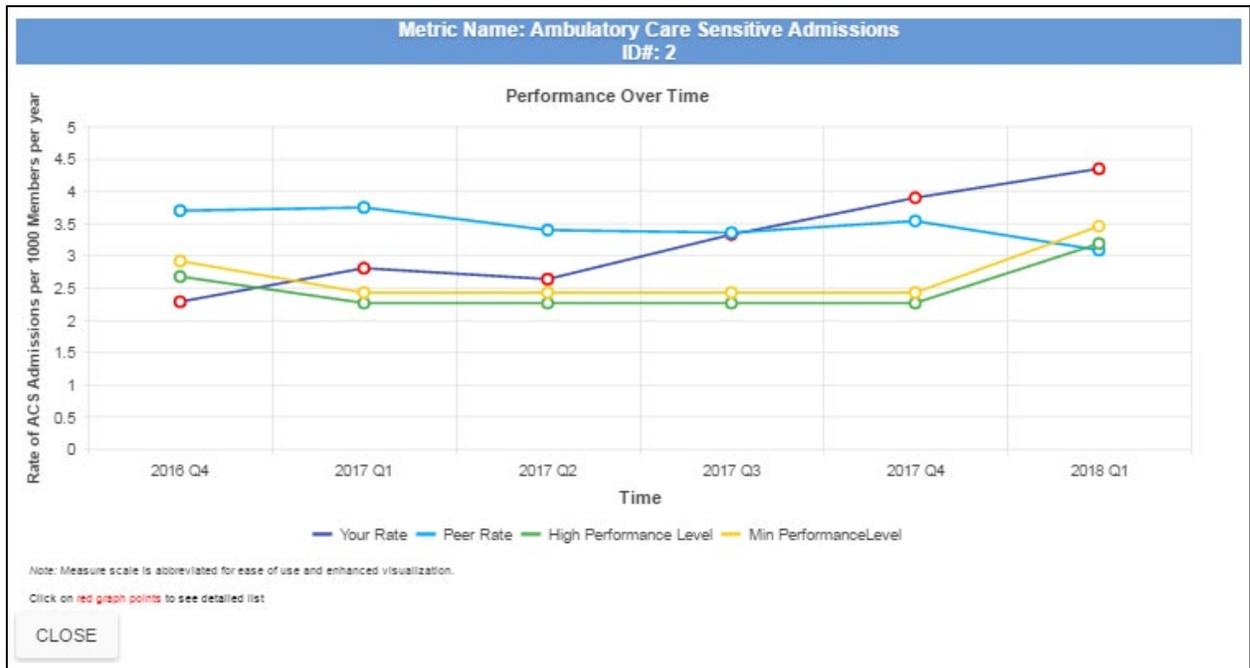
- For each programmatic Incentive Measure within the measure categories (Care Coordination, Performance Target Measures and Quality of Care), the report displays whether the practice was eligible for the measure, the number of occurrences, total qualifying records, site rate and peer rate.

Programmatic Measures Summary Report						
PCP Site Name: [REDACTED]						
Practice Profile Date: 2018 Q1						
New Search						
EXPORT TO EXCEL PDF EXPORT						
Incentive Measure	Eligible For Measure	Occurrences	Total Qualifying Records	Site Rate	Peer Rate	
Care Coordination - Hospital Measures						
Ambulatory Care Sensitive Admissions	YES	24	188	4.34	3.08	
Preventable Emergency Visits	YES	574	2714	103.9	98.04	
30 Day Readmissions	YES	41	187	7.42	4.75	
Care Coordination - Access Measures						
Initial Health Assessment (IHA)	YES	237	390	60.77	39.89	
Post-Discharge Care	YES	67	153	43.79	37.29	
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	YES	0	1720	0	0	
Quality of Care Measures						
Annual Monitoring for Patients on Persistent Medications: ACE/ARB	YES	96	120	80	84.62	
Asthma Medication Ratio	YES	66	98	67.35	69.23	
Cervical Cancer Screening	YES	540	808	66.83	59.3	
Childhood Immunizations (Combo 3)	YES	21	204	10.29	41.3	
Diabetic HbA1c Good Control < 8%	YES	30	127	23.62	27.59	
Diabetic Retinal Exam	YES	71	127	55.91	49.32	
Diabetic Testing for HbA1c	YES	106	127	83.46	83.33	
Maternity Care: Postpartum Visit	YES	53	87	60.92	68.57	
Well Adolescent Visit (12-21 years)	YES	628	1103	56.94	47.86	
Well Child Visit (3-6 years)	YES	727	941	77.26	72.92	

- Position your mouse pointer over the Site Rate number to display a description of the value.

Section 3. Using the Menu Bar Functions

- Click a link in the Incentive Measure column to display a graph of the site performance over previous quarters.



The graph includes your site rate, peer rate and national benchmark, where applicable.

- Click **Close** at the lower left to return to the Programmatic Measure Summary page.
- To continue, skip to step 15 on page 99.

Section 3. Using the Menu Bar Functions

12. For each fee for service Incentive Measure, the report displays the quantity paid and the amount paid.

Fee For Service Summary			
PCP Site Name: [REDACTED]			
Practice Profile Date: 2018 Q1			
<input type="button" value="New Search"/>			
EXPORT TO EXCEL PDF EXPORT			
Incentive Measure	Quantity Paid	Amount Paid	
Preventive Care			
Healthy Weight for Life	0	0	
Healthy Weight for Life - 2nd Form	0	0	
Maternity Care: Timely Prenatal Care	6	150	
			Total: 3

Section 3. Using the Menu Bar Functions

- Click a link in the Incentive Measure column to display the members for which you were paid for meeting the incentive measure requirements.

Fee For Service Summary - Childhood Immunizations (Combo 3)

PCP Site Location: [REDACTED]

Reporting Period: 07/01/2017 - 09/30/2017

For more information on measure calculation method, [Click Here](#)

[EXPORT TO EXCEL](#) [PDF EXPORT](#)

Member First Name	Member Last Name	Member Id	Member DOB	Member Age
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2

Total: 8

CLOSE

- Click **Close** at the lower left to return to the Fee For Service Measure Summary page.
- To start a new search, click **New Search** in the middle of the page. Return to step 2 above.

PCP Site Name: [REDACTED]

Practice Profile Date: 2017 Q3

[New Search](#)

- For more report functions, see “CBI Report Functions” on page 104.

Section 3. Using the Menu Bar Functions

Measure Details

The Measure Details CBI report allows you to view the details for any CBI Measure for the sites associated with your Portal account.

To run a Measure Details report:

1. Click the Measure Details tab at the top of the CBI reports page.

The screenshot shows the 'Measure Details' tab selected in the top navigation bar. Below the navigation bar is a blue header with the text 'Central California Alliance for Health Care Based Incentives Program' and a 'Help' link. The main content area contains introductory text about the CBI program and links for more information and downloading measures. Below this is a 'Measure Detail Search Criteria' section with the following fields:

- Practice Site: A dropdown menu with a red box around it.
- Practice Profile Date: A dropdown menu set to '2017 Q3'.
- Measure Type: A dropdown menu set to 'All'.
- Measure Category: A dropdown menu set to 'Select a Measure Category Before'.
- Measure Name: A dropdown menu set to 'Select a Measure Name Before Clicking Search'.

A 'Submit' button is located at the bottom left of the search criteria section.

2. In the Practice Site dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).
3. In the Practice Profile Date dropdown list, select a quarter from 2012 Q1 forward.
4. In the Measure Type dropdown list, select the measure type: All, Programmatic or Fee For Service.
5. In the Measure Category dropdown list, select All, Care Coordination, Quality of Care, Performance Target Measures, Chronic Disease Management, Preventive Care or Practice Management.

Section 3. Using the Menu Bar Functions

- In the Measure Name dropdown list, select the name of the measure for which to obtain details. The choices in the dropdown list correspond to the Measure Category you chose. If you chose Measure Category=All, then the Measure Name dropdown list shows all measure names, grouped by category.
- For the Measure Names that have an additional indicator, a dropdown list displays, allowing you to select which indicator values to show in the report.
- Click **Submit**. The report displays.

Measure Description: Well Child Visit (3-6 years) Practice Profile Date: 2017 Q3					
PCP Site Location: MEMBER HEALTHY COMMUNITIES (MEMBER SITE)					
Reporting Period: 10/01/2016 - 09/30/2017					
Compliance Indicator: All					
For more information on measure calculation method, Click Here					
<input type="button" value="New Search"/>					
EXPORT TO EXCEL					
Member First Name	Member Last Name	Member Id Num.	DOB	Most Recent Pcp Visit	Compliance Indicator
AMANDA	WELL	123456789	06-23-2017	06-23-2017	Compliant
EMILIE	WELL	987654321	08-21-2017	08-21-2017	Compliant
BENJAMIN	WELL	567890123	05-18-2017		Non-Compliant
ANGEL	WELL	345678901	04-07-2017	04-07-2017	Compliant
BERNARD	WELL	234567890	01-05-2017		Non-Compliant
CHARLOTTE	WELL	123456789	11-28-2017		Non-Compliant
STEPHAN	WELL	987654321	05-24-2017	05-24-2017	Compliant

The top section of the report shows the report criteria, and the lower section of the report shows the details that match the criteria.

NOTE: For more information about the CBI program and on measure calculation, click the link on the page. You are directed to the [CBI Resources page](#) on the Alliance website.

- For more report functions, see “CBI Report Functions” on page 104.

Section 3. Using the Menu Bar Functions

Fee-For-Service Form Submissions

The Fee-For-Service Form Submissions CBI report allows you to view the status of correctly submitted Fee-For-Service CBI Forms.

To run a Fee-For-Service Form Submissions report:

1. Click the Fee-For-Service Form Submissions tab at the top of the CBI reports page.

Summary and Performance | Measure Details | **Fee-For-Service Form Submissions**

Central California Alliance for Health Care Based Incentives Program

[Help](#)

The Care Based Incentive Program (CBI) is designed to compensate PCPs for efforts undertaken to improve the care provided to eligible members as reflected by data measured by the Alliance.

This application allows you to view the status of Fee-For-Service CBI Forms.

[Click here](#) for more information about the Care Based Incentive Program.

Search Criteria

Practice Site: [Dropdown menu]

Form Name: All [Dropdown menu]

Date of Service:

Begin Range: 07/01/2017 [Calendar icon]

End Range: 09/30/2017 [Calendar icon]

Submit

2. In the Practice Site dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).
3. In the Form Name dropdown list, select the appropriate form on which to report or select All (default).
4. Specify a date range in the Date of Service fields. You can type in the fields (MM/DD/YYYY) or click the calendar icons to select the dates. The date range cannot be more than 367 days. The default date range is the previous quarter.

NOTE: For more information about the CBI program and on measure calculation, click the link on the page. You are directed to the [CBI Resources page](#) on the Alliance website.

5. Click **Submit**. The report displays.

Section 3. Using the Menu Bar Functions

Fee-For-Service Form Submissions											
Practice Site Name: MEMBERS FACILITY/AMERICAN FIDELITY BANK-8752											
Form Name: All											
Practice Profile Date of Service: 10/01/2017 - 12/31/2017											
<input type="button" value="New Search"/>											
<input type="button" value="EXPORT TO EXCEL"/> <input type="button" value="PDF EXPORT"/>											
Member First Name	Member Last Name	Member Id #	DOB	Date Of Service	Received Date	Days Between Service And Receipt	Form Name	Status	Denial Reason	Pcp Name	Pcp Number
AMANDA	CHAPMAN	903182006	08-15-1988	10-05-2017	10-09-2017	3	HEALTHY WEIGHT FOR LIFE	PENDING PAYMENT NEXT CBI RUN		MEMBERS FACILITY/AMERICAN FIDELITY BANK-8752	MEMBER
JULIE	MARSHALL	953187006	08-15-1988	11-21-2017	11-22-2017	2	EARLY PRENATAL CARE	PENDING PAYMENT NEXT CBI RUN		MEMBERS FACILITY/AMERICAN FIDELITY BANK-8752	MEMBER
JULIE	MARSHALL	953187006	08-15-1988	11-21-2017	11-22-2017	2	EARLY PRENATAL CARE	DENIED/REJECTED	DUPLICATE FORM SUBMISSION	MEMBERS FACILITY/AMERICAN FIDELITY BANK-8752	MEMBER
AMANDA	CHAPMAN	902182006	07-28-1987	10-09-2017	10-10-2017	2	EARLY PRENATAL CARE	DENIED/REJECTED	FORM IS INCOMPLETE	MEMBERS FACILITY/AMERICAN FIDELITY BANK-8752	MEMBER
											Total: 4

The top section of the report shows your report criteria, and the lower section of the report shows the details that match the criteria.

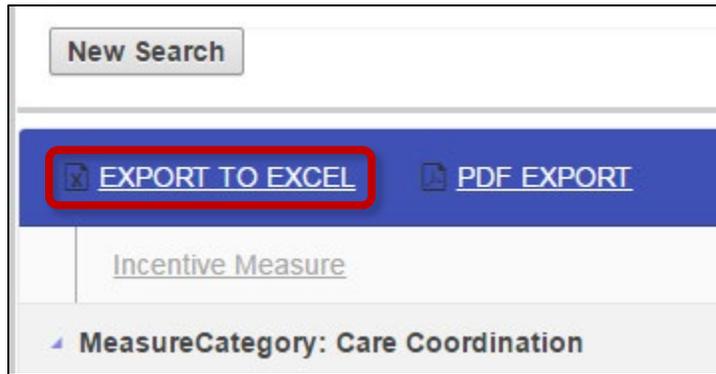
- For more report functions, see “CBI Report Functions” on page 104.

Section 3. Using the Menu Bar Functions

CBI Report Functions

The following functions are common to each of the linked member list reports:

- Export the report to Excel:
 1. In the blue bar in the middle of the page, click Export To Excel.

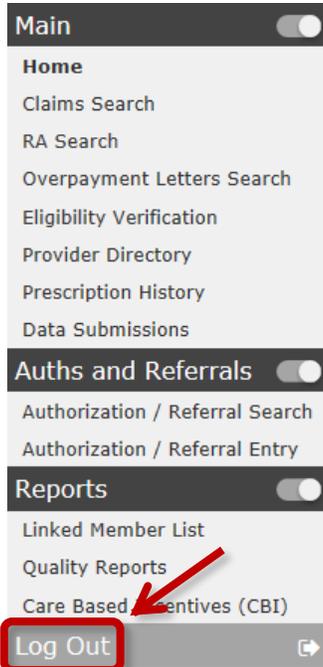


2. Depending on your browser and its configuration, you are prompted to open or download the exported Excel file.
 3. In the file, you can use Excel functions such as sort, filter, search, sum and print.
- Export a screenshot in PDF format:
 1. In the blue bar in the middle of the page, click PDF Export.
 2. Depending on your browser and its configuration, you are prompted to open or download the exported PDF file.
 3. You can save and/or print the PDF file.
 - To start a new search, click **New Search** above the report table.

Section 3. Using the Menu Bar Functions

Log Out

Click Log Out in the menu bar to end your session on the Portal.



You return to the Portal Login page. For maximum security, close your web browser.

For troubleshooting, feedback, questions or more information, please contact the Central California Alliance for Health Provider Portal Support Specialist at **800-700-3874, ext. 5518**.

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Questions about
Central California Alliance for Health?
Please visit www.thealliance.health or
call your Provider Services Representative at
800-700-3874, ext. 5504



1600 Green Hills Road, Suite 101 • Scotts Valley, CA 95066-4981 • 831-430-5500
950 East Blanco Road, Suite 101 • Salinas, CA 93901-4419 • 831-755-6000
530 West 16th Street, Suite B • Merced, CA 95340-4710 • 209-381-5300