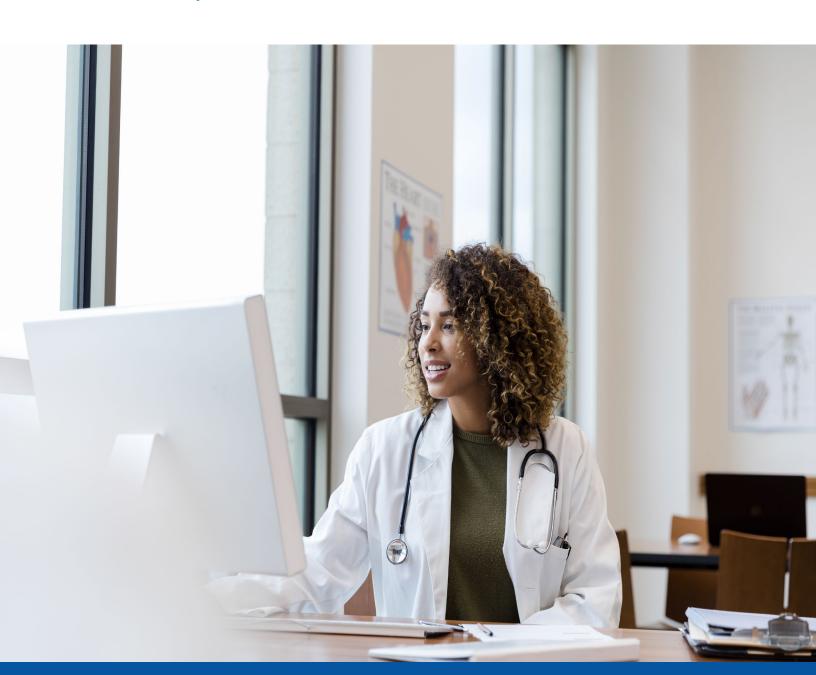# Provider Portal User Guide

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

800-700-3874, ext. 5504

Table of Contents

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

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.

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).

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.

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

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.

5. 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?	○ Yes ○ No
Check the status of claims?	○ Yes ○ No
View Remittance Advices?	○ Yes ○ No
View Referrals and Authorizations?	○ Yes ○ 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

[Submit Form] [Reset Form]

6. 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.

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.

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.

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).

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

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

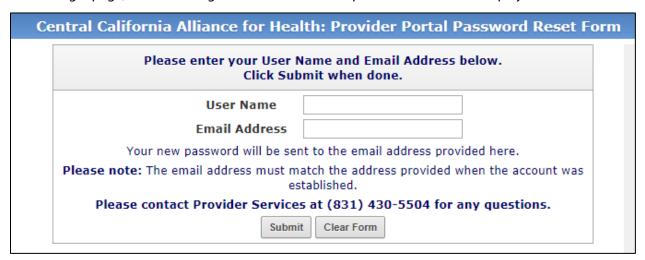If you have an existing Portal account and forgot the User Name associated with the account, you can retrieve the User Name. **To retrieve the User Name, you need to have access to the email address you used when you registered the account.**

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

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

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.

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.

- **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**—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.

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.
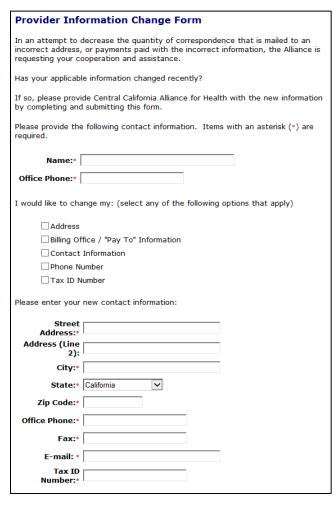

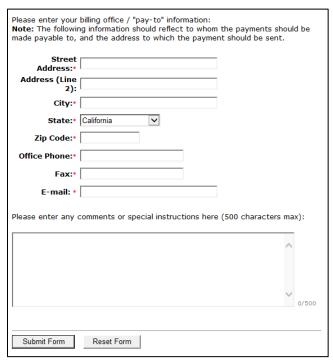2. Click **Change Password**. You are redirected to the Portal home page.

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:* California

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:* California

Zip Code:*

Office Phone:*

Fax:*

E-mail: *

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

0/500

Submit Form   Reset Form

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.

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.

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.

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.

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.

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.

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.

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.
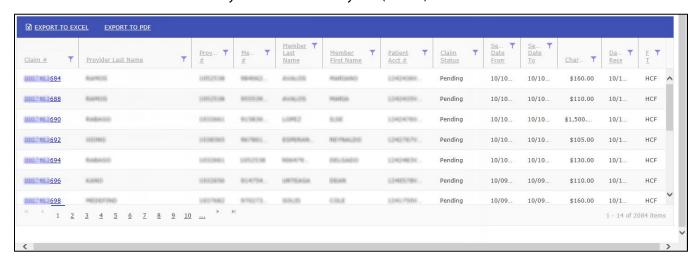
	Claims Search
○ Search by Date ○ Search by Claim Number ● Search by Patient Account Number	
Patient Acct #: [_____]	
[Search]	

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.
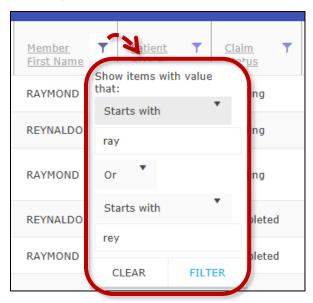
Claims Search Results

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).

☒ EXPORT TO EXCEL	EXPORT TO PDF											
Claim # ▼	Provider Last Name ▼	Prov... # ▼	Me... # ▼	Member Last Name ▼	Member First Name ▼	Patient Acct # ▼	Claim Status ▼	Se... Date From ▼	Se... Date To ▼	Char... ▼	Da... Rece ▼	F... T ▼
...684							Pending	10/10...	10/10...	$160.00	10/1...	HCF
...688							Pending	10/10...	10/10...	$110.00	10/1...	HCF
...690							Pending	10/10...	10/10...	$1,500....	10/1...	HCF
...692							Pending	10/10...	10/10...	$105.00	10/1...	HCF
...694							Pending	10/10...	10/10...	$130.00	10/1...	HCF
...696							Pending	10/09...	10/09...	$110.00	10/1...	HCF
...698							Pending	10/09...	10/09...	$160.00	10/1...	HCF
◁ ◁ 1 2 3 4 5 6 7 8 9 10 ... ▷ ▷											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

First Name, you could filter on <u>Starts with</u> "ray" <u>Or</u> <u>Starts with</u> "rey" if you 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.

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.
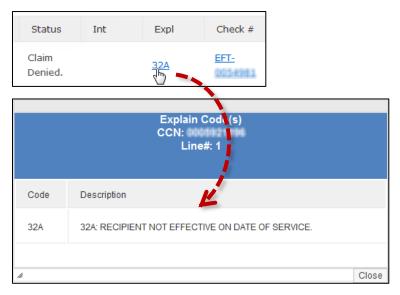

The Claim Detail window shows information from the search results page, plus details about the line items on the claim.
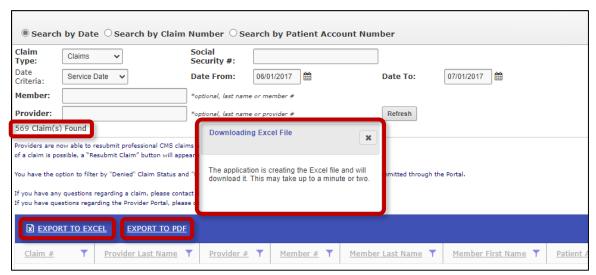
   b. Click the link in the Check # column to see check details for the line item. If the link is labeled "No," then no check was written for the line item.

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.

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**.

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.

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.)

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.

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

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: 767
Provider #: **Provider Name:** MUHAMMAD SHABBIR
Member #: **Member Name:**
Claim # 767 resubmitted as claim # 809

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.

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.

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.

2. Provide your search criteria:
   - In the Check Type dropdown list, select the appropriate type:
     - o Select "Claim" to search for RAs that show payment or denial details for Fee-for-Service claims.
     - o 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.

- 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.

RA Search
○ Search by Date ● Search by Check Number ○ Search by Claim Number
Check number: [   ]   [Search]

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.

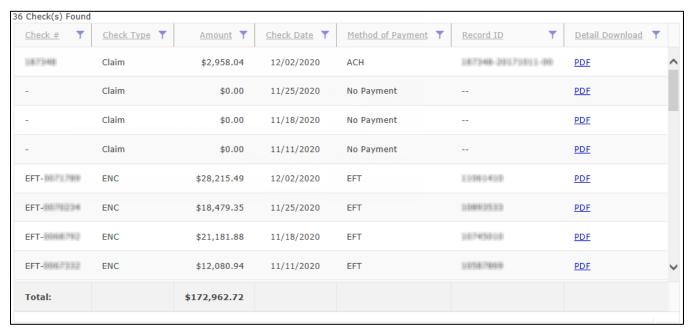| RA Search |
|---|
| ○ Search by Date ○ Search by Check Number ● Search by Claim Number |
| **Claim number:** [   ]   [Search] |

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.)
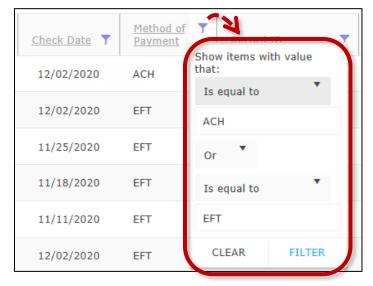
Remittance Advice Search Results

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
36 Check(s) Found						
[blurred]	Claim	$2,958.04	12/02/2020	ACH	[blurred]	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-[blurred]	ENC	$28,215.49	12/02/2020	EFT	[blurred]	PDF
EFT-[blurred]	ENC	$18,479.35	11/25/2020	EFT	[blurred]	PDF
EFT-[blurred]	ENC	$21,181.88	11/18/2020	EFT	[blurred]	PDF
EFT-[blurred]	ENC	$12,080.94	11/11/2020	EFT	[blurred]	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.

4. 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 <u>Is equal to</u> "ACH" <u>Or</u> <u>Is equal to</u> "EFT" to find RAs for only those two methods of payment. You can apply filters to more than one column.
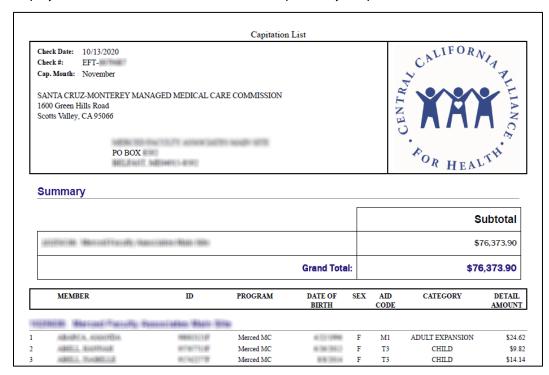

5. View a detailed PDF document for an RA:
    a. Click the "PDF" link in the Detail Download column for an RA or Capitation Report. (Note that if you searched for RAs by date with the Claim Type of "Capitation," you can also view a spreadsheet version of the Capitation Report by clicking the "Excel" link in the Detail Download column.)
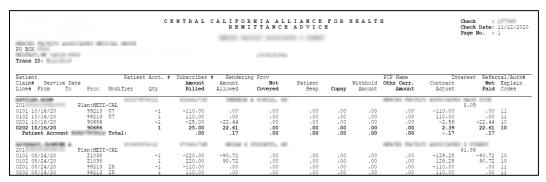
The RA PDF file opens in a new window. (Depending on your browser and its configuration, you may be prompted to open or download the PDF file.)

- If you searched for RAs by date with the Claim Type of "Capitation," or if you searched by check number with a check number for a capitation payment, a Capitation List displays member details and dollar amounts paid for your practice.

- For all other RA searches, a Remittance Advice form shows itemized claims processing information for the corresponding check.

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

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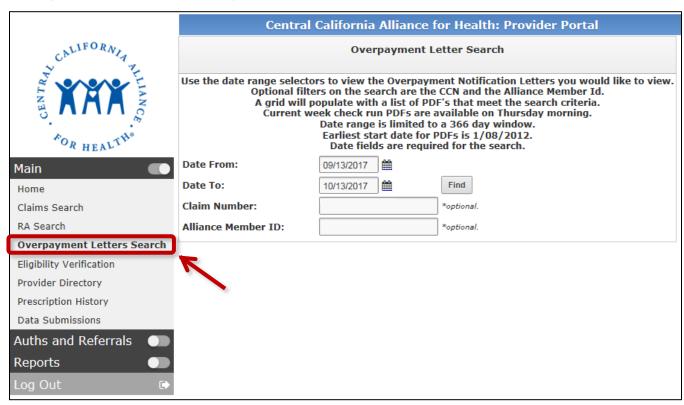
Upon receipt of the overpayment letter, the provider has thirty (30) business days to respond to the Alliance. Providers can:

- 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.

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

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.

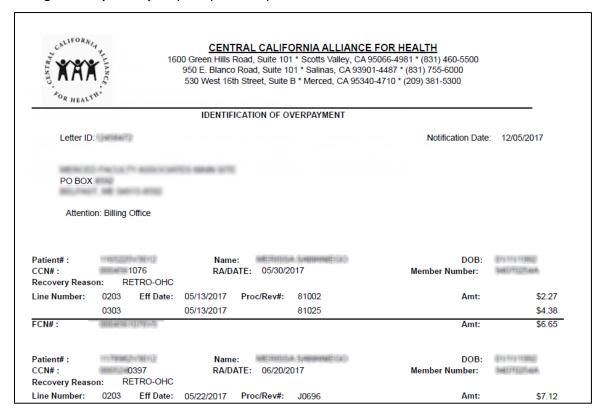3. Click **Find**. The results display in the lower part of the page.

    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).

6 Overpayment Letter(s) Found			
Letter ID ▼	Recovery Letter Date ▼	Name ▼	Recovery Letter ▼
	3/8/2017	MEDICAL GROUP	Click to view PDF of Letter
	3/29/2017	MEDICAL GROUP	Click to view PDF of Letter
	4/12/2017	MEDICAL GROUP	Click to view PDF of Letter

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.

Recovery Letter ▼
Click to view PDF of Letter
Click to view PDF of Letter

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.)
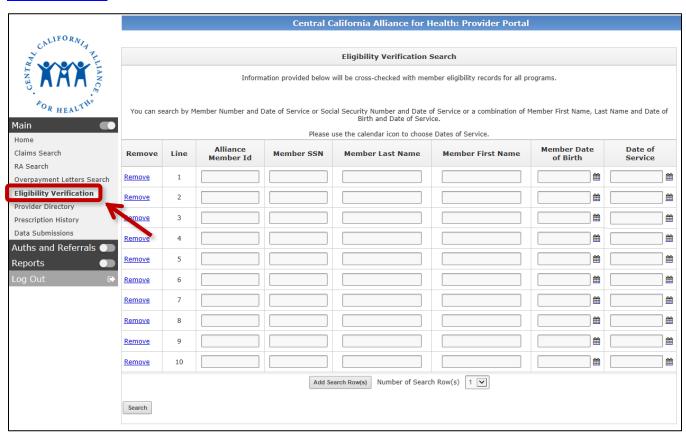

The overpayment letter shows an itemized account of the claims that contributed to the overpayment.

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

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.

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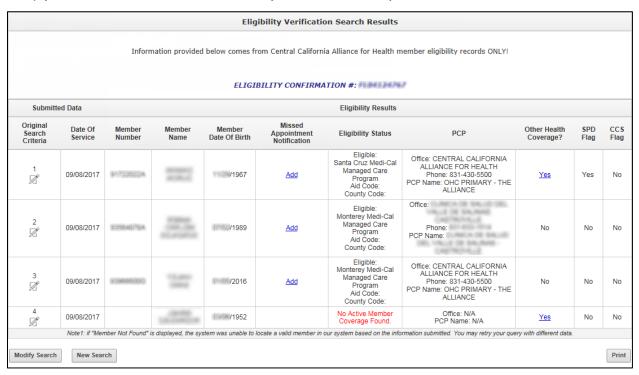
   NOTE: You can verify eligibility for multiple members at one time by entering information on multiple search rows. If you need additional rows, select a number of rows to add in the dropdown list at the bottom of the page and click **Add Search Row(s)**.

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

3. 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).
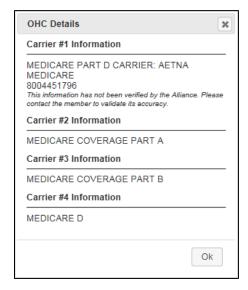
Eligibility Verification Search Results										
Information provided below comes from Central California Alliance for Health member eligibility records ONLY!										
ELIGIBILITY CONFIRMATION #:										
Submitted Data					**Eligibility Results**					
Original Search Criteria	Date Of Service	Member 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
Note1: 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.										

Modify Search   New Search   Print

4. 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.

5. Sort the table by a column by clicking the column heading.

6. 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.

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

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.
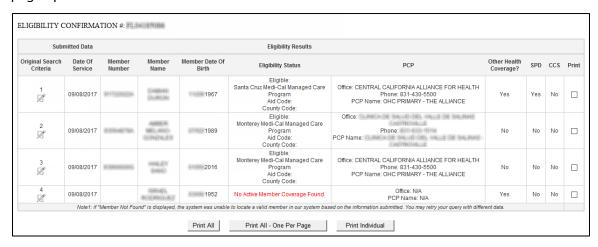

- **SPD Flag** shows whether the member is a Senior or Person with Disability (SPD). For more information, see the Seniors and Disabilities page on the Alliance website.

- **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.

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:

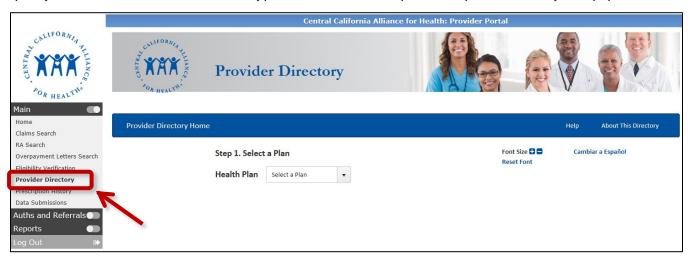   a. Click the "Add" link in the Missed Appointment Notification column of the results table. A "Member Appointment No-Show Notification" window opens.

    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.

    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**.

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.
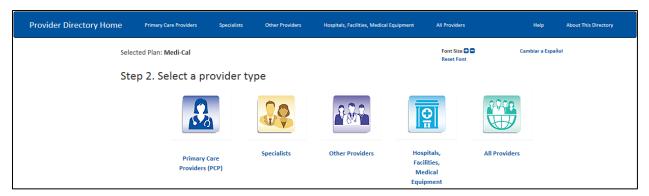

- On the home page of the Provider Directory, you can get help on the Alliance Provider Directory by clicking **Help** in the banner at the top of the page.

- 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.

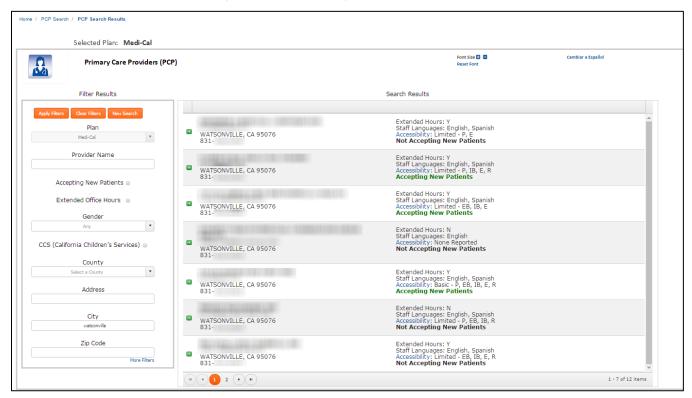3. On the Step 2 page, select a provider type by clicking the appropriate icon or the link below it.

4. On the search page, specify your criteria depending on your provider type selection above:
   - **Primary Care Providers (PCP)—**Specify any of the following:
     o Provider Name: Type part or all of a specific PCP's first or last name.
     o Accepting New Patients: Select the checkbox to find PCPs with new patient capacity.
     o Extended Office Hours: Select the checkbox to find PCPs who have indicated that they offer extended hours.
     o Gender: Select Male or Female to find PCPs of a specific gender.
     o CCS (California Children's Services): Check to find providers that are able to provide California Children's Services program services.
     o 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:
     o Specialist Name: Type part or all of a specific specialist's first or last name.
     o Specialty/Type: Select the specialty for the provider you are seeking.
     o Gender: Select Male or Female to find specialists of a specific gender.
     o CCS (California Children's Services): Check to find providers that are able to provide California Children's Services program services.
     o 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.

- **Other Providers** (Physical Therapy, Occupational Therapy, Speech Therapy, or Chiropractic)—Specify any of the following:
  - o Specialist Name: Type part or all of a specific provider's first or last name.
  - o Specialty/Type: Select the specialty for the provider you are seeking.
  - o Gender: Select Male or Female to find providers of a specific gender.
  - o CCS (California Children's Services): Check to find providers that are able to provide California Children's Services program services.
  - o 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:
  - o Facility Name: Type part or all of a specific facility's name.
  - o Facility/DME Type: Select the type of facility or equipment you are seeking.
  - o 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:
  - o Provider Name: Type part or all of a provider's first or last name.
  - o NPI: Type part or all of a specific provider's National Provider Identifier (NPI).
  - o 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.

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).

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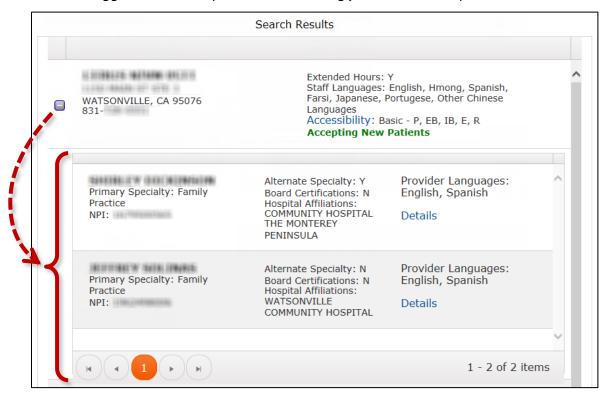
2. When there is more than one page of providers in your search results, controls display at the bottom of the page.

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)

13 — 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.

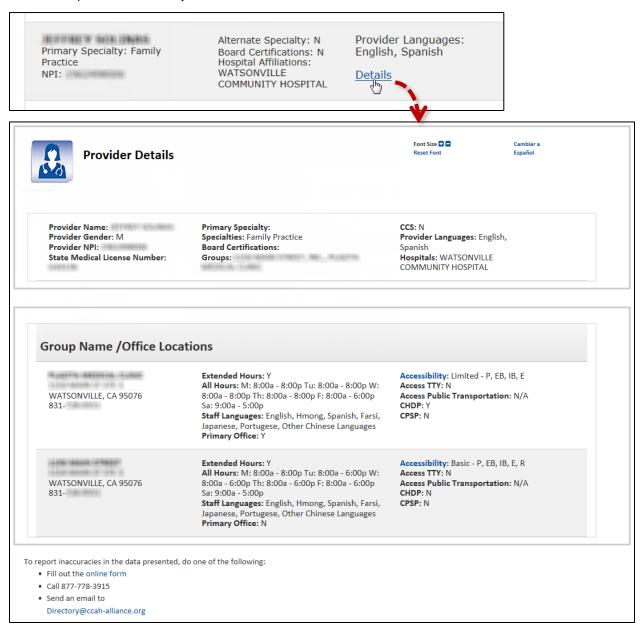   - For **Hospitals, Facilities, Medical Equipment** searches, skip to step 17 on page 47.

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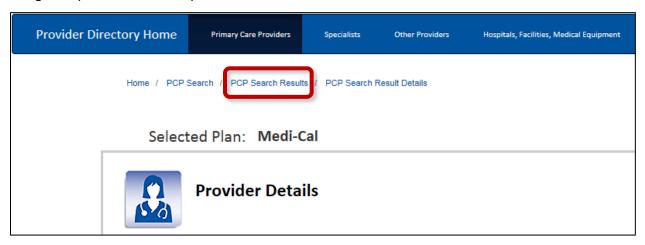
NOTE: When there are more than two affiliated providers, the controls at the bottom of the section allow you to view all of the providers, two at a time.

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

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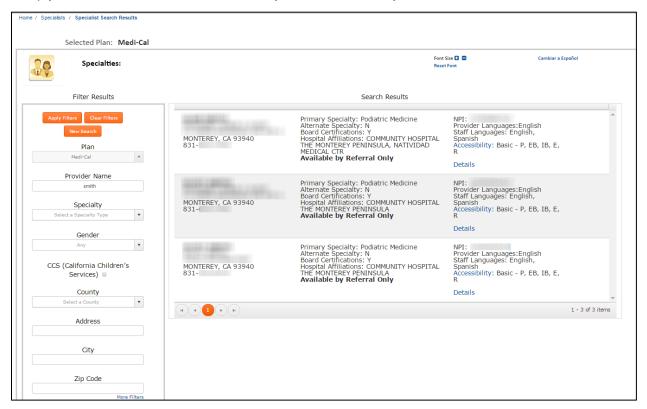
8. To report inaccuracies in the information shown, you can click the "online form" link at the bottom of the provider details page to fill out and submit an online form, or you can contact the Alliance via phone or email as shown.

9. To return to your search results from the provider details page, click "PCP Search Results" in the navigation path. Return to step 5 above.

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

11. For Specialist, Other Provider and All Provider searches, the results display information about the providers and facilities that match your search criteria.
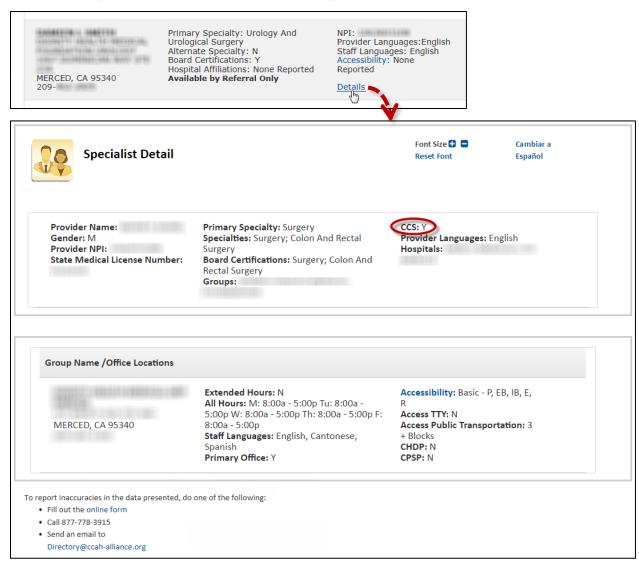
    NOTE: Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

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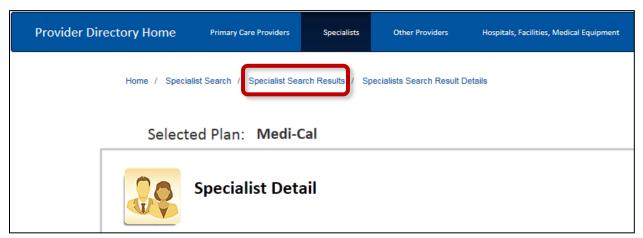
13. You can display additional details about a provider by clicking the "Details" link for the provider.

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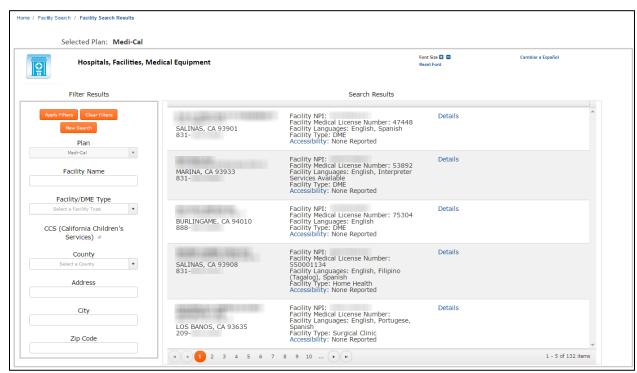
14. To report inaccuracies in the information shown, you can click the "online form" link at the bottom of the provider details page to fill out and submit an online form, or you can contact the Alliance via phone or email as shown.

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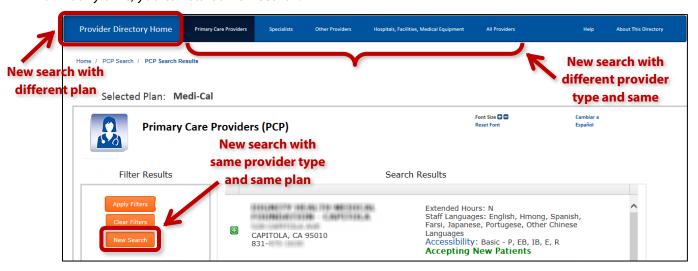
    NOTE: Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

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

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:

- 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.)

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.

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.

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).

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

3 Prescription(s) Found for Member

4. 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.

5. Sort the table by a column by clicking the column heading.

6. 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.
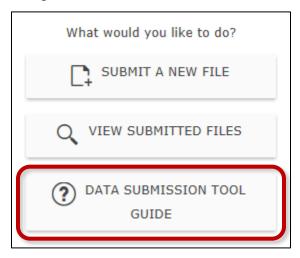
Data Submissions

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.

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.

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.

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.

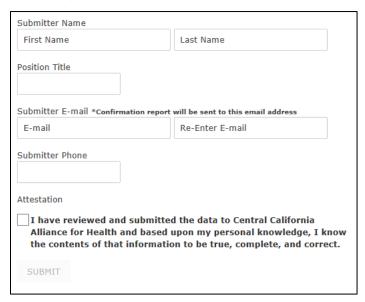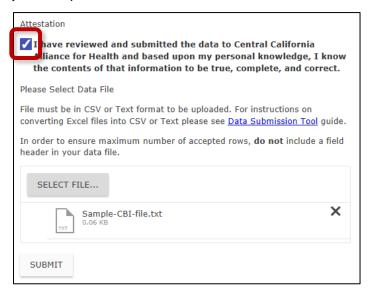4. Select the appropriate option button to indicate how the data in the submission file was collected:

    - **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.

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.

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...
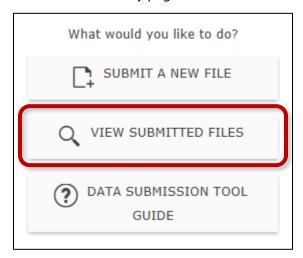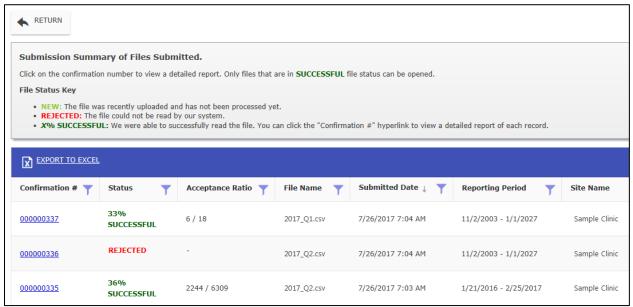
Sample-CBI-file.txt
0.06 KB   ✕

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**.

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.

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.

5. 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.

6. Export the file summary information to Excel:
   a. In the blue bar in the middle of the page, click **Export To Excel**.

   b. Depending on your browser and its configuration, you are prompted to open or download the exported Excel file.

   c. In the file, you can use Excel functions such as sort, filter, search, sum, and print.

7. Display a detailed report for a successfully submitted file:
   a. 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

X EXPORT TO EXCEL

Data Validation Results	Rejection Reason(s)	Alliance Member ID	DOB	HbA1c Screening Date	CPT Code	LOINC Code	HbA1c Test Value
ACCEPTED			11/23/2...	4/27/2017	83036		7.0
ACCEPTED			1/20/2004	4/10/2017		4548-4	3.0
ACCEPTED			7/24/2009	4/14/2017	3045F		13.0
ACCEPTED			4/20/2004	5/19/2017	83036		5.0
REJECTED			4/20/2004	5/19/2017	83036		1.0
REJECTED	• INVALID RESULT		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		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.

   b. Export details information to Excel similarly to step 6 above.

8. Click **Return** to go back to the File Submission Summary page.

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.
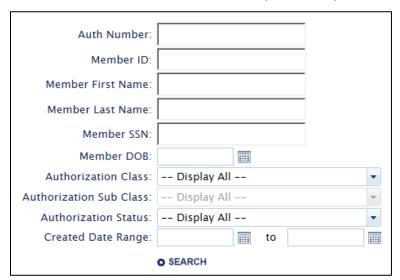

1. To display the Authorizations and Referrals Search page, click Authorization / Referral Search in the "Auths and Referrals" section of the menu bar.

   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.

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.

4. 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/SubClas	Type	Status	Requested		
▶ V171▓▓▓	▓▓▓▓	▓▓▓▓	▓▓▓▓	▓▓▓▓	Referral (Authorized Referral)	Pre–Service	Approved	10/4/2017	📄	🖨
▶ V171▓▓▓	▓▓▓▓	▓▓▓▓	▓▓▓▓	▓▓▓▓	Referral (Authorized Referral)	Pre–Service	Void	10/4/2017	📄	🖨
▶ C171▓▓▓	▓▓▓▓	▓▓▓▓	▓▓▓▓	▓▓▓▓	Referral (Consultation Request)	Pre–Service	Approved	10/4/2017	📄	🖨
▶ C171▓▓▓	▓▓▓▓	▓▓▓▓	▓▓▓▓	▓▓▓▓	Referral (Consultation Request)	Pre–Service	Approved	10/4/2017	📄	🖨
▶ D171▓▓▓	▓▓▓▓	▓▓▓▓	▓▓▓▓	▓▓▓▓	DME (Orthotics)	Pre–Service	Approved	10/4/2017	📄	🖨

5. Review the results table. Each row represents the information for one authorization.

6. Sort the table by a column by clicking the column heading. By default, the table is sorted by the Requested Date column.

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

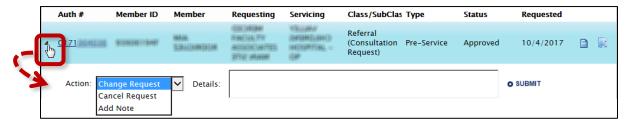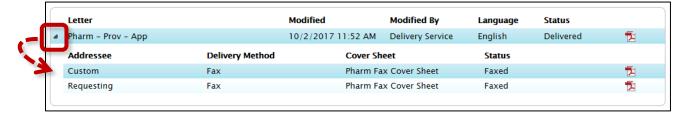| ⏮ | ◀ | ... | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | ... | ▶ | ⏭ |

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)
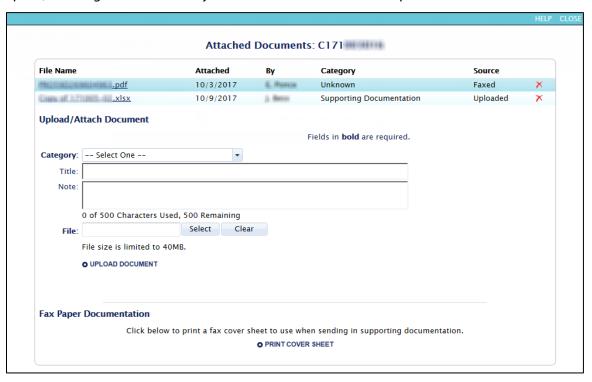
Page number — Display the corresponding page

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.

   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.
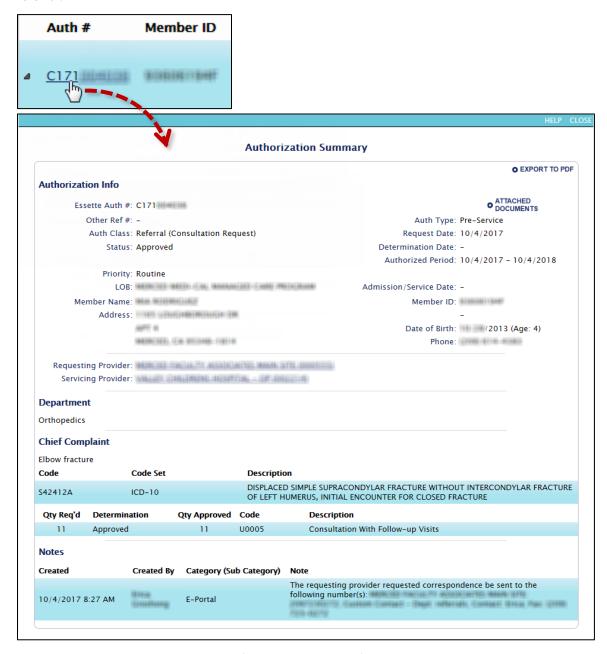

---

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.

    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.

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.

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.

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**.

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.

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

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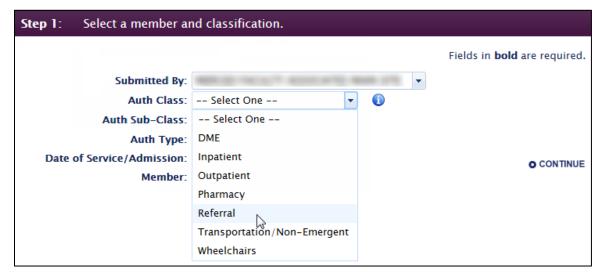
Begin by clicking Authorization / Referral Entry in the "Auths and Referrals" section of the menu bar to display the Submit Auth/Referral Request page, then proceed to "Referral Entry" on page 66 or to "Authorization Entry" on page 73.

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.

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."

    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.

    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 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.

- 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.)

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

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.

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 <u>where</u> 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.

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 🔍.

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.

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, Con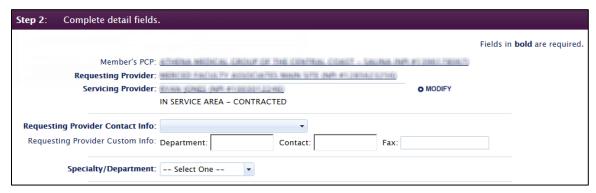tact Name and Fax Number. The Alliance requires this information in order to contact you with any questions about the request and to fax the authorization determination for the request. Lack of this information may cause a delay in status determination and additional need notification.

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.

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.

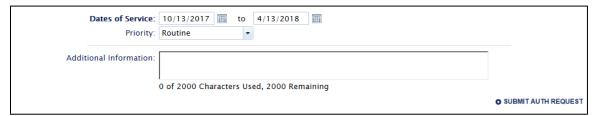| Chief Complaint:		
	0 of 1000 Characters Used, 1000 Remaining	
Diagnoses: Code	Description	
S62601B	FRACTURE OF UNSPECIFIED PHALANX OF LEFT INDEX FINGER, INITIAL ENCOUNTER FOR OPEN FRACTURE	✗
Add:	Enter a diagnosis code or part of the description.	⊙ SEARCH

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.

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.

Services:	Qty	Code	Description	
	1		Consultation With Follow-up Visits	✗
	OR Select specific service:	-- Select One -- ▼		⊙ ADD

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
	⊙ SUBMIT AUTH REQUEST

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.

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.

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 ✗ 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.

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.)

   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.

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.

    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.

    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

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.

- 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.)

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

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.

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 <u>where</u> 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 🔍.

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.

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.

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.

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			
	1	97001	PHYSICAL THERAPY EVALUATION	1 ▾	2 ▾	3 ▾	✖
				4 ▾			
			Add: _Enter a CPT/HCPCS code or part of the descri_	⊙ 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:	10/13/2017 ▦	to	4/13/2018 ▦
Priority:	Routine ▾		

Additional Information: [   ]

0 of 2000 Characters Used, 2000 Remaining

⊙ 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.

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.

    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 ✗ 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.

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.**

O PRINT 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:

O 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.
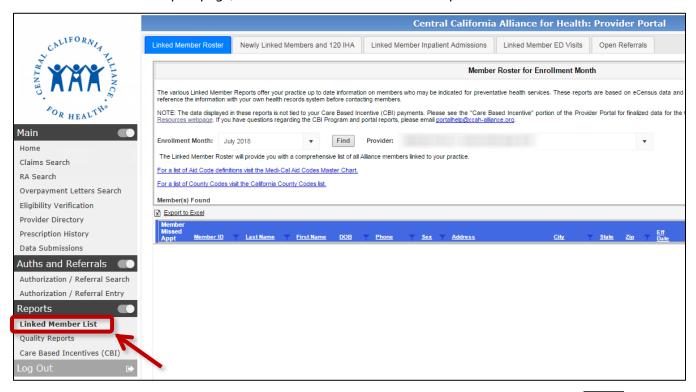
Reports

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.

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.

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.

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.

5. 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.

6. 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.

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.

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.

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:
        o   Merced County Medi-Cal (MCM).
        o   Monterey County Medi-Cal (MMC).
        o   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.

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.

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.
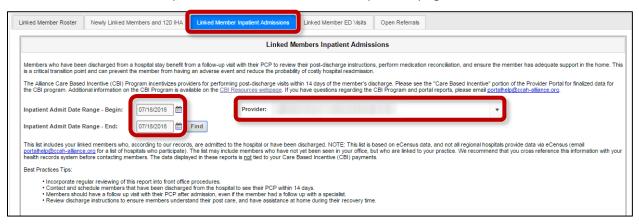
5. Review the report. Each row represents the information for one member. Note the following columns:

   - **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.

6. 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:

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

2. 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.

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 linked member count displays.

5. 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.

6. 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:

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

2. 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.

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.
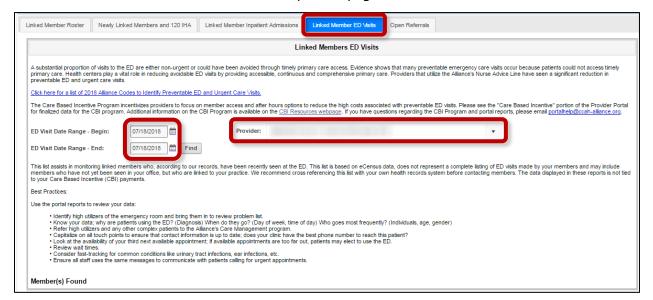

6. Review the report. Each row represents the information for one member. Note the following columns:
   - **Utilized** indicates whether the member has used the Consultation/Authorized Referral.

   - **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**.

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.

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.

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.

To run a monthly report:

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

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.

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).

Results

JULY 2018

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.
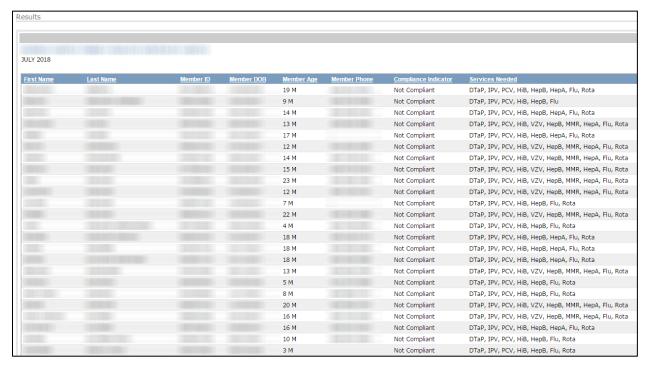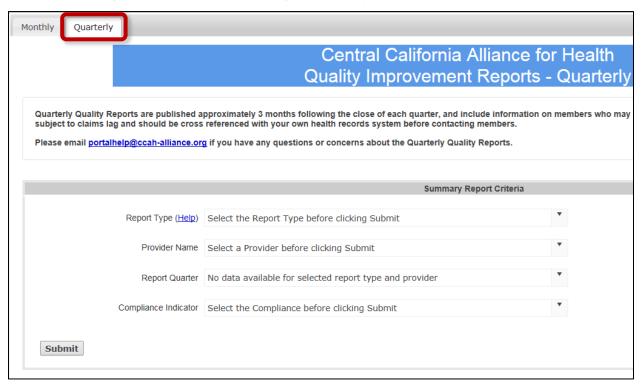
To run a quarterly report:

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

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.

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).

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.

    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.

- 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.

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.

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.

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.

7. 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:

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

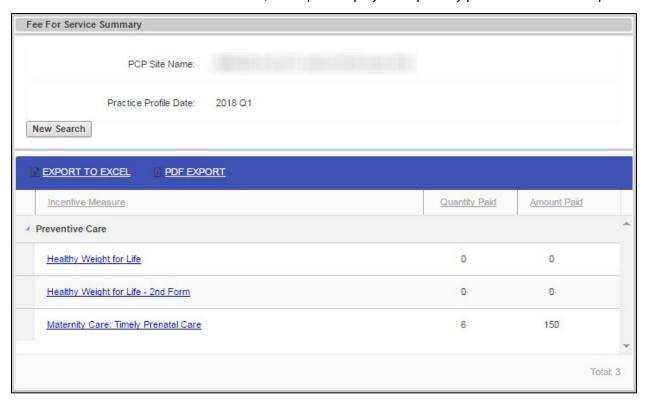8. Position your mouse pointer over the Site Rate number to display a description of the value.

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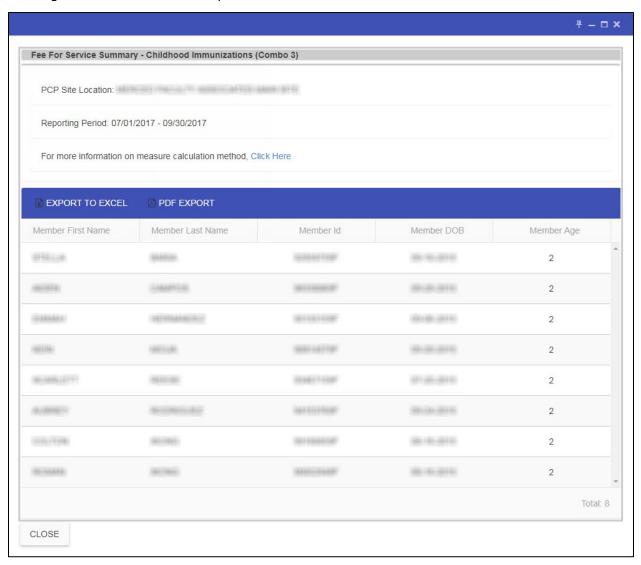

The graph includes your site rate, peer rate and national benchmark, where applicable.

10. Click **Close** at the lower left to return to the Programmatic Measure Summary page.

11. To continue, skip to step 15 on page 99.

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: ░░░░░░░░░░░░░░░░░░

Practice Profile Date: 2018 Q1

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

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

14. Click **Close** at the lower left to return to the Fee For Service Measure Summary page.

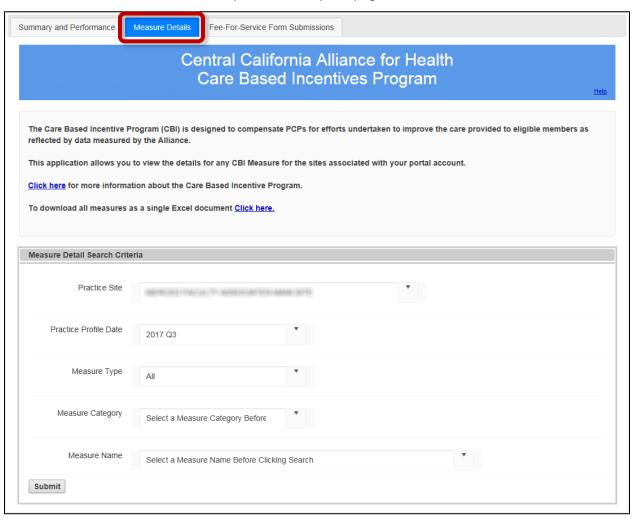15. To start a new search, click **New Search** in the middle of the page. Return to step 2 above.

16. For more report functions, see "CBI Report Functions" on page 104.

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.

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.

6. 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.

7. 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.

8. Click **Submit**. The report displays.

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.

9. For more report functions, see "CBI Report Functions" on page 104.

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.

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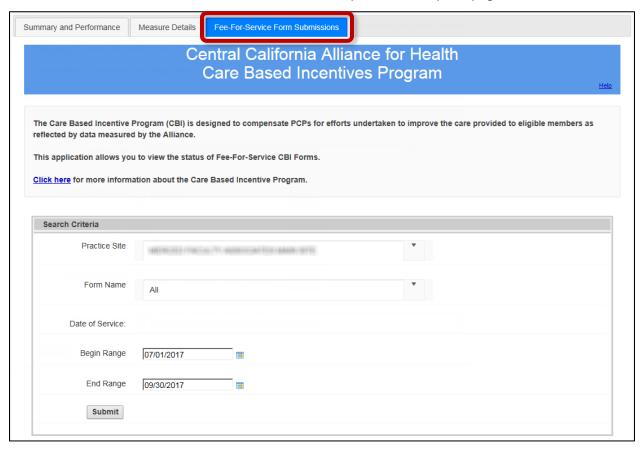
5. Click **Submit**. The report displays.

Fee-For-Service Form Submissions

Practice Site Name:	▓▓▓▓▓▓▓▓▓▓▓▓▓▓
Form Name:	All
Practice Profile Date of Service:	10/01/2017 - 12/31/2017

New Search

EXPORT TO EXCEL   PDF EXPORT

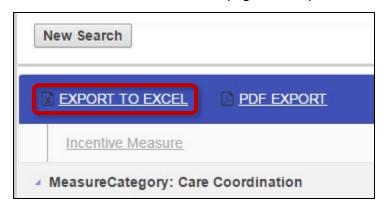| Member First Name	Member Last Name	Member Id #	DOB	Date Of Service	Received Date	Days Between Service And Receipt	Form Name	Status	Denial Reason	Pcp Name	Pcp Number
▓▓▓▓	▓▓▓▓▓	903▓▓▓▓	▓▓▓▓▓	10-05-2017	10-09-2017	3	HEALTHY WEIGHT FOR LIFE	PENDING PAYMENT NEXT CBI RUN		▓▓▓▓▓	▓▓▓▓
▓▓▓▓	▓▓▓▓▓	953▓▓▓▓	▓▓▓▓▓	11-21-2017	11-22-2017	2	EARLY PRENATAL CARE	PENDING PAYMENT NEXT CBI RUN		▓▓▓▓▓	▓▓▓▓
▓▓▓▓	▓▓▓▓▓	953▓▓▓▓	▓▓▓▓▓	11-21-2017	11-22-2017	2	EARLY PRENATAL CARE	DENIED/REJECTED	DUPLICATE FORM SUBMISSION	▓▓▓▓▓	▓▓▓▓
▓▓▓▓	▓▓▓▓▓	902▓▓▓▓	▓▓▓▓▓	10-09-2017	10-10-2017	2	EARLY PRENATAL CARE	DENIED/REJECTED	FORM IS INCOMPLETE	▓▓▓▓▓	▓▓▓▓

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.

6. For more report functions, see "CBI Report Functions" on page 104.

CBI Report Functions

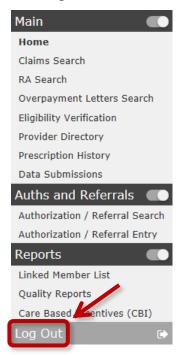The following functions are common to each of the linked member list reports:

- 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.

H E A L T H Y P E O P L E . **H E A L T H Y** C O M M U N I T I E S .

06-2022   www.thealliance.health   800-700-3874, ext. 5504   **104**

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.**

2022

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH®

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