

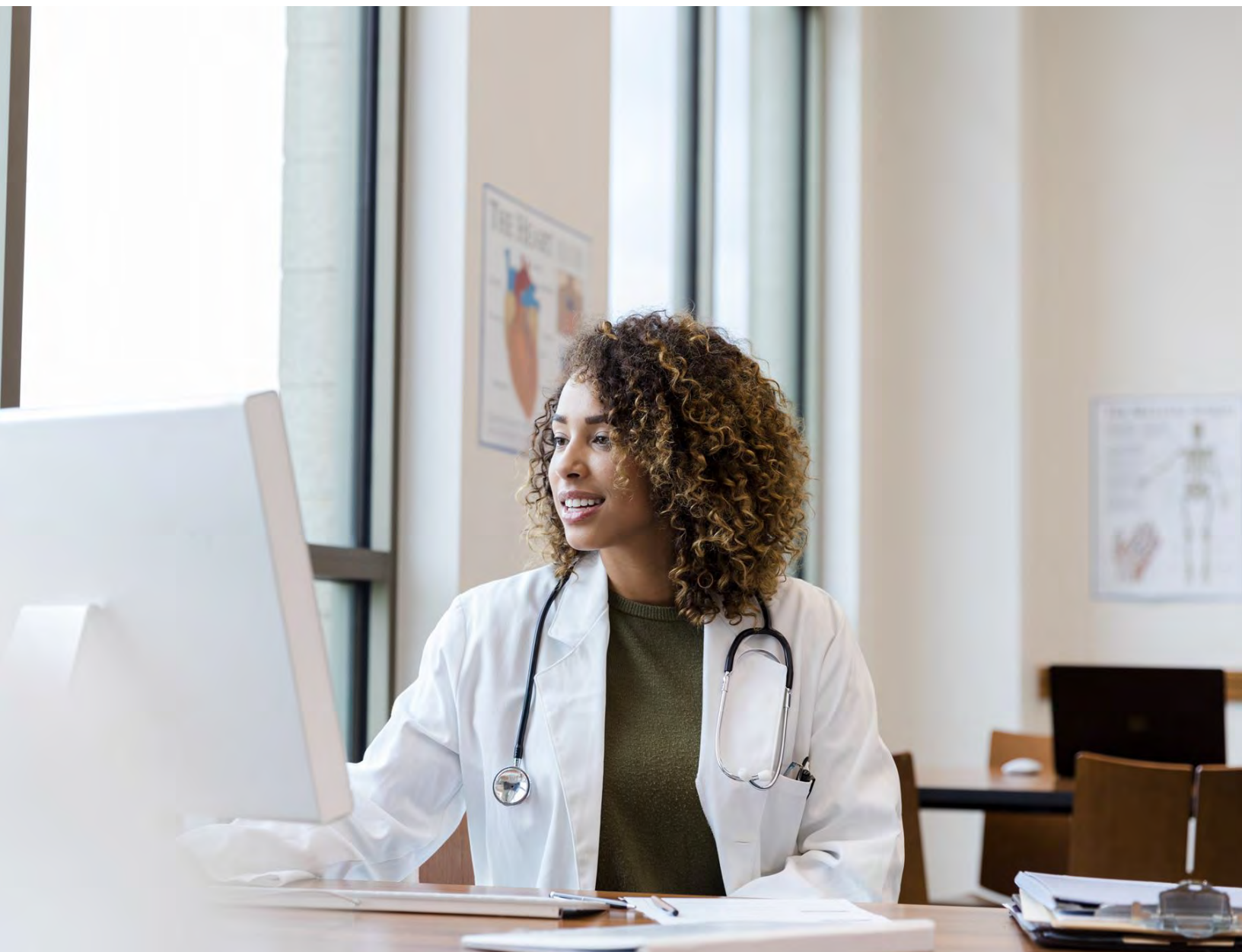


# Provider Portal User Guide



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

**800-700-3874, ext. 5504**



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

[www.thealliance.health](http://www.thealliance.health)

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# Section 1

## Introduction



### Introduction

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

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

Alliance office locations are noted below:

#### ***Mariposa County***

Central California Alliance for Health  
5362 Lemee Lane  
Mariposa, CA 95338-9556  
209-966-2000

#### ***Merced County***

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

#### ***Monterey County***

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

#### ***San Benito County***

Central California Alliance for Health  
1111 San Felipe Road, Suite 109  
Hollister, CA 95023-2814  
831-636-4180

#### ***Santa Cruz County***

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

## Section 1. Introduction

### Getting Started

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

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

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

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

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

### Browser Recommendation

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

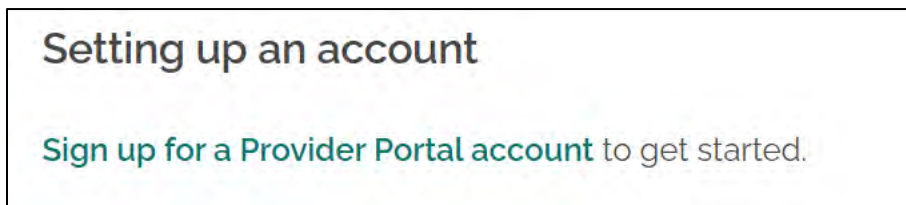


## Section 1. Introduction

### Creating a New User Account

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

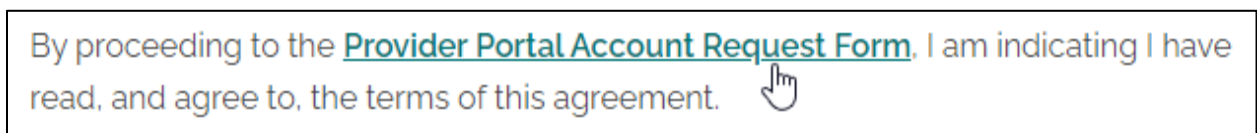
1. Access the [Provider Portal page \(www.thealliance.health/for-providers/provider-portal\)](http://www.thealliance.health/for-providers/provider-portal).
2. Scroll down the page and click the “Sign up for a Provider Portal account” link.



The Provider Portal Health Information Sharing Agreement displays.

A screenshot of a web page titled "Provider Portal Account Request Form". The title is in a large teal font, preceded by a teal heart icon with a stethoscope. Below the title, the heading "Provider Portal Health Information Sharing Agreement" is in a bold black font. The main body of text explains that providers must read and accept the agreement to set up an account. It includes a paragraph about the agreement being entered into by Central California Alliance for Health and the provider. At the bottom, there is a line of text for acceptance, with a teal link to the "Provider Portal Account Request Form" and a hand cursor icon pointing to it.

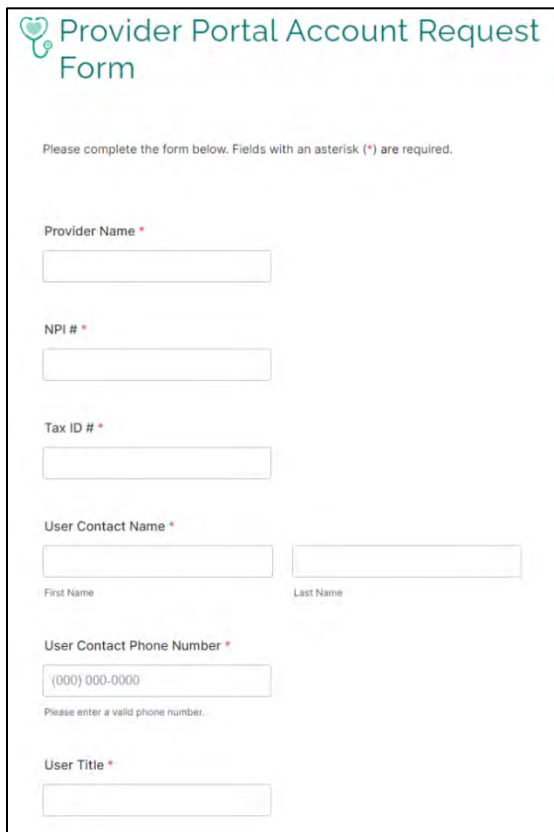
3. Read the entire agreement and click the link in teal at the bottom of the page to accept the terms of the agreement.



## Section 1. Introduction

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**

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

**Provider Name \***

**NPI # \***

**Tax ID # \***

**User Contact Name \***

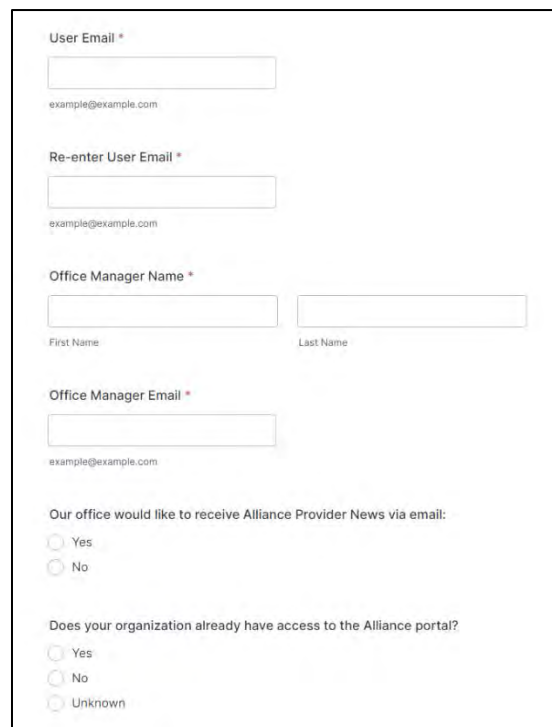
First Name Last Name

**User Contact Phone Number \***

(000) 000-0000

Please enter a valid phone number.

**User Title \***



**User Email \***

example@example.com

**Re-enter User Email \***

example@example.com

**Office Manager Name \***

First Name Last Name

**Office Manager Email \***

example@example.com

Our office would like to receive Alliance Provider News via email:

☐ Yes

☐ No

Does your organization already have access to the Alliance portal?

☐ Yes

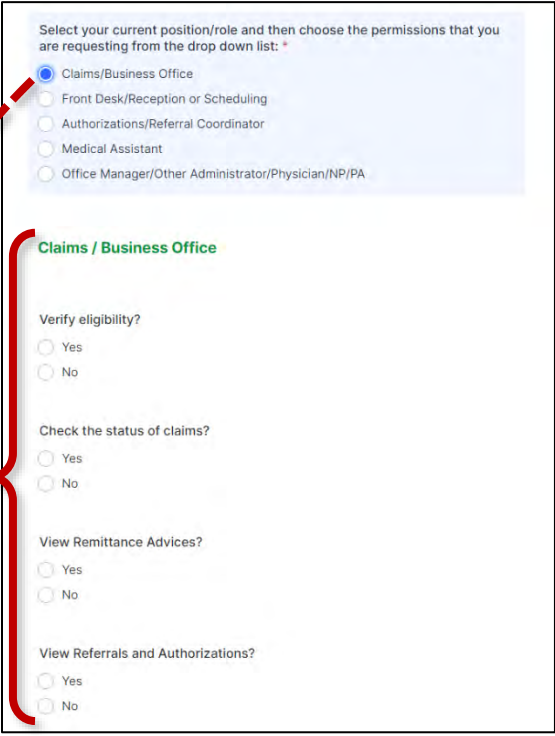
☐ No

☐ Unknown

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

## Section 1. Introduction

5. In the middle section of the form, select your current role or position and request access permissions for the applicable functions 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?

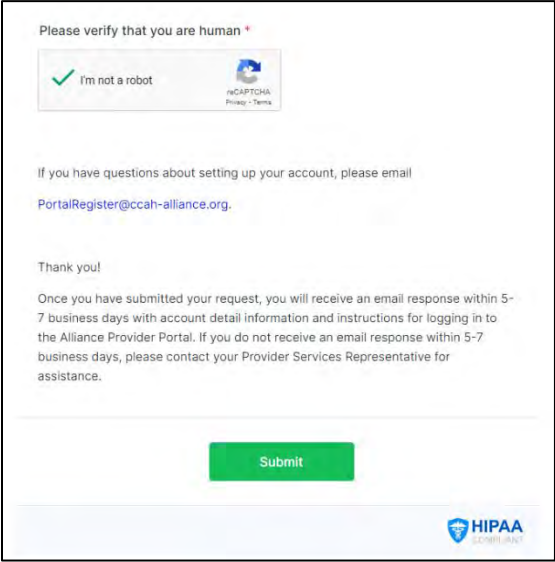
☐ Yes  
☐ No

View Referrals and Authorizations?


☐ Yes  
☐ No

A red dashed arrow points from the 'Claims/Business Office' radio button to the 'Verify eligibility?' section.

6. In the bottom section of the form, check the “I’m not a robot” reCAPTCHA checkbox and click **Submit**.



Please verify that you are human \*


☒ I'm not a robot 

If you have questions about setting up your account, please email [PortalRegister@ccah-alliance.org](mailto: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.

**Submit**



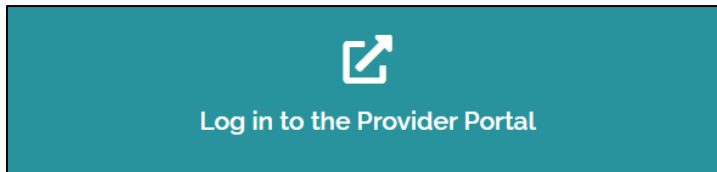
Once you have submitted a request, an email response will be sent to your email address within 5–7 business days with account detail information and instructions for logging in to the Portal. If you do not receive an email response within 5–7 business days, please contact your Provider Services Representative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

## Section 1. Introduction

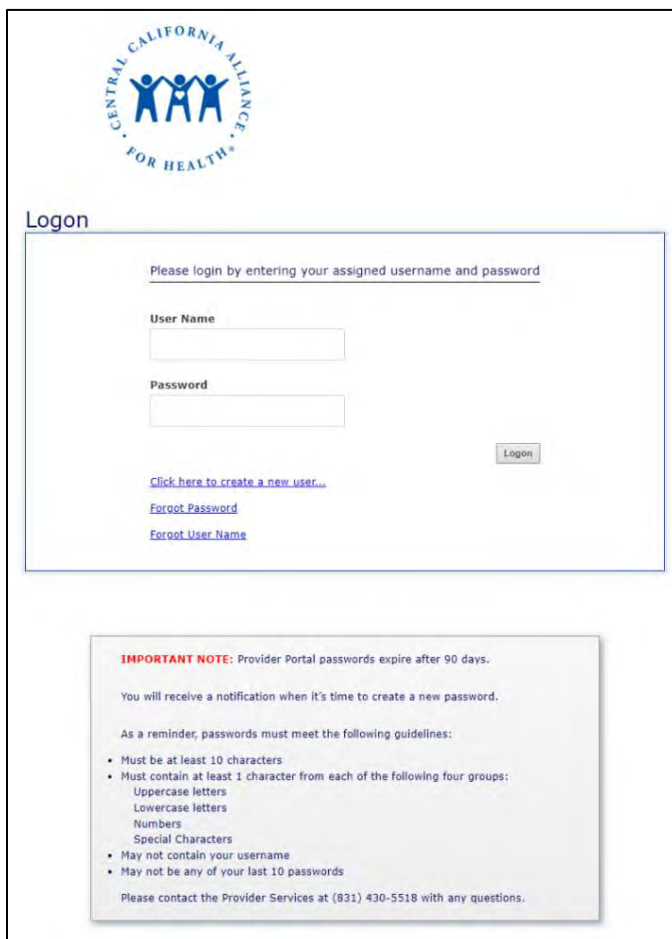
### Accessing the Alliance Provider Portal

Providers can access the Portal from the Provider Portal page on the Alliance website. Use the Logon 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 “Log in to the Provider Portal.”



The Logon page opens.



**Logon**

Please login by entering your assigned username and password

User Name

Password

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

[Forgot Password](#)

[Forgot User Name](#)

**IMPORTANT NOTE:** Provider Portal passwords expire after 90 days.

You will receive a notification when it's time to create a new password.

As a reminder, passwords must meet the following guidelines:

- Must be at least 10 characters
- Must contain at least 1 character from each of the following four groups:
  - Uppercase letters
  - Lowercase letters
  - Numbers
  - Special Characters
- May not contain your username
- May not be any of your last 10 passwords

Please contact the Provider Services at (831) 430-5518 with any questions.

From the Logon 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).

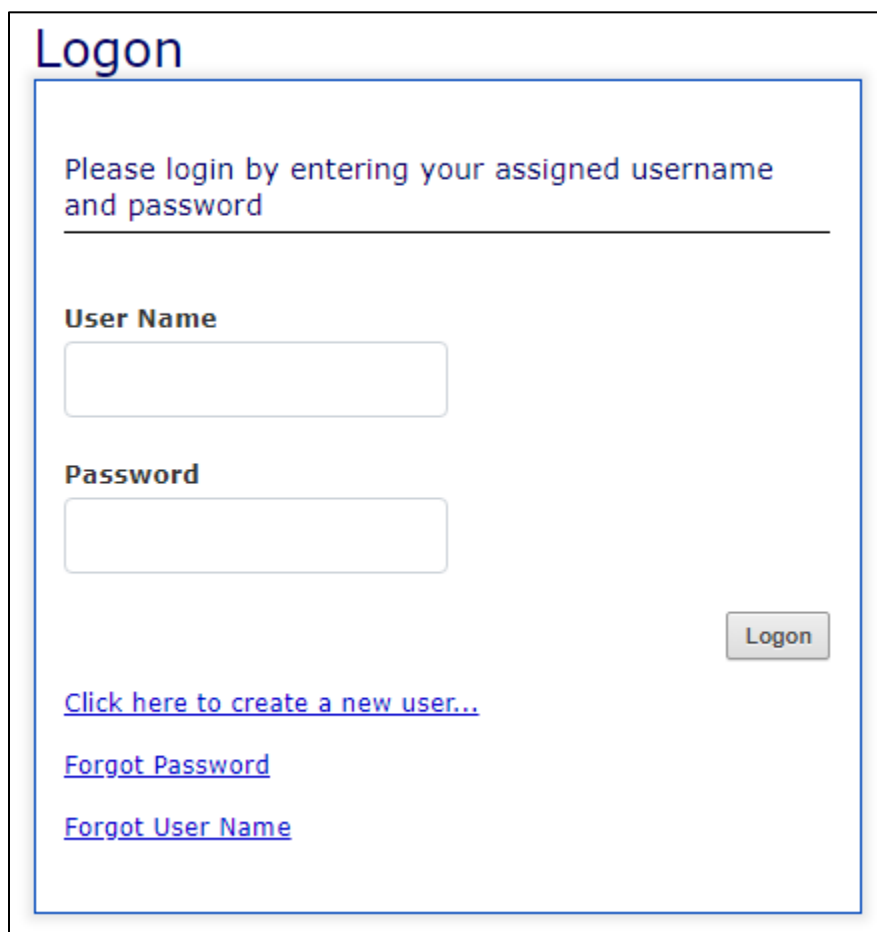
## Section 1. Introduction

### 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 Logon 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 Representative at 800-700-3874, ext. 5518.



The screenshot shows a web page titled "Logon" in a large blue font. Below the title is a blue-bordered box containing the following elements: a blue instruction "Please login by entering your assigned username and password" followed by a horizontal line; a "User Name" label above a white text input field; a "Password" label above a white text input field; a grey "Logon" button; and three blue hyperlinks: "Click here to create a new user...", "Forgot Password", and "Forgot User Name".

3. Click **Logon**.

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

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

## Section 1. Introduction

### Resetting a Forgotten Password

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

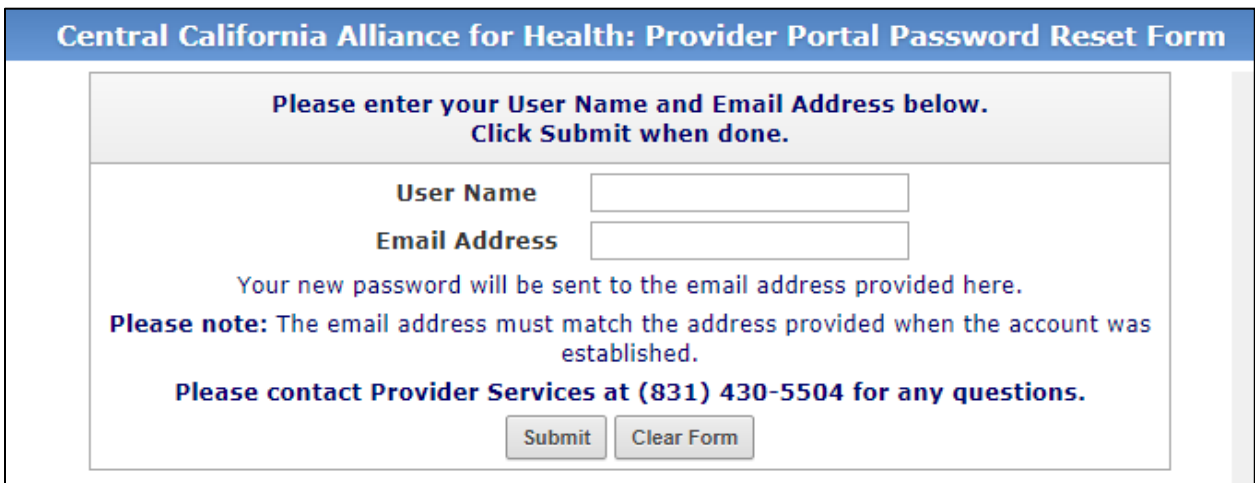
**NOTE:** Accounts are locked after three unsuccessful login attempts. If you are locked out of your account, please call the Provider Portal Representative at 800-700-3874, ext. 5518 for assistance.

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



The screenshot shows a web page with a 'Logon' button in the top right corner. Below it, there are three links: 'Click here to create a new user...', 'Forgot Password', and 'Forgot User Name'. The 'Forgot Password' link is highlighted with a red rectangular box, and a red arrow points to it from the right.

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



The screenshot shows a form titled 'Central California Alliance for Health: Provider Portal Password Reset Form'. The form contains the following text and fields:

- Please enter your User Name and Email Address below.**  
**Click Submit when done.**
- User Name** [text input field]
- Email Address** [text input field]
- Your new password will be sent to the email address provided here.
- Please note:** The email address must match the address provided when the account was established.
- Please contact Provider Services at (831) 430-5504 for any questions.**
- Submit** [button] **Clear Form** [button]

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 Logon 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.



## Section 1. Introduction

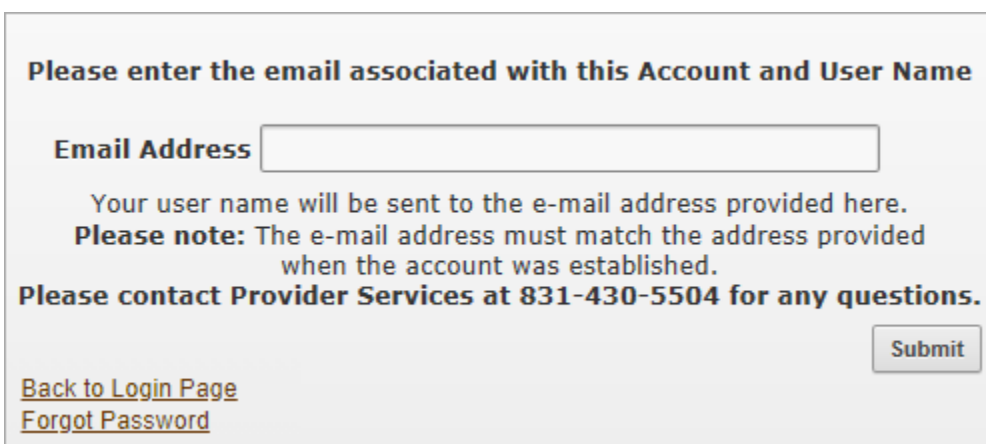
### Retrieving a Forgotten User Name

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



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

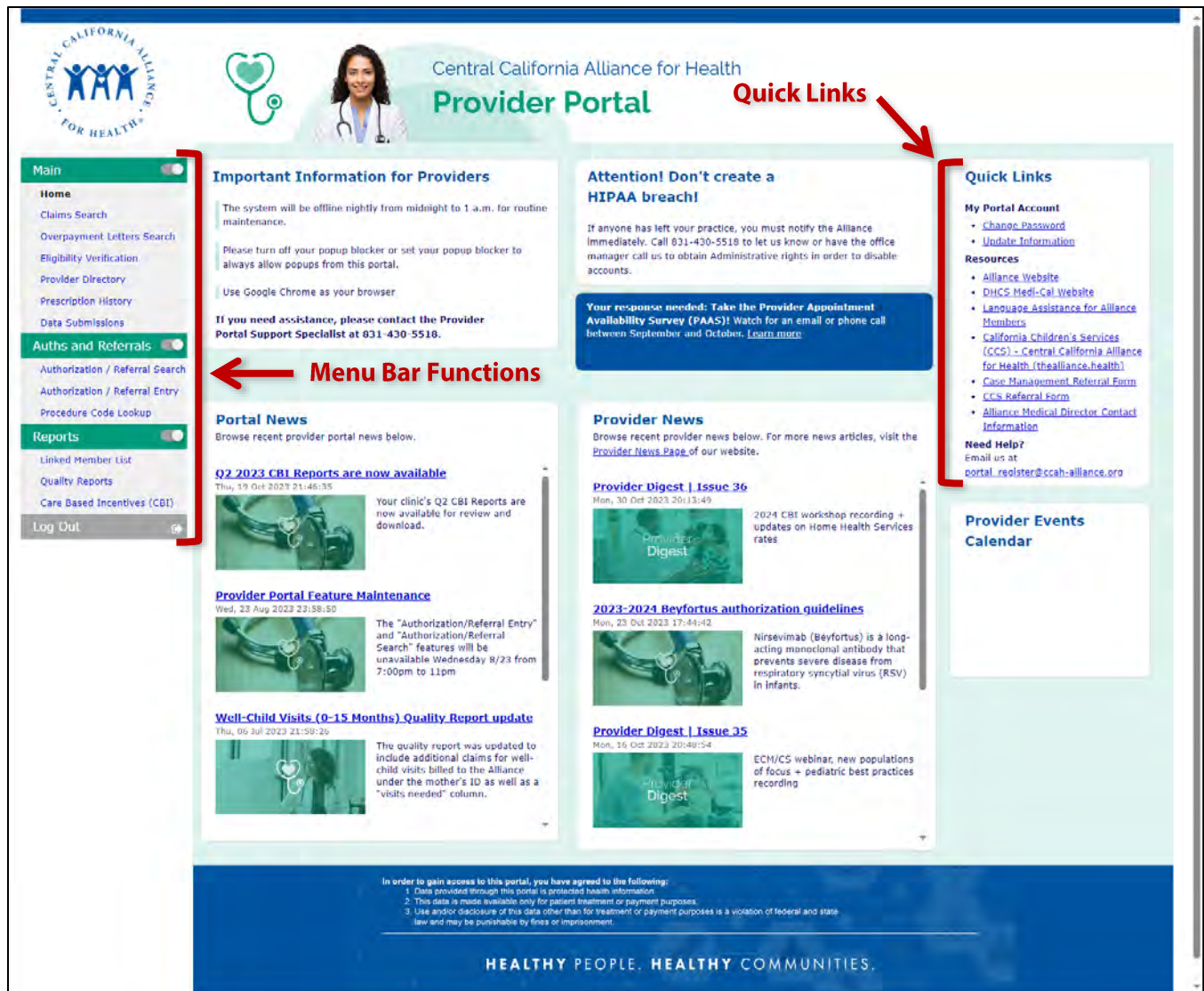


3. Type your email address in the field provided.
4. Click **Submit**.  
An email containing the User Name is sent to the specified email address.
5. When you have your User Name, click the “Back to Login Page” link to log in to the Portal.

## Section 1. Introduction

### Navigating the Portal Home Page and Accessing Portal Features

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



- **Quick Links**—Links to helpful functions, information and websites are located in the upper right section of the home page. For details, see Section 2, “Using the Quick 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.
- **Portal News, Provider News and Notices**—Important news and information displays in various sections of the home page.

# Section 2

## Using the Quick Links



### Using the Quick Links

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

### Quick Links

**My Portal Account**

- [Change Password](#)
- [Update Information](#)

**Resources**

- [Alliance Website](#)
- [DHCS Medi-Cal Website](#)
- [Language Assistance for Alliance Members](#)
- [California Children's Services \(CCS\) - Central California Alliance for Health \(\[thealliance.health\]\(http://thealliance.health\)\)](#)
- [Case Management Referral Form](#)
- [CCS Referral Form](#)
- [Alliance Medical Director Contact Information](#)

**Need Help?**  
Email us at  
[portal\\_register@ccah-alliance.org](mailto:portal_register@ccah-alliance.org)

- **My Portal Account**
  - **Change Password**—See “Changing Your Provider Portal Password” on page 12.
  - **Update Information**—See “Updating Your Information” on page 13.
- **Resources**
  - **Alliance Website**—Click this link to open the Alliance website home page ([www.thealliance.health](http://www.thealliance.health)) in a new window.
  - **DHCS Medi-Cal Website**—Click this link to open the DHCS Medi-Cal website ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)) in a new window.

## Section 2. Using the Quick Links

- **Language Assistance for Alliance Members**—See “Obtaining Language Assistance for Alliance Members” on page 13.
- **California Children’s Services (CCS)**— Click this link to open the CCS page on the Alliance website (<https://thealliance.health/for-providers/manage-care/california-childrens-services-ccs/>) in a new window.
- **Case Management Referral Form**—Click this link to open our [Case Management Referral Form](#) to fill in and fax to the Case Management team.
- **CSS Referral Form**—Click this link to open the [California Children’s Services Application Form \(DHCS 4480\)](#) on the DHCS website (<https://www.dhcs.ca.gov/>).
- **Alliance Medical Director Contact Information**—Click this link to open a list of the current Alliance Medical Director information in a new window.
- **Need Help?**—See “Requesting Technical Support” 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 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 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 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 Representative 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 prompted to change your password.
- **At your discretion.** You can change your Portal password anytime. To change your password, click the “Change Password” link in the Quick Links section of the Portal home page to display the Change Password page, and then follow the instructions below.

## Section 2. Using the Quick Links

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.

**Change Password**

⚠ Your password has expired. Please update your password in order to continue.

Please note that passwords:

- Must be at least 10 characters
- Must contain at least 1 character from **three** of the following **four** groups:
  - Uppercase letters
  - Lowercase letters
  - Numbers
  - Special Characters
- May not contain your username
- May not be any of your last 10 passwords

User Name: [blurred]

Current Password \* :

New Password \* :

Confirm Password \* :

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

## Updating Your Information

You can update your practice information at any time by clicking the “Update Information” link in the Quick Links section of the Portal home page. The Provider Information Change Form on the Alliance website opens in a new window. Fill out the fields with only updated information (note that fields with a red asterisk \* are required), perform the reCAPTCHA verification test and click **Review Answers**. On the Review Answers page, check the information you entered and then click **Submit 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 Quick Links section of the Portal home page. You can also visit the [Interpreter Services Quick Reference Guide](#) page on the Alliance website. Call the Alliance Health Education Line at 800-700-3874, ext. 5580 for more information.

## Requesting Technical Support

Click the email link ([portal\\_register@ccah-alliance.org](mailto:portal_register@ccah-alliance.org)) at the bottom of the Quick Links section of the Portal home page to create an email message in your default email client. When requesting Technical Support, please provide all relevant information in the email in order for the Alliance to resolve your issue promptly.


# Section 3

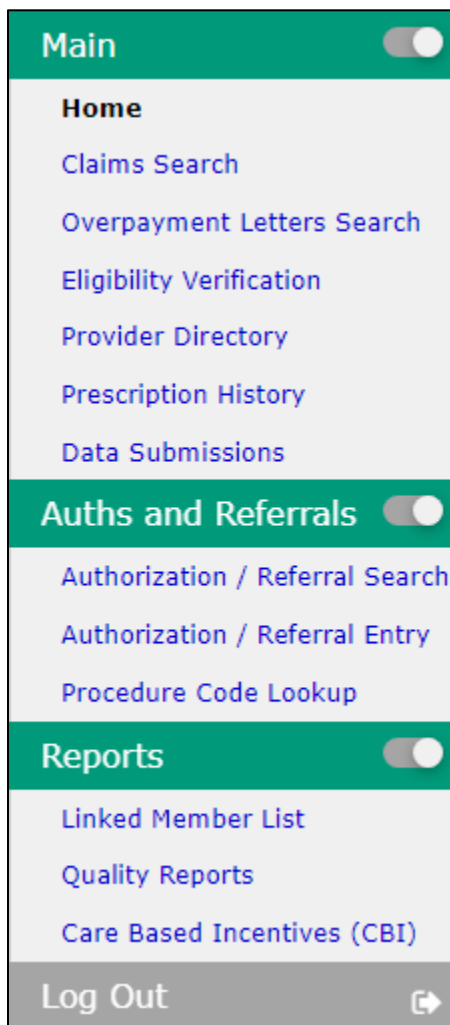
## Using the Menu Bar Functions



### Using the Menu Bar Functions

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

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



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



## Section 3. Using the Menu Bar Functions

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

Menu Bar Functions	See Page...
<b><a href="#">Main</a></b>	<b>16</b>
<a href="#">Home</a>	10
<a href="#">Claims Search</a>	16
<a href="#">Overpayment Letters Search</a>	26
<a href="#">Eligibility Verification</a>	29
<a href="#">Provider Directory</a>	34
<a href="#">Prescription History</a>	51
<a href="#">Data Submissions</a>	52
<b><a href="#">Auths and Referrals</a></b>	<b>59</b>
<a href="#">Authorization / Referral Search</a>	59
<a href="#">Authorization / Referral Entry</a>	66
<a href="#">Procedure Code Lookup</a>	81
<b><a href="#">Reports</a></b>	<b>85</b>
<a href="#">Linked Member List</a>	85
<a href="#">Quality Reports</a>	101
<a href="#">Care Based Incentive (CBI) Reports</a>	104
<b><a href="#">Log Out</a></b>	<b>116</b>

## Section 3. Using the Menu Bar Functions

### Main

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

### Claims Search

The Portal allows you to search claims by Date, Claim Number and Patient Account Number. The search returns only claims billed from your practice. For each type of search, the results format is the same—see “Claims Search Results” on page 19 for details. To display the Claims Search page, click Claims Search in the “Main” section of the menu bar.

**Central California Alliance for Health Provider Portal**

**Main** (Menu Bar)

- Home
- Claims Search** (Highlighted with red arrow)
- Overpayment Letter Search
- Eligibility Verification
- Provider Directory
- Prescription History
- Data Submissions

**Claims Search**

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

Claim Type:  Social Security #:

Date Criteria:  Date From:  Date To:

Member:  \*optional, last name or member #

Provider:  \*optional, last name or provider #

Claim(s) Found

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

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

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

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

## Section 3. Using the Menu Bar Functions

### 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.

The screenshot shows the 'Claims Search' form with the following fields and options:

- Search Options:** ☒ Search by Date, ☐ Search by Claim Number, ☐ Search by Patient Account Number
- Claim Type:** Claims (dropdown)
- Social Security #:** [Empty text field]
- Date Criteria:** Service Date (dropdown)
- Date From:** 10/01/2023 (with calendar icon)
- Date To:** 10/31/2023 (with calendar icon)
- Member:** [Empty text field] \*optional, last name or member #
- Provider:** [Empty text field] \*optional, last name or provider #
- Refresh:** [Refresh button]
- Claim(s) Found:** [Empty text field]

2. Provide your search criteria:
  - a. 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.
  - b. 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.
  - c. Optionally, enter a member's Social Security # in the field provided.
  - d. Optionally, enter other member information (last name or member #) in the Member field.
  - e. Optionally, enter provider information (last name or provider #) in the Provider field.
3. Click **Refresh**. The results display in the lower part of the page. The number of claims found displays at the lower left of the search criteria section.

The close-up shows the bottom of the search form with the following fields:

- Member:** [Empty text field] \*optional, last name or member #
- Provider:** [Empty text field] \*optional, last name or provider #
- 2083 Claim(s) Found** (highlighted with a red box)

4. For result details, see "Claims Search Results" on page 19.

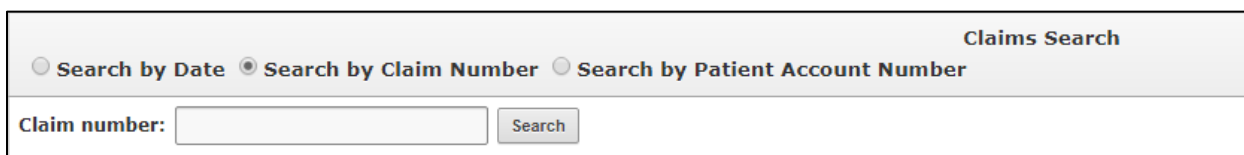
## Section 3. Using the Menu Bar Functions

### Claims Search by Claim Number

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

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

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



The screenshot shows the 'Claims Search' header. Below it are three radio buttons: 'Search by Date', 'Search by Claim Number' (which is selected), and 'Search by Patient Account Number'. Below the radio buttons is a text input field labeled 'Claim number:' and a 'Search' button.

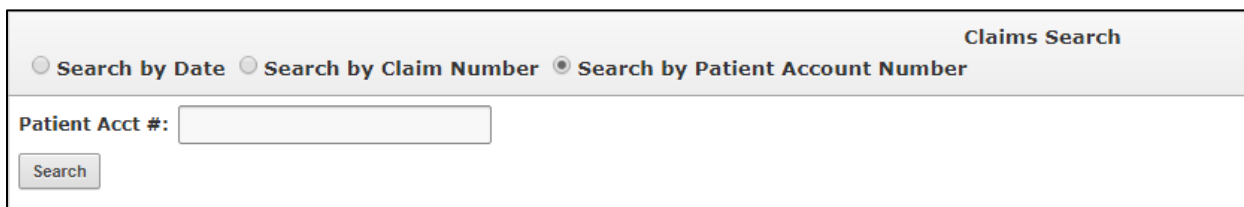
2. Type the Claim Number in the field provided.
3. Click **Search**. The results display in the lower part of the page. See “Claims Search Results” on page 19.

### Claims Search by Patient Account Number

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

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

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



The screenshot shows the 'Claims Search' header. Below it are three radio buttons: 'Search by Date', 'Search by Claim Number', and 'Search by Patient Account Number' (which is selected). Below the radio buttons is a text input field labeled 'Patient Acct #' and a 'Search' button.

2. Type the Patient Account Number in the field provided.
3. Click **Search**. The results display in the lower part of the page. See “Claims Search Results” on page 19.

## Section 3. Using the Menu Bar Functions

### 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

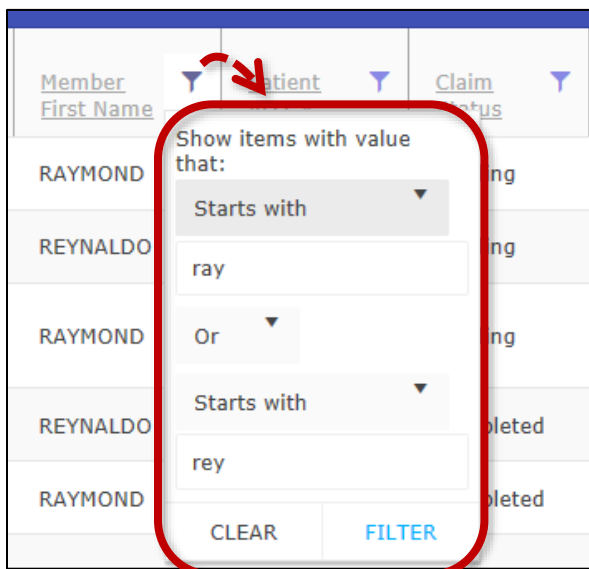
EXPORT TO PDF

Claim #	Provider Last Name	Prov... #	Me... #	Member Last Name	Member First Name	Patient Acct #	Claim Status	Se... Date From	Se... Date To	Char...	Da... Recd	F I
<a href="#">684</a>	RAYMOND	123456789	9876543	RAYMOND	RAYMOND	123456789	Pending	10/10...	10/10...	\$160.00	10/1...	HCF
<a href="#">688</a>	RAYMOND	123456789	9876543	RAYMOND	RAYMOND	123456789	Pending	10/10...	10/10...	\$110.00	10/1...	HCF
<a href="#">690</a>	RAYMOND	123456789	9876543	RAYMOND	RAYMOND	123456789	Pending	10/10...	10/10...	\$1,500.00	10/1...	HCF
<a href="#">692</a>	RAYMOND	123456789	9876543	RAYMOND	RAYMOND	123456789	Pending	10/10...	10/10...	\$105.00	10/1...	HCF
<a href="#">694</a>	RAYMOND	123456789	9876543	RAYMOND	RAYMOND	123456789	Pending	10/10...	10/10...	\$130.00	10/1...	HCF
<a href="#">696</a>	RAYMOND	123456789	9876543	RAYMOND	RAYMOND	123456789	Pending	10/09...	10/09...	\$110.00	10/1...	HCF
<a href="#">698</a>	RAYMOND	123456789	9876543	RAYMOND	RAYMOND	123456789	Pending	10/09...	10/09...	\$160.00	10/1...	HCF

12345678910...

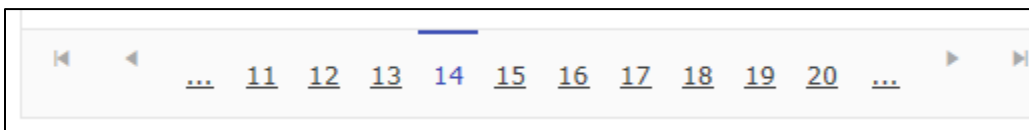
1 - 14 of 2084 items

1. Review the results table. Each row represents the information for one claim.
2. You can sort the table by a column by clicking the column heading.
3. You can 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 Starts with "ray" Or Starts with "rey" if you are unsure of the spelling. You can apply filters to more than one column.



## Section 3. Using the Menu Bar Functions

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

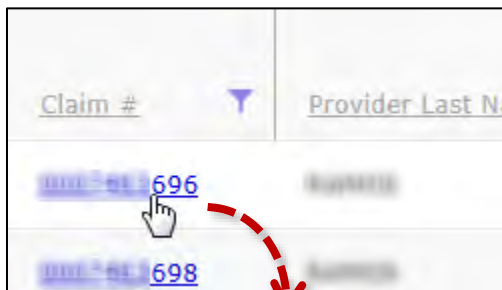


Click the controls to navigate the results:

- — 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.

- View claim details:

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



**Claim Search Results Detail**

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

**696**

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

CCN	Rec'd Date	Member ID	Member Name	Account Number	Program	Billing#	Billing Prov Name	Total Billed
696	10/19/2017	64792796	CHEN, WEN	CHEN, WEN	Member Health Care Management Care Program	1010000	WEN	\$105.00

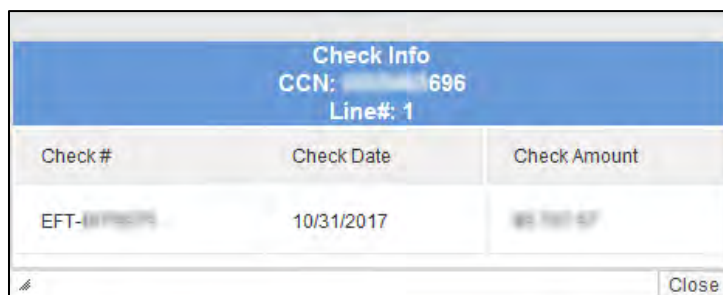
Line#	DOS	Proc	Mod	POS	Qty	Bill\$	Allow\$	Denied	Other	Net	Status	Int	Expl	Check #
1	2017-10-13 - 2017-10-13	U8			1.0000	\$80.00	\$77.09	\$0.00	\$0.00	\$77.09	Claim Paying			EFT: 10/19/2017
2	2017-10-13 - 2017-10-13				1.0000	\$25.00	\$4.38	\$0.00	\$0.00	\$4.38	Claim Paying			EFT: 10/19/2017
<b>Totals:</b>						<b>\$105.00</b>	<b>\$81.47</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$81.47</b>				

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



## Section 3. Using the Menu Bar Functions

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



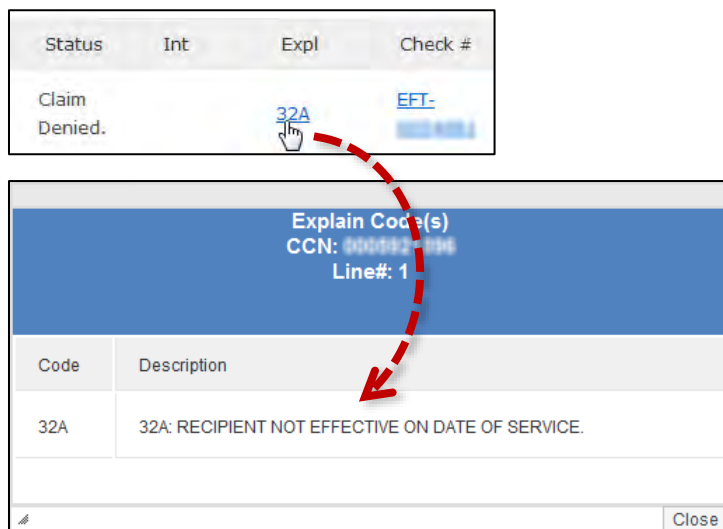
Check Info  
CCN: 000000-696  
Line#: 1

Check #	Check Date	Check Amount
EFT-10/31/2017	10/31/2017	\$5,787.57

Close

**NOTE:** To view payment details for checks generated on or after 12/8/2020, log in to the ECHO Provider Payments Portal at [www.providerpayments.com](http://www.providerpayments.com).

- 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.



Dialog 1:

Status	Int	Expl	Check #
Claim Denied.		<a href="#">32A</a>	<a href="#">EFT-10/31/2017</a>

Dialog 2:

Explain Code(s)  
CCN: 000000-696  
Line#: 1

Code	Description
32A	32A: RECIPIENT NOT EFFECTIVE ON DATE OF SERVICE.

Close

- d. Click **Close** to dismiss any open details dialog boxes.
- e. Close the Claim Detail browser window to return to the search results page.

## Section 3. Using the Menu Bar Functions

6. You can export the 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**.

The screenshot shows a search results interface. At the top, there are three radio buttons for search criteria: "Search by Date" (selected), "Search by Claim Number", and "Search by Patient Account Number". Below this, there are input fields for "Claim Type:" (set to "Claims"), "Date Criteria:" (set to "Service Date"), "Social Security #:", "Date From:" (06/01/2017), "Date To:" (07/01/2017), "Member:" (with a note "\*optional, last name or member #"), and "Provider:" (with a note "\*optional, last name or provider #"). A "Refresh" button is also present. A red box highlights the text "569 Claim(s) Found". Another red box highlights a "Downloading Excel File" dialog box with the message: "The application is creating the Excel file and will download it. This may take up to a minute or two." At the bottom, a blue bar contains two buttons: "EXPORT TO EXCEL" and "EXPORT TO PDF", both highlighted with red boxes. Below the blue bar is a table header with columns: "Claim #", "Provider Last Name", "Provider #", "Member #", "Member Last Name", "Member First Name", and "Patient #".

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

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

## Section 3. Using the Menu Bar Functions

### Claims Resubmission

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

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

**Claim Search Results Detail**

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

**265**

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

CCN	Rec'd Date	Member ID	Member Name	Account Number	Program	Billing#	Billing Prov Name	Total Billed
265	10/27/2017	101502746	JOHNSON, JENNIFER	0200000000	Retired Health of Managed Care Program	000000	000000	\$104.88

Line#	DOS	Proc	Mod	POS	Qty	Bill\$	Allow\$	Denied	Other	Net	Status	Int	Expl	Check #
1	2017-10-19 - 2017-10-19	00000		11	1.0000	\$110.00	\$0.00	\$110.00	\$0.00	\$0.00	Claim Denied.		UD0- 901	No
<b>Totals:</b>						<b>\$110.00</b>	<b>\$0.00</b>	<b>\$110.00</b>	<b>\$0.00</b>	<b>\$0.00</b>				

**Resubmit Claim**

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

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

**Claim Resubmit**

Claim: 0000000000

**Provider #:** 0000000000 **Provider Name:** 000000 000000

**Member #:** 0000000000 **Member Name:** 000000 000000

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

Authorization #	External Referral #	Member #	Patient Account #	Admit Type	Bill Type	Delay Reason	Referring Provider NPI	Total Billed Charges	SOC
		0000000000	0000000000					\$110.00	

Remarks/Box 19-Additional claim info:

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

**Resubmit**

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

## Section 3. Using the Menu Bar Functions

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

Claim Resubmit	
Claim:	767
Provider #:	767676767
Provider Name:	THE ALLIANCE HEALTH
Member #:	767676767
Member Name:	THE ALLIANCE HEALTH
Claim # 767 resubmitted as claim # 809	

## Section 3. Using the Menu Bar Functions

### Remittance Advice Search

**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 any Remittance Advice (RA) generated December 8, 2020 or after, log in to the ECHO Provider Payments Portal at [www.providerpayments.com](http://www.providerpayments.com).

- For more information and help, see the [ECHO Provider Payments FAQ](#) and the [ECHO Provider Payments Portal Quick Reference Guide](#).

For any questions related to the ECHO portal, EFT, VCC or RA, please contact ECHO customer service directly at 888-834-3511.

## Section 3. Using the Menu Bar Functions

### Overpayment Letters Search

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

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

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

The overpaid amount can be recovered through:

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

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

The screenshot displays the 'Central California Alliance for Health Provider Portal'. On the left is a 'Main' menu bar with options: Home, Claims Search, Overpayment Letters Search (highlighted with a red box and an arrow), Eligibility Verification, Provider Directory, Prescription History, Data Submissions, Auths and Referrals, Reports, and Log Out. The main content area is titled 'Overpayment Letter Search'. It includes instructions: 'Use the date range selectors to view the Overpayment Notification Letters you would like to view. Optional filters on the search are the CCN and the Alliance Member Id. The FCN is the same as the CCN excluding the alpha-numeric ending. A grid will populate with a list of PDF's that meet the search criteria. Current week check run PDFs are available on Thursday morning. Date range is limited to a 366 day window. Earliest start date for PDFs is 1/08/2012. Date fields are required for the search.' Below the instructions are input fields for 'Date From:' (10/01/2023), 'Date To:' (10/31/2023), 'Claim Number:' (optional), 'Alliance Member ID:' (optional), and 'Letter ID:' (optional). A 'Find' button is located next to the date fields.

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:
  - a. 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.




## Section 3. Using the Menu Bar Functions

- b. Optionally, type a Claim Number in the field provided.
  - c. Optionally, type an Alliance Member ID in the field provided.
  - d. 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
[REDACTED]	10/26/2023	[REDACTED] MEDICAL GROUP	<a href="#">Click to view PDF of Letter [REDACTED]</a>
[REDACTED]	10/12/2023	[REDACTED] MEDICAL GROUP	<a href="#">Click to view PDF of Letter [REDACTED]</a>
[REDACTED]	10/26/2023	[REDACTED] MEDICAL GROUP	<a href="#">Click to view PDF of Letter [REDACTED]</a>

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



## Section 3. Using the Menu Bar Functions

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

**CENTRAL CALIFORNIA ALLIANCE FOR HEALTH®**

**Identification of Overpayment**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PO BOX \_\_\_\_\_ Letter ID: \_\_\_\_\_

\_\_\_\_\_ Notification Date: 10/26/2023

Attention: Billing Office

Patient# :	_____	Name: _____	DOB: _____
CCN# :	_____	RA/DATE: 10/22/2023	Member Number: _____
Recovery Reason:	O35 Coordination of Benefits		
Line Number:	0805	Service Date: 9/12/2023	Proc/HCP/Rev#: 96161
			Amt: \$3.01
FCN:			Amt: \$3.01

Patient# :	_____	Name: _____	DOB: _____
CCN# :	_____	RA/DATE: 10/12/2023	Member Number: _____
Recovery Reason:	C99 No additional detail		
Line Number:	0104	Service Date: 9/13/2023	Proc/HCP/Rev#: 99381
			Amt: \$90.65
	0208	9/13/2023	99391
			-\$69.38
FCN:			Amt: \$21.27

Total			Amt: \$24.28
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You are required to reimburse the Alliance within thirty (30) working days of your receipt of this request, or to contest the request for reimbursement[1]. If the Alliance does not receive reimbursement or written notice of each contested claim within thirty (30) working days, the Alliance will offset the overpayment from your current claims submissions.

We apologize for any inconvenience this has caused. Please enclose a refund check in the amount of \$24.28 payable to:

Central California Alliance for Health  
Attention: Recoveries Department  
1600 Green Hills Road  
Scotts Valley, CA 95066

Please contact the Recoveries Department at (831) 430-2505 or [recoveriesadmin@cchah-alliance.org](mailto:recoveriesadmin@cchah-alliance.org) for further inquiries. Providers can also contact Customer Service via the Claims ACD line at (831) 430-5503.

PLEASE ATTACH A COPY OF THIS FORM WITH YOUR PAYMENT TO ENSURE PROPER CREDIT TO YOUR ACCOUNT.

If a response is not received within 30 business days an automatic electronic adjustment will apply. If interest was paid on a previous version of the claim, the overpayment interest will be deducted at 30 business days.

The scheduled date of the automatic adjustment is the first check run on or after: 10/07/2023

Page: 1 of 1

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

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

## Section 3. Using the Menu Bar Functions

### Eligibility Verification

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

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

The screenshot displays the 'Eligibility Verification Search' page in the Central California Alliance for Health Provider Portal. On the left, a sidebar menu lists various functions, with 'Eligibility Verification' highlighted in a red box and an arrow pointing to it. The main content area features a header with the organization's logo and name. Below this, a section titled 'Eligibility Verification Search' contains instructions: 'Information provided below will be cross-checked with member eligibility records for all programs. Please use one of the following methods to verify member's eligibility: ID# and DOS, Full name, DOB, and DOS, or SSN and DOS.' An 'EXPORT TO EXCEL' button is located above a table. The table has six columns: Member Number, Member SSN, Member Last Name, Member First Name, Member Date of Birth, and Date of Service. The first row of the table is highlighted with a blue border. To the right of each row is a 'DELETE' button. At the bottom of the table, there are buttons for 'SEARCH', 'CLEAR ENTRIES', and 'ADD SEARCH ROWS', along with a dropdown menu for 'Number of Search Rows'.

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
  - Member First Name, Member Last Name, Member Date of Birth and Date of Service
  - Member Social Security Number (SSN) and Date of Service

**NOTE:** As you enter your search criteria, the rows enforce restrictions as described by the combinations above. For example, if you enter a Member Number in the first column, you cannot enter a Member SSN in the same row; you can enter only a Date of Service.

## Section 3. Using the Menu Bar Functions

- You can verify eligibility for multiple members at one time and manage the search criteria rows as follows:

- Enter search criteria on multiple 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 Rows**.

Number of Search Rows:



- You can remove a row by clicking the “DELETE” link in the rightmost column of the search criteria.
  - Click **Clear Entries** to remove any search criteria you entered and to delete any added rows.
- Click **Search**. The Eligibility Verification Search Results page displays.

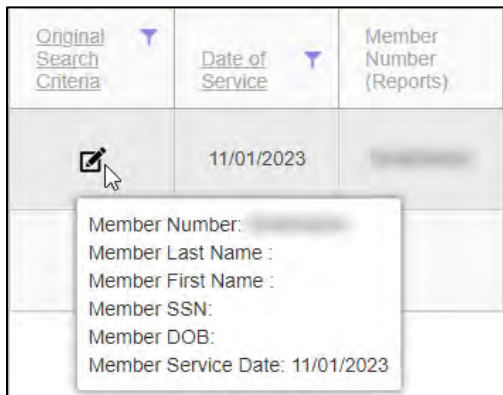
**NOTE:** Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

Eligibility Verification Search Results										
Information provided below will be cross-checked with member eligibility records for all programs.										
Submitted Data					Eligibility Results					
Original Search Criteria	Date of Service	Member Number (Reports)	Member Name	Member Date of Birth	Missed Appointment Notification	Eligibility Status	PCP	Other Health Coverage	SPD Flag	CCS Flag
<input checked="" type="checkbox"/>	11/01/2023			1967	<a href="#">Add</a>	Eligible: Santa Cruz Medi-Cal Managed Care Program AidCode: 6H County Code: 44 Renewal Date: 11/30/2023	Office:CENTRAL CALIFORNIA ALLIANCE FOR HEALTH Phone: (831) 430-5500 PCP Name: OHC PRIMARY - THE ALLIANCE	<a href="#">Yes</a>	Yes	No
<input checked="" type="checkbox"/>	11/01/2023			1952	<a href="#">Add</a>	Eligible: Merced Medi-Cal Managed Care Program AidCode: 1H County Code: 24 Renewal Date: 11/30/2023	Office:CENTRAL CALIFORNIA ALLIANCE FOR HEALTH Phone: (831) 430-5500 PCP Name: OHC PRIMARY - THE ALLIANCE	<a href="#">Yes</a>	Yes	No
<div> <input type="button" value="MODIFY SEARCH"/> <input type="button" value="NEW SEARCH"/> <input type="button" value="EXCEL EXPORT"/> <input type="button" value="PRINT"/> </div>										

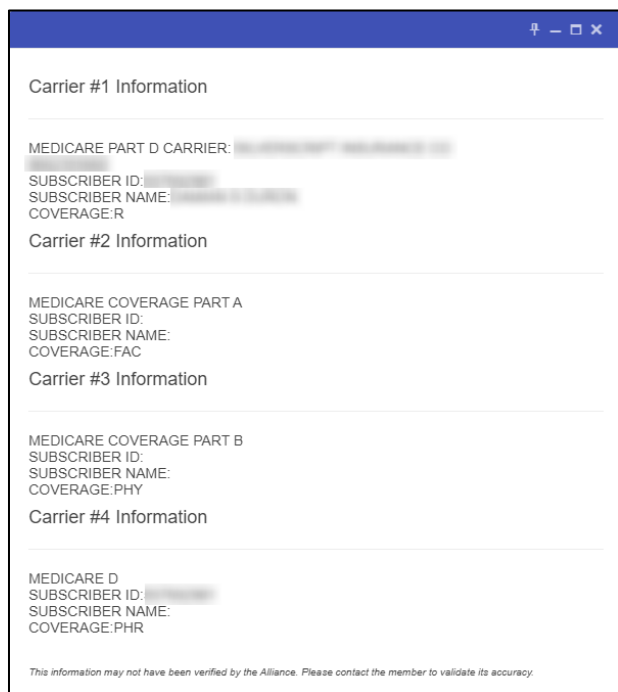
- Review the results table. Each row represents the information for one member. The columns in the “Submitted Data” section show the Date of Service, Member Number, Member Name and Member Date of Birth.
- You can sort the table by a column by clicking the column heading.

## Section 3. Using the Menu Bar Functions

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



9. 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 the member 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.



Carrier #1 Information

MEDICARE PART D CARRIER: [REDACTED]

SUBSCRIBER ID: [REDACTED]

SUBSCRIBER NAME: [REDACTED]

COVERAGE: R

Carrier #2 Information

MEDICARE COVERAGE PART A

SUBSCRIBER ID: [REDACTED]

SUBSCRIBER NAME: [REDACTED]

COVERAGE: FAC

Carrier #3 Information

MEDICARE COVERAGE PART B

SUBSCRIBER ID: [REDACTED]

SUBSCRIBER NAME: [REDACTED]

COVERAGE: PHY

Carrier #4 Information

MEDICARE D

SUBSCRIBER ID: [REDACTED]

SUBSCRIBER NAME: [REDACTED]

COVERAGE: PHR

This information may not have been verified by the Alliance. Please contact the member to validate its accuracy.

## Section 3. Using the Menu Bar Functions

- **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](#).

10. 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 their 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.

The screenshot shows a web form titled "Member Appointment No-Show Notification" with a blue header bar containing "Cancel" and "Create" buttons. The form fields include:

- \* Site / Practice: Select Site/Practice (dropdown)
- Member Name: [Redacted]
- Alliance ID: [Redacted]
- \* Primary Reason for Appointment: Select Reason (dropdown)
- Reason Appointment was Missed: Forgot appointment (dropdown)
- \* Appointment Date: [Empty field] with a red note: "Please use the calendar option to choose the missing appointment date."
- Appointment Details: [Empty text area]
- Was Member Reminded of Appointment?:
  - \* By Mail? ☐ Yes ☐ No
  - \* By Phone? ☐ Yes ☐ No
- What Was Done to Follow-Up with Patient?: [Empty text area]
- \* Staff Person to Contact: [Empty text field]

- b. Provide the information on the form, and click **Create**. The window closes.

11. 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.



## Section 3. Using the Menu Bar Functions

12. 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.

The screenshot shows a web application window titled "Eligibility Verification Results". At the top, there is a field for "Eligibility Confirmation #:". Below this is a table with the following columns: Date of Service, Member Number, Member Name, Member Date of Birth, Eligibility Status, PCP, Other Health Coverage, SPD, CCS, and Print. Two rows of data are visible. The first row shows a member with a date of service of 11/01/2023, born in 1967, with an eligibility status of "Eligible: Santa Cruz Medi-Cal Managed Care Program", PCP "Office: CENTRAL CALIFORNIA ALLIANCE FOR HEALTH", and a "Print" checkbox. The second row shows a member with a date of service of 11/01/2023, born in 1952, with an eligibility status of "Eligible: Merced Medi-Cal Managed Care Program", PCP "Office: CENTRAL CALIFORNIA ALLIANCE FOR HEALTH", and a "Print" checkbox. At the bottom of the table, there are four buttons: "PRINT ALL", "PRINT ALL - ONE PER PAGE \*\*", "PRINT CHECKED", and "CLOSE". A footnote at the bottom states: "\*\* If you are using Internet Explorer and click this then right-click anywhere on the resulting page and select Print or Print Preview to get one per page."

Date of Service	Member Number	Member Name	Member Date of Birth	Eligibility Status	PCP	Other Health Coverage	SPD	CCS	Print
11/01/2023			1967	Eligible: Santa Cruz Medi-Cal Managed Care Program AidCode: 6H County Code: 44	Office: CENTRAL CALIFORNIA ALLIANCE FOR HEALTH Phone: (831) 430-5500 PCP Name: OHC PRIMARY - THE ALLIANCE	Yes	Yes	No	<input type="checkbox"/>
11/01/2023			1952	Eligible: Merced Medi-Cal Managed Care Program AidCode: 1H County Code: 24	Office: CENTRAL CALIFORNIA ALLIANCE FOR HEALTH Phone: (831) 430-5500 PCP Name: OHC PRIMARY - THE ALLIANCE	Yes	Yes	No	<input type="checkbox"/>

PRINT ALL    PRINT ALL - ONE PER PAGE \*\*    PRINT CHECKED    CLOSE

\* If you are using Internet Explorer and click this then right-click anywhere on the resulting page and select Print or Print Preview to get one per page.

- 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 Checked**.

13. To export your search results to Excel:

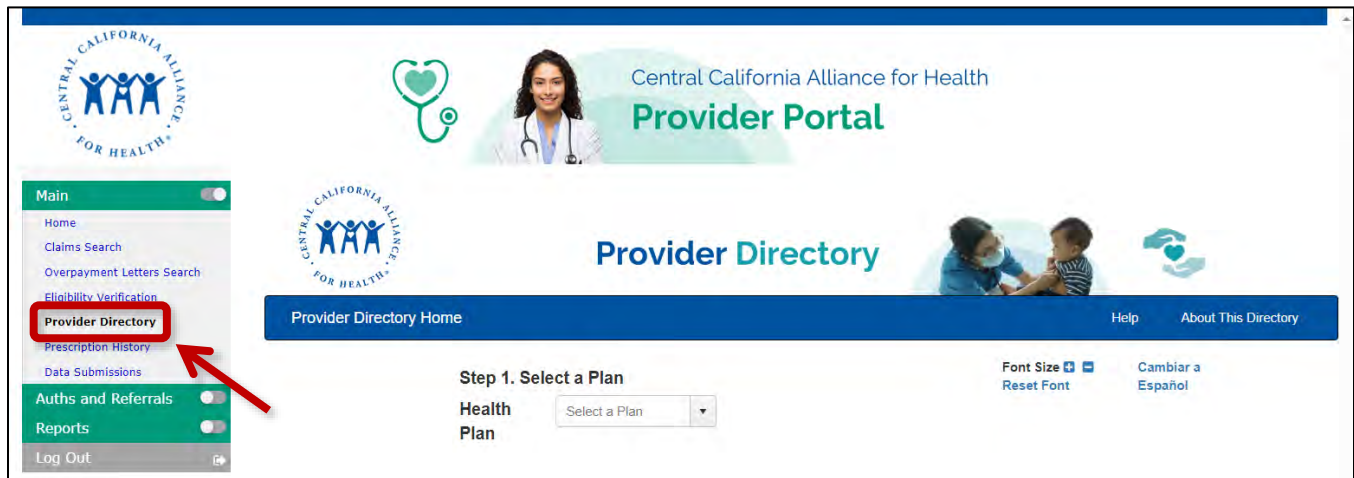
- a. Click **Excel Export** at the bottom of the Eligibility Verification Search Results page.
- b. Depending on your browser and its configuration, you are prompted to open or download the exported Excel file.
- c. In the file, you can use Excel functions such as sort, filter, search, sum, and print.



## Section 3. Using the Menu Bar Functions

### Provider Directory

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



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

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



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

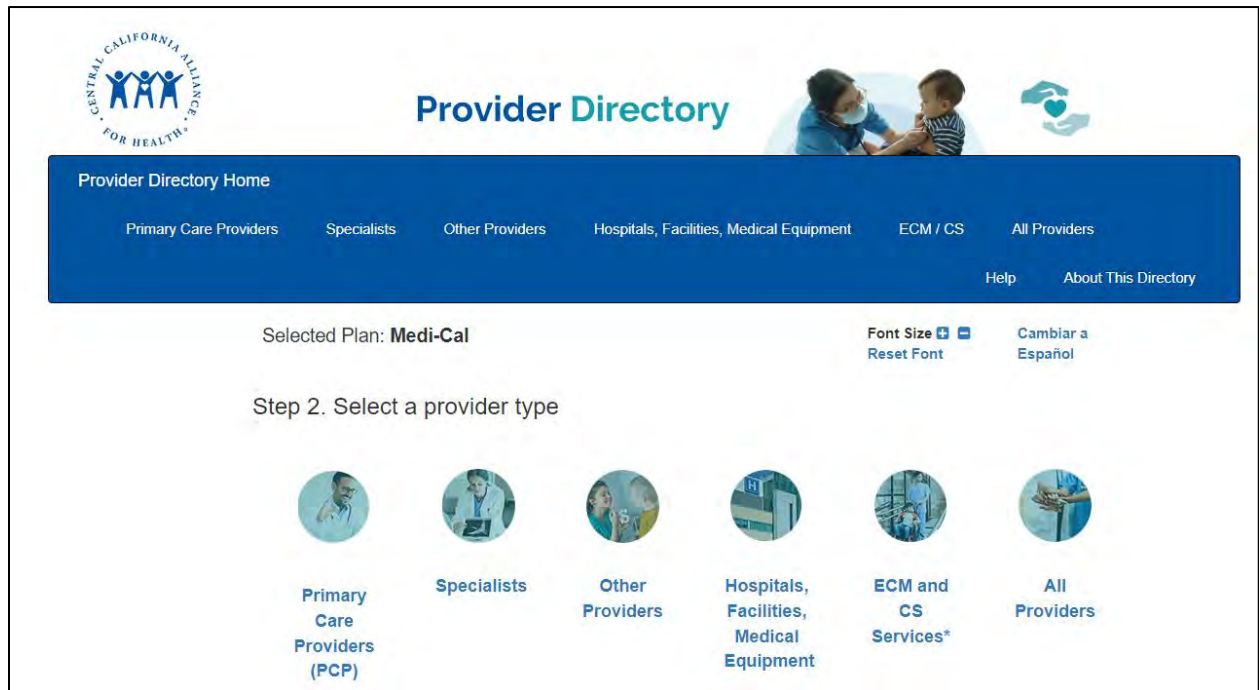
To search the provider directory:

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

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

## Section 3. Using the Menu Bar Functions

3. On the Step 2 page, select a provider type by clicking the appropriate picture 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:
  - Provider Name: Type part or all of a specific PCP's first or last name.
  - Accepting New Patients: Select the checkbox to find PCPs with new patient capacity.
  - Extended Office Hours: Select the checkbox to find PCPs who have indicated that they offer extended hours.
  - Urgent Visit Access Offices: Select the checkbox to find PCPs who have indicated that they offer urgent visit access.
  - Gender: Select Male or Female to find PCPs of a specific gender, or leave the Any default to find PCPs of any gender.
  - CCS (California Children's Services) (appears only for the Medi-Cal Plan): Select the checkbox to find providers that can provide California Children's Services program services.
  - Click the "More Search Options" link to specify values for additional search fields:
    - NPI: Type part or all of a specific PCP's National Provider Identifier (NPI).
    - State Medical License #: Type part or all of a specific PCP's license number.
    - Provider Specialty: Select the type of practice you are seeking.
    - Provider Language: Select a language to find PCPs who speak that language.

## Section 3. Using the Menu Bar Functions

- **Staff Language:** Select a language to find PCPs whose staff speaks that language.
  - **Hospital Affiliation:** Select a hospital to find PCPs affiliated with a specific facility. Members who select one of the found PCPs will go to this facility for hospital care, if necessary.
- **Specialists**—Specify any of the following:
  - **Specialist Name:** Type part or all of a specific specialist’s first or last name.
  - **Specialty/Type:** Select the specialty for the provider you are seeking.
  - **Gender:** Select Male or Female to find specialists of a specific gender, or leave the Any default to find PCPs of any gender.
  - **CCS (California Children’s Services):** Select the checkbox to find providers that can provide California Children’s Services program services.
  - Click the “More Search Options” link to specify values for additional search fields:
    - **NPI:** Type part or all of a specific provider’s National Provider Identifier (NPI).
    - **State Medical License #:** Type part or all of a specific PCP’s license number.
    - **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:
  - **Specialist Name:** Type part or all of a specific provider’s first or last name.
  - **Accepting New Patients:** Select the checkbox to find PCPs with new patient capacity.
  - **Specialty/Type:** Select the specialty for the provider you are seeking.
  - **Gender:** Select Male or Female to find providers of a specific gender, or leave the Any default to find PCPs of any gender.
  - **CCS (California Children’s Services)** (appears only for the Medi-Cal Plan): Select the checkbox to find providers that can provide California Children’s Services program services.
  - Click the “More Search Options” link to specify values for additional search fields:
    - **NPI:** Type part or all of a specific provider’s National Provider Identifier (NPI)
    - **State Medical License #:** Type part or all of a specific PCP’s license number.

## Section 3. Using the Menu Bar Functions

- **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 one of the following:
    - **Facility Name:** Type part or all of a specific facility's name.
    - **Facility/DME Type:** Select the type of facility or equipment you are seeking.
    - **CCS (California Children's Services)** (appears only for the Medi-Cal Plan): Select the checkbox to find providers that can provide California Children's Services program services.
  - **ECM and CS Services** (appears only for the Medi-Cal Plan)—Specify the following, as necessary:
    - **Provider Name:** Type part or all of a provider's first or last name.
    - **ECM or CS:** Select Enhanced Care Management, Community Support Services, or Both ECM and CS.
  - **All Providers**—Specify the following, as necessary:
    - **Provider Name:** Type part or all of a provider's first or last name.
    - **Provider NPI:** Type part or all of a specific provider's National Provider Identifier (NPI).
    - **CCS (California Children's Services):** Select the checkbox to find providers that are able to provide California Children's Services program services.
    - **Accepting New Patients:** Select the checkbox to find PCPs with new patient capacity.
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
  - ZIP Code
6. Click **Find a Provider** at the bottom of the page to display the search results. (Click **Start Over** to clear you search criteria.)

## Section 3. Using the Menu Bar Functions

### Provider Directory Search Results

When you initiate a provider directory search (see “Provider Directory” on page 34), 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).

Home PCP Search PCP Search Results

Selected Plan: Medi-Cal

Font Size Reset Font Cambiar a Español

### Primary Care Providers (PCP)

Filter Results

Apply Filters Clear Filters New Search

Plan: Medi-Cal

Provider Name

Accepting New Patients ☐

Extended Office Hours ☐

Urgent Visit Access Offices ☐

Gender: Any

CCS (California Children's Services) ☐

County: Santa Cruz

Address

City

Zip Code

More Filters

### Search Results

WATSONVILLE, CA 95076 831-	Extended Hours: Y Urgent Visit Access: N Staff Languages: English, Spanish Accessibility: P, EB, IB, E, R, T <b>Not Accepting New Patients</b>
SOQUEL, CA 95073 831-	Extended Hours: N Urgent Visit Access: N Staff Languages: English, Spanish Accessibility: P, EB, IB, E, R <b>Not Accepting New Patients</b>
WATSONVILLE, CA 95076 831-	Extended Hours: N Urgent Visit Access: N Staff Languages: English, Spanish Accessibility: P, E, R <b>Not Accepting New Patients</b>
WATSONVILLE, CA 95076 831-	Extended Hours: Y Urgent Visit Access: N Staff Languages: English, Arabic, French, Gujarati, Hebrew, Hindi, Russian, Spanish Accessibility: P, EB, IB, E, R <b>Accepting New Patients</b>
SANTA CRUZ, CA 95060 831-	Extended Hours: N Urgent Visit Access: N Staff Languages: English, Danish, French, Other Chinese Languages, Spanish, Vietnamese Accessibility: P, EB, IB, E, R <b>Accepting New Patients</b>
WATSONVILLE, CA 95076 831-	Extended Hours: Y Urgent Visit Access: N Staff Languages: English, French, Other Chinese Languages, Spanish, Vietnamese Accessibility: P, EB, IB, E, R, T <b>Accepting New Patients</b>
CAPITOLA, CA 95010 831-	Extended Hours: N Urgent Visit Access: N Staff Languages: English, French, Other Chinese Languages, Spanish Accessibility: P, EB, IB, E, R <b>Not Accepting New Patients</b>

1 - 7 of 47 items

1. You can filter the results by any of the search criteria fields that you did not specify on the search page. (For example, if you specified a City in your search criteria, then you cannot filter by City in the results.) Specify your filter values in the Filter Results box on the left, and then click **Apply Filters**. The results

## Section 3. Using the Menu Bar Functions







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:

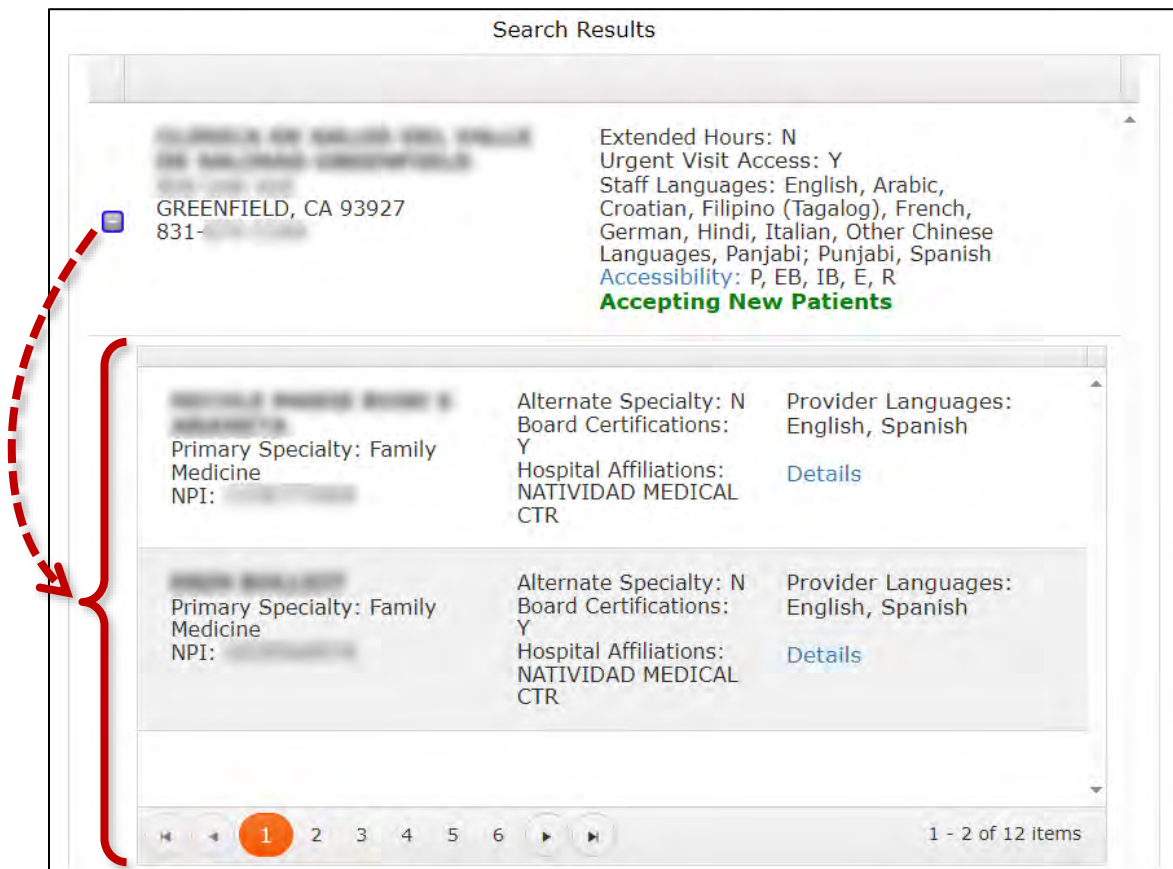
-  — Display the next page
-  — Display the last page
-  — Display the previous page
-  — Display the first page
-  — Show the previous/next group of pages (for more than 10 pages)
-  13 — Page number — Display the corresponding page

3. Review the details of your search:
  - For **Primary Care Provider** searches, continue to step 4 on page 40.
  - For **Specialist, Other Provider** and **All Provider** searches, skip to step 11 on page 43.
  - For **Hospitals, Facilities, Medical Equipment** searches, skip to step 17 on page 46.
  - For **ECM and CS Services** searches, skip to step 23 on page 48.



## Section 3. Using the Menu Bar Functions

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



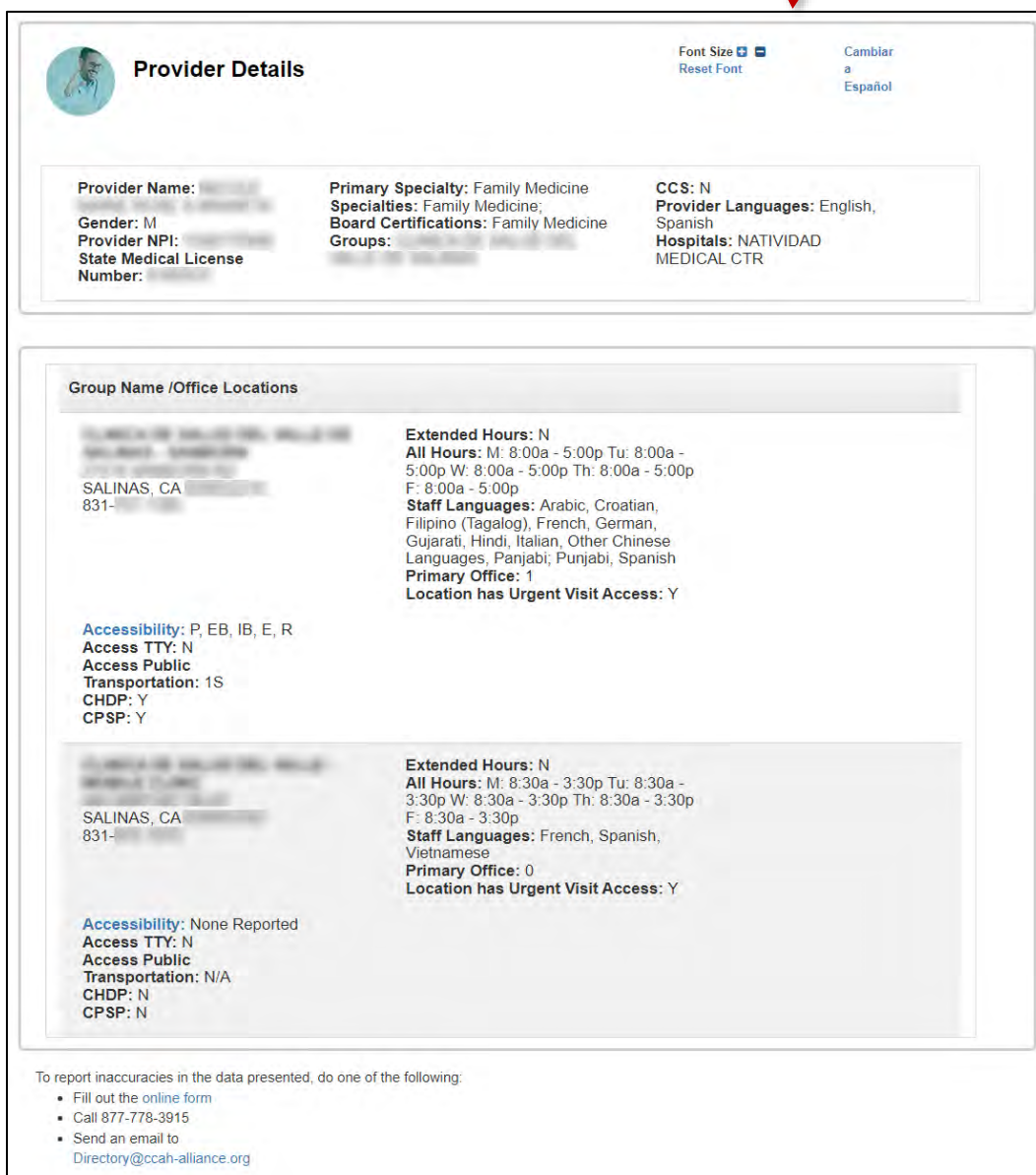
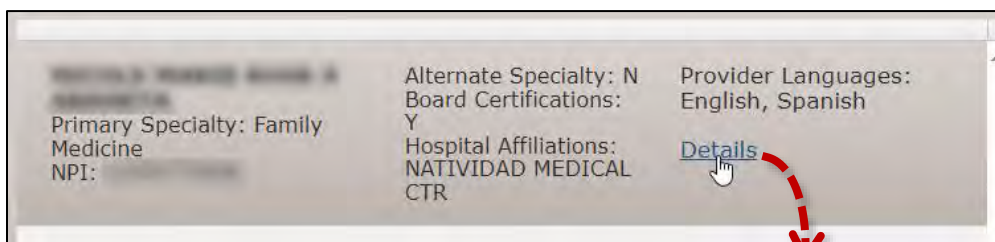
The expanded section shows the following information for each affiliated provider: the provider’s name, primary specialty, National Provider Identifier (NPI), whether the provider has an alternate specialty or board certifications, the provider’s hospital affiliations and the languages the provider speaks.

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



## Section 3. Using the Menu Bar Functions

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

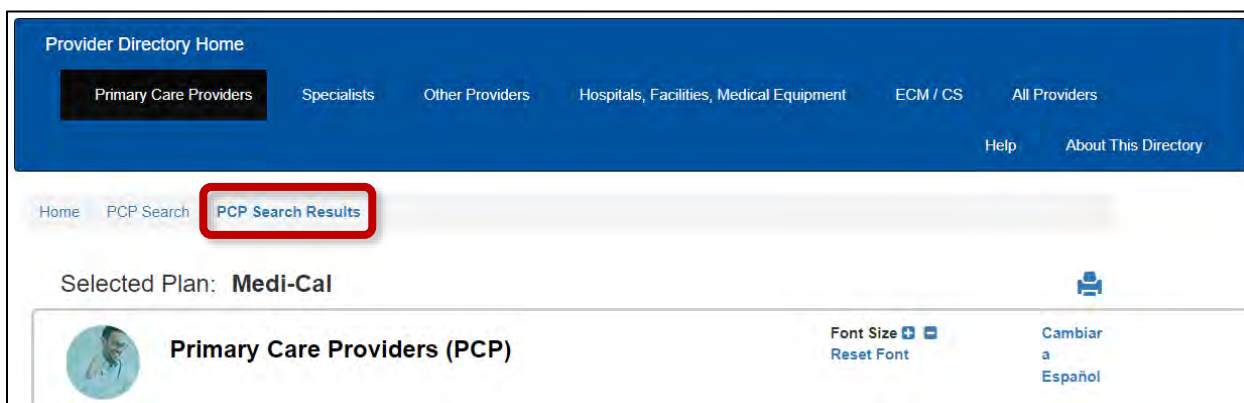


The top of the page shows additional information about the provider, such as whether the provider can provide California Children’s Services (CCS) services. The Group Name/Office Locations section shows details about the location(s) with which the provider is affiliated, including the address, office

## Section 3. Using the Menu Bar Functions

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 26 on page 50.

## Section 3. Using the Menu Bar Functions

11. (From step 3) For Specialists, Other Providers and All Providers searches, the results display information about the providers and facilities that match your search criteria.

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

Home: Specialists: Specialist Search Results

Selected Plan: Medi-Cal

Font Size: Reset Font

Cambiar a Español

Specialties:

Filter Results

Apply Filters

Clear Filters

New Search

Plan: Medi-Cal

Provider Name

Specialty: Select a Specialty

Gender: Any

CCS (California Children's Services): ☐

County: Select a County

Address

City

Zip Code

More Filters

Search Results

Provider Name	Primary Specialty	NPI
[Blurred]	Pediatrics	1588026082
[Blurred]	Alternate Specialty: N	Provider
[Blurred]	Board Certifications: N	Languages: English
[Blurred]	Hospital Affiliations: DOMINICAN HOSPITAL	Staff Languages: English, Spanish, Vietnamese
[Blurred]	Available by Referral Only	Accessibility:
APTOS, CA 95003 831-		<a href="#">Details</a>
[Blurred]	Pediatrics	1457738965
[Blurred]	Alternate Specialty: N	Provider
[Blurred]	Board Certifications: N	Languages: English
[Blurred]	Hospital Affiliations: DOMINICAN HOSPITAL	Staff Languages: English, Spanish, Vietnamese
[Blurred]	Available by Referral Only	Accessibility:
APTOS, CA 95003 831-		<a href="#">Details</a>
[Blurred]	Pediatrics	1558366021
[Blurred]	Alternate Specialty: N	Provider
[Blurred]	Board Certifications: Y	Languages: English, Vietnamese
[Blurred]	Hospital Affiliations: DOMINICAN HOSPITAL	Staff Languages: English, Spanish, Vietnamese
[Blurred]	Available by Referral Only	Accessibility:
APTOS, CA 95003 831-		<a href="#">Details</a>

1 - 3 of 3 items

12. View the results information:

- For Specialists and Other Providers 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 Providers searches, view the provider and facility information, such as the address and phone number, National Provider Identifier (NPI), languages spoken, accessibility standards for seniors and persons with disabilities (click the "Accessibility" link to open a legend for the levels of access and the codes), and provider type (PCP, Specialist, Other or Facility).

## Section 3. Using the Menu Bar Functions

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

The screenshot shows a provider profile page. At the top, there is a summary section with fields for Primary Specialty (Pediatrics), Alternate Specialty (N), Board Certifications (Y), Hospital Affiliations (DOMINICAN HOSPITAL Available by Referral Only), NPI, Provider Languages (English, Vietnamese), Staff Languages (English, Spanish, Vietnamese), and Accessibility. A red arrow points to the 'Details' link. Below this, the 'Specialist Detail' section is shown, which includes a provider photo, name, gender, NPI, and license number. It also lists the primary specialty, board certifications, groups, CCS status, provider languages, and hospitals. The 'Group Name /Office Locations' section follows, showing two locations with their addresses, extended hours, all hours, staff languages, primary office, and location has urgent visit access. At the bottom, there is a section for reporting inaccuracies in the data presented, with links to fill out an online form, call 877-778-3915, or send an email to Directory@ccah-alliance.org.

**Provider Summary:**

- Primary Specialty: Pediatrics
- Alternate Specialty: N
- Board Certifications: Y
- Hospital Affiliations: DOMINICAN HOSPITAL Available by Referral Only
- NPI: [Redacted]
- Provider Languages: English, Vietnamese
- Staff Languages: English, Spanish, Vietnamese
- Accessibility: [Link]

**Details**

**Specialist Detail**

Font Size [Icon] [Icon] | Cambiar a Español

Reset Font

**Provider Information:**

- Provider Name: [Redacted]
- Gender: M
- Provider NPI: [Redacted]
- State Medical License Number: [Redacted]
- Primary Specialty: Pediatrics
- Specialties: Pediatrics
- Board Certifications: Pediatrics
- Groups: [Redacted]
- CCS: N
- Provider Languages: English, Vietnamese
- Hospitals: [Redacted]

**Group Name /Office Locations**

**Location 1:**

- Address: CAPITOLA, CA 95010 831-[Redacted]
- Extended Hours: Y
- All Hours: M: 8:00a - 8:00p Tu: 8:00a - 8:00p W: 8:00a - 8:00p Th: 8:00a - 8:00p F: 8:00a - 8:00p Sa: 8:00a - 8:00p Su: 8:00a - 8:00p
- Staff Languages: German, Hindi, Kannada, Spanish, Vietnamese
- Primary Office: 1
- Location has Urgent Visit Access: N
- Accessibility: P, EB, IB, E, R
- Access TTY: N
- Access Public
- Transportation: PT
- CHDP: N
- CPSP: N

**Location 2:**

- Address: CAPITOLA, CA 95010 831-[Redacted]
- Extended Hours: N
- All Hours: M: 8:00a - 5:00p Tu: 8:00a - 5:00p W: 8:00a - 5:00p Th: 8:00a - 5:00p F: 8:00a - 5:00p
- Staff Languages: Farsi, Other Chinese Languages, Spanish, Vietnamese
- Primary Office: 0
- Location has Urgent Visit Access: N
- Accessibility: P, EB, IB, E, R
- Access TTY: N
- Access Public
- Transportation: PT
- CHDP: Y
- CPSP: N

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

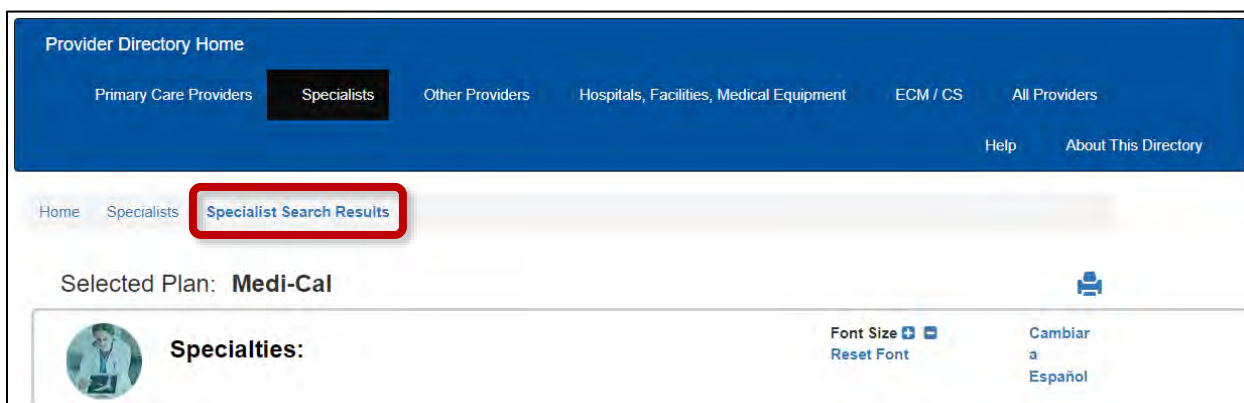
- Fill out the [online form](#)
- Call 877-778-3915
- Send an email to [Directory@ccah-alliance.org](mailto:Directory@ccah-alliance.org)

The top of the page shows additional information about the provider, such as whether the provider can 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

## Section 3. Using the Menu Bar Functions

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 26 on page 50.



## Section 3. Using the Menu Bar Functions

17. (From step 3) 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).

Home Facility Search Facility Search Results

Selected Plan: Medi-Cal

Hospitals, Facilities, Medical Equipment

Font Size Reset Font

Cambiar a Español

Filter Results

Apply Filters

Clear Filters

New Search

Plan

Medi-Cal

Facility Name

Facility/DME Type

Select a Facilit...

CCS (California Children's Services)

County

Santa Cruz

Address

City

Zip Code

Search Results

SCOTTS VALLEY, CA 95066  
831-  
Facility NPI:  
Facility Medical License Number:  
Facility Languages: English  
Facility Type: DME  
Accessibility: None Reported

CAPITOLA, CA 95010  
831-  
Facility NPI:  
Facility Medical License Number:  
Facility Languages: English, Russian, Spanish  
Facility Type: Surgical Clinic  
Accessibility: None Reported

FREEDOM, CA 95019  
831-  
Facility NPI:  
Facility Medical License Number:  
Facility Languages: English  
Facility Type: Surgical Clinic  
Accessibility: None Reported

FREEDOM, CA 95019  
831-  
Facility NPI:  
Facility Medical License Number:  
Facility Languages: English  
Facility Type: Surgical Clinic  
Accessibility: None Reported

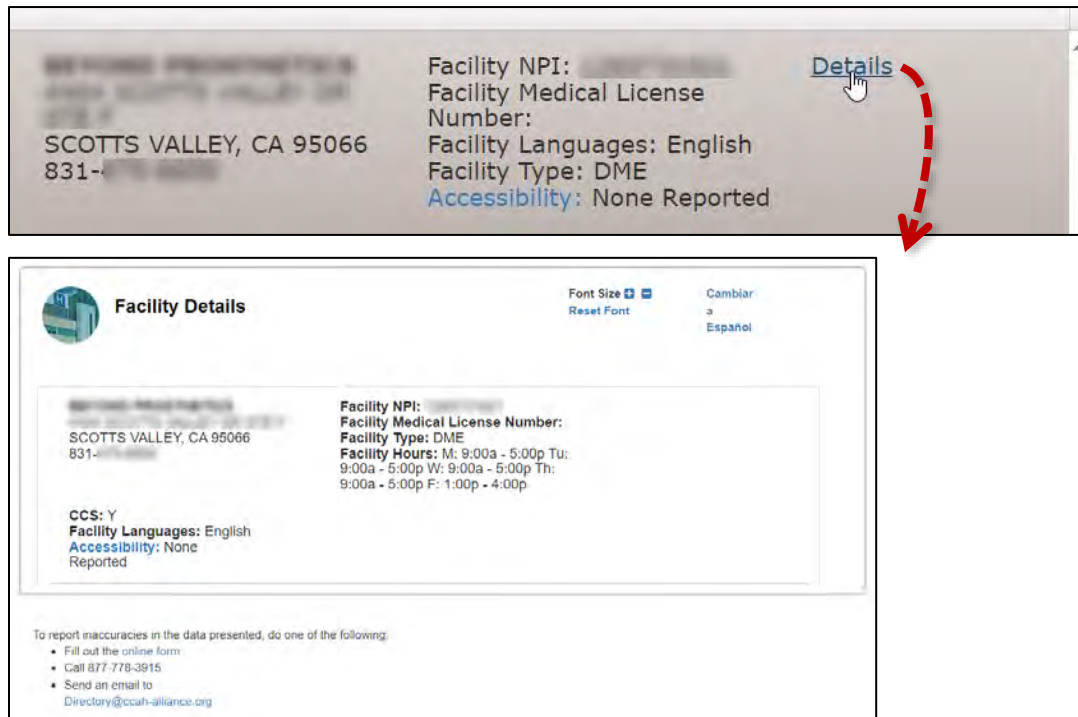
WATSONVILLE, CA 95076  
831-  
Facility NPI:  
Facility Medical License Number:  
Facility Languages: English  
Facility Type: Transportation  
Accessibility: None Reported

1 - 5 of 35 items

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).

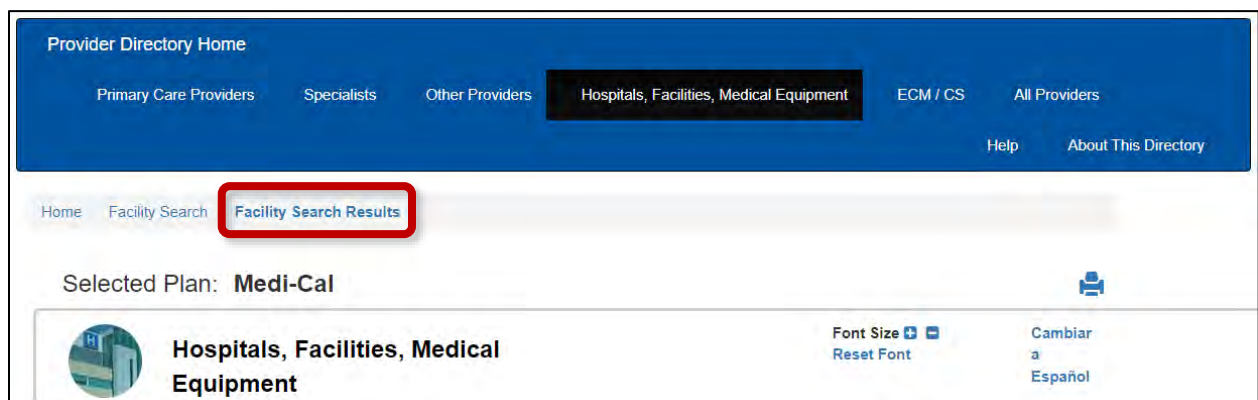
## Section 3. Using the Menu Bar Functions

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



The details page shows additional information about the facility, such as the facility's operating hours, whether the facility can provide California Children's Services (CCS) services, and the accessibility standards for seniors and persons with disabilities (click the “Accessibility” link to open a legend for the levels of access and the codes).

20. 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.
21. You can return to your search results from the facility 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.



22. To continue, skip to step 26 on page 50.



## Section 3. Using the Menu Bar Functions



23. (From step 3) For ECM and CS Services searches, the results display information for offices or affiliated providers that match your search criteria.

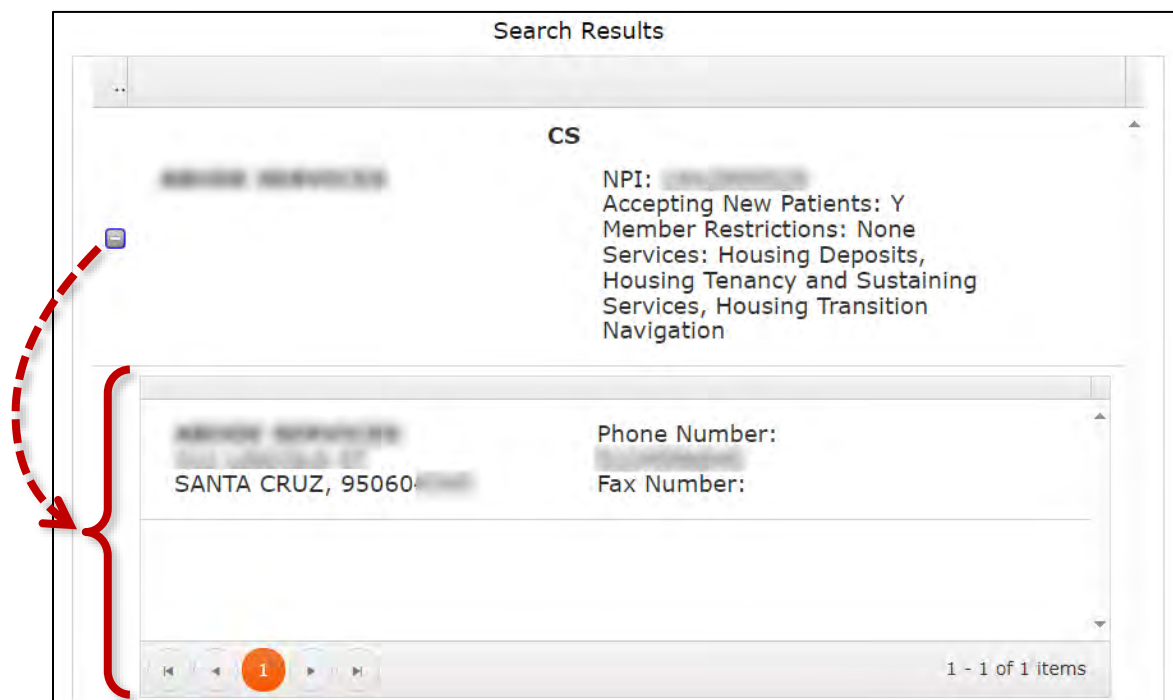
**NOTE:** Some details of the search results shown in this guide are blurred to protect privacy and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

The screenshot shows a web application interface for searching ECM and CS services. At the top, the breadcrumb navigation is "Home > ECM & CS > ECM & CS Results". Below this, the "Selected Plan: Medi-Cal" is displayed. The main heading is "ECM and CS Services\*", with links for "Font Size" (Reset Font) and "Cambiar a Español". A disclaimer states: "Both ECM and CS require prior authorization and are limited to members who meet specific eligibility criteria." The interface is divided into two main sections: "Filter Results" on the left and "Search Results" on the right. The "Filter Results" section includes buttons for "Apply Filters", "Clear Filters", and "New Search". It also has input fields for "Provider Name", "ECM or CS" (a dropdown menu currently showing "Both ECM and ..."), "County" (a dropdown menu showing "Santa Cruz"), "Address", "City" (with "watsonville" entered), and "Zip Code". The "Search Results" section displays a list of results. The first result is for "COMMUNITY SERVICES" (ECM), showing "NPI: [blurred]", "Accepting New Patients: Y", and "Member Restrictions: None". The second result is for "SANTA CRUZ COUNTY'S CHILDREN'S CARE & SUPPORT SERVICES" (CS), showing "NPI: [blurred]", "Accepting New Patients: Y", "Member Restrictions: None", and a list of services: "Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition, Children and Youth Involved in Child Welfare, Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation". The third result is for "SANTA CRUZ COUNTY'S CHILDREN'S CARE & SUPPORT SERVICES" (ECM), showing "NPI: [blurred]", "Accepting New Patients: Y", and "Member Restrictions: None". The fourth result is for "SANTA CRUZ COUNTY'S CHILDREN'S CARE & SUPPORT SERVICES" (ECM), showing "NPI: [blurred]", "Accepting New Patients: Y", and "Member Restrictions: None". At the bottom right of the results section, it says "1 - 4 of 4 items".

24. For each office displayed, view the information, such as the name, National Provider Identifier (NPI), services offered, and whether new patients are being accepted.

## Section 3. Using the Menu Bar Functions


25. 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.)



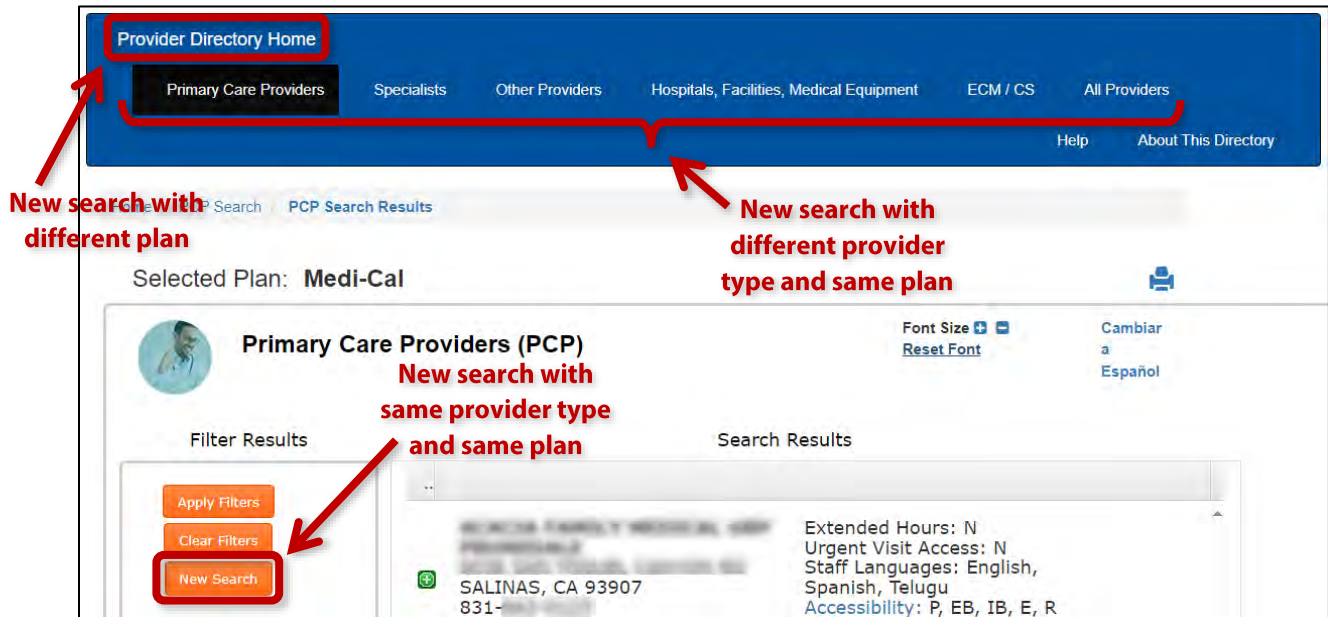
The expanded section shows the following information for each affiliated provider: the provider's name, address, phone number, and fax number.

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

## Section 3. Using the Menu Bar Functions

26. You can print your search results at any time by clicking the printer icon  above the top right corner of the search results. Printable pages open in a new browser window. Use your browser's print function to print the pages. We recommend printing in portrait mode at 90% scale.

27. 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.)

## Section 3. Using the Menu Bar Functions

### Prescription History

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

The screenshot shows the Central California Alliance for Health Provider Portal. On the left is a 'Main' menu bar with options: Home, Claims Search, Overpayment Letters Search, Eligibility Verification, Provider Directory, Prescription History (highlighted with a red box and an arrow), Data Submissions, Auths and Referrals, Reports, and Log Out. The main content area is titled 'Prescription History' and contains a search form. The form has a text input field for 'Social Security Number\* or Member ID:' with a note '\*enter SS# without the dashes'. Below this are 'Date From:' and 'Date To:' fields, both with calendar icons. A 'Find' button is located to the right of the 'Date To:' field. The form also includes a brief instruction: 'To access a Member's Prescription History enter the Social Security Number or Alliance Member ID. Then enter or select a custom date range to determine the timeframe of the Member's Prescription History.'

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).


3 Prescription(s) Found						
Fill Date	DrugDescription	Pharmacy	Quantity	Days Supply	Formulary (Y/N)	
10/12/2023	FLUTICASONE PROP 50 MCG SPRAY	BLISS WEST PHARMACY #100	16.000	30	Y	
10/12/2023	SM CHILD ALL DAY ALLER 1 MG/ML	BLISS WEST PHARMACY #100	118.000	23	Y	
10/2/2023	LISINOPRIL 2.5 MG TABLET	BLISS WEST PHARMACY #100	30.000	30	Y	

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.

## Section 3. Using the Menu Bar Functions

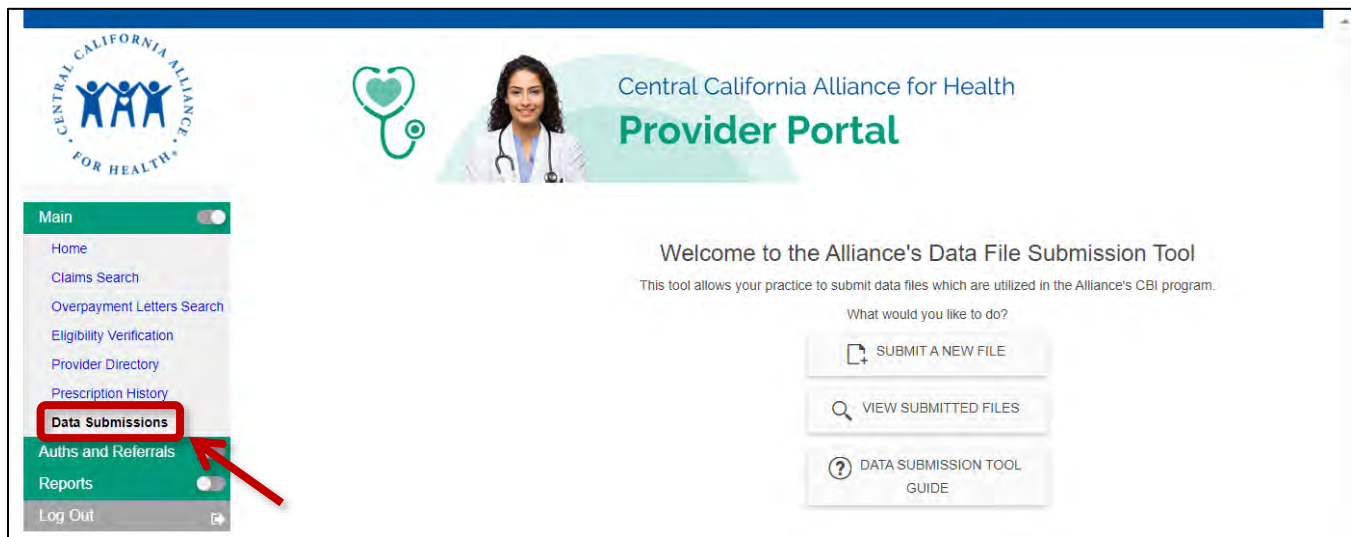
- **Pharmacy** indicates the location that filled the prescription.
- **Quantity** shows the count of the medication filled.
- **Days Supply** is the number of days medication covers when taken as prescribed.
- **Formulary (Y/N)** indicates whether this medication is in the [Alliance Pharmacy Formulary](#).

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

5. You can sort the table by a column by clicking the column heading.
6. You can 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

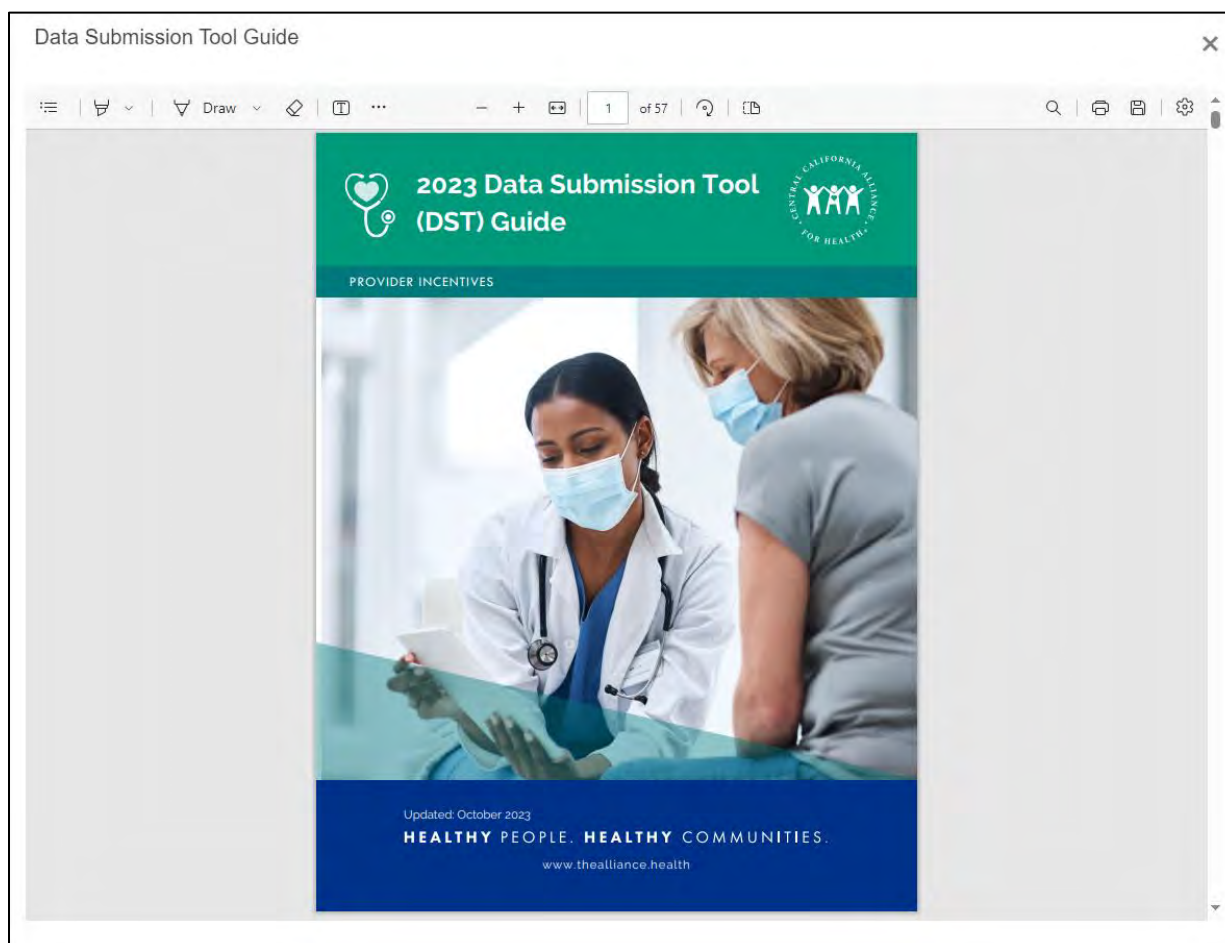
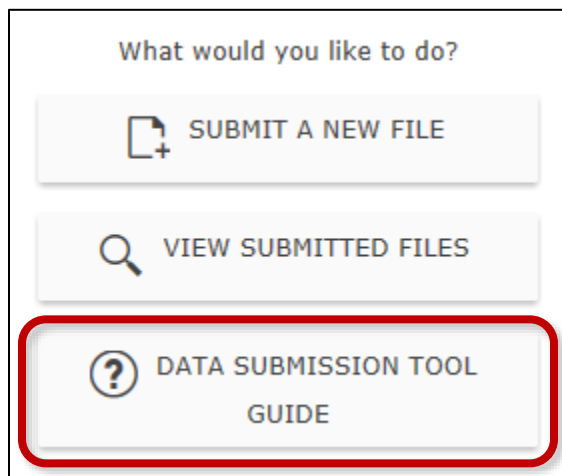
The Portal allows you to submit required supplemental data to the Alliance for the Care-Based Incentive (CBI) program. To display the Data File Submission page, click Data Submissions in the "Main" section of the menu bar.



## Section 3. Using the Menu Bar Functions

### Data Submission Tool Guide

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





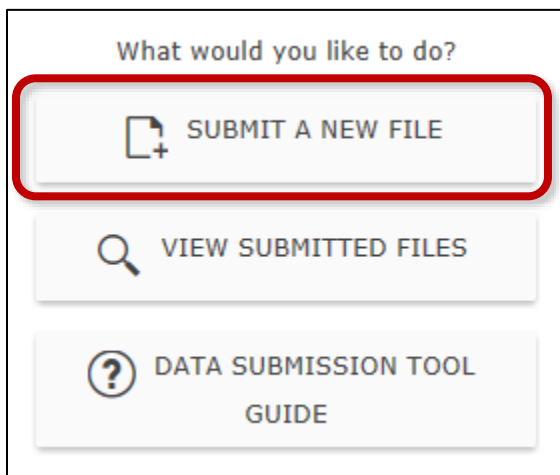
## Section 3. Using the Menu Bar Functions

### New File Submission


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


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


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

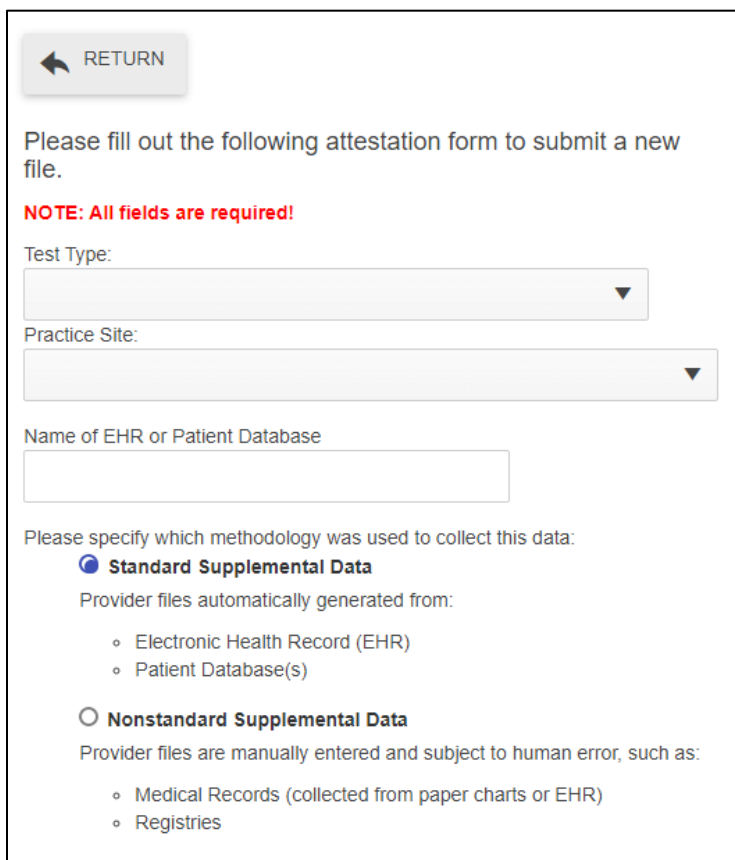



What would you like to do?

 SUBMIT A NEW FILE

 VIEW SUBMITTED FILES

 DATA SUBMISSION TOOL GUIDE



 RETURN

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

**NOTE: All fields are required!**

Test Type:

Practice Site:

Name of EHR or Patient Database

Please specify which methodology was used to collect this data:

☒ **Standard Supplemental Data**  
Provider files automatically generated from:

- Electronic Health Record (EHR)
- Patient Database(s)

☐ **Nonstandard Supplemental Data**  
Provider files are manually entered and subject to human error, such as:

- Medical Records (collected from paper charts or EHR)
- Registries



## Section 3. Using the Menu Bar Functions

2. In the upper part of the form, select the Test Type from the dropdown list.
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. In the “Name of EHR or Patient Database” text field, type the name of the Electronic Health Record (EHR) system that was used to collect the data. Type “N/A” if no EHR system was used.
5. Select the appropriate option button to indicate how the data in the submission file was collected:
  - **Standard Supplemental Data** includes provider files that are automatically generated from:
    - Electronic Health Record (EHR)
    - Patient Database(s)
  - **Nonstandard Supplemental Data** includes provider files that are manually entered and subject to human error, such as:
    - Medical Records (collected from paper charts or EHR)
    - Registries
6. In the lower part of the form, enter your contact information, indicating that you are the person submitting the file.

Submitter Name

First Name Last Name

Position Title

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

E-mail Re-Enter E-mail

Submitter Phone

Attestation

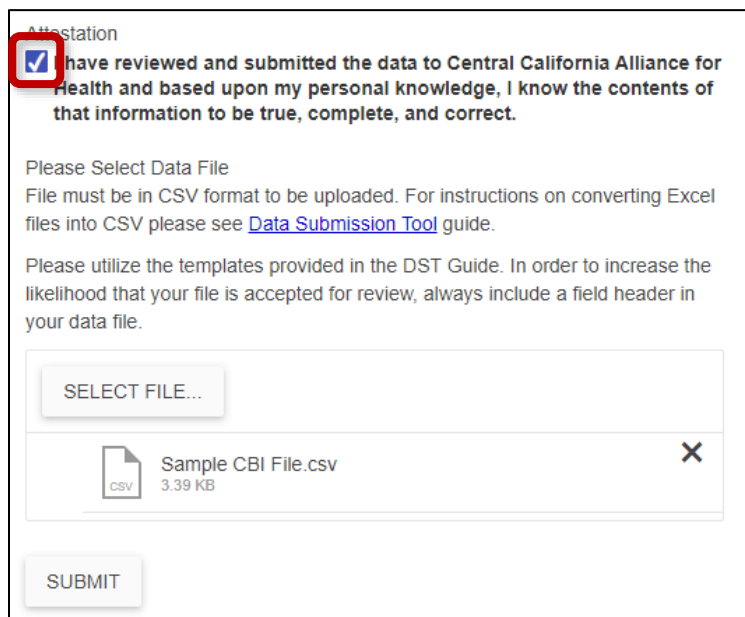
☐ I have reviewed and submitted the data to Central California Alliance for Health and based upon my personal knowledge, I know the contents of that information to be true, complete, and correct.

SUBMIT

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

## Section 3. Using the Menu Bar Functions

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



The screenshot shows a web form titled "Attestation". At the top, there is a checkbox with a blue checkmark, which is highlighted by a red square. The text next to the checkbox reads: "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." Below this, there is a section titled "Please Select Data File" with instructions: "File must be in CSV format to be uploaded. For instructions on converting Excel files into CSV please see [Data Submission Tool](#) guide." and "Please utilize the templates provided in the DST Guide. In order to increase the likelihood that your file is accepted for review, always include a field header in your data file." Below the instructions, there is a "SELECT FILE..." button. Underneath the button, a file named "Sample CBI File.csv" (3.39 KB) is shown with a CSV icon and a close button (X). At the bottom of the form, there is a "SUBMIT" button.

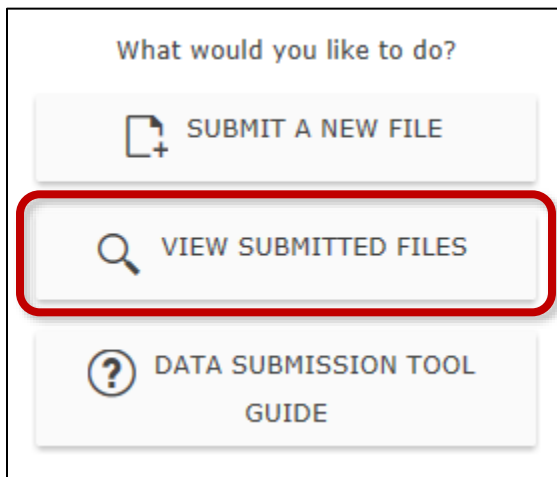
8. Click **Select File**, and in the "Choose File to Upload" dialog box, navigate to and select the appropriate CSV file, and click **Open**.
9. On the Attestation form, click **Submit**.

## Section 3. Using the Menu Bar Functions

### View Submitted Files

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

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



Submission Summary of Files Submitted.

Click on the confirmation number to view a detailed report. Only files that are in **SUCCESSFUL** file status can be opened.

**File Status Key**

- **NEW:** The file was recently uploaded and has not been processed yet.
- **REJECTED:** The file could not be read by our system.
- **% SUCCESSFUL:** We were able to successfully read the file. You can click the "Confirmation #" hyperlink to view a detailed report of each record.

EXPORT TO EXCEL

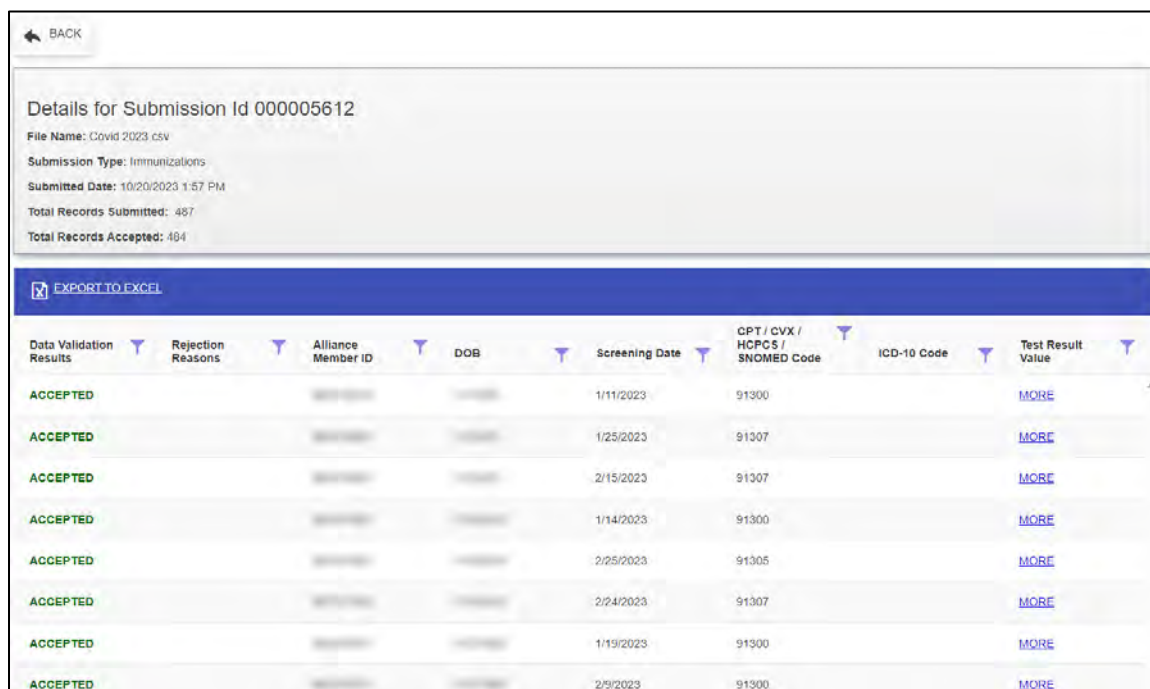
Confirmation #	Status	Acceptance Ratio	File Name	Submitted Date	Reporting Period	Site Name
<a href="#">000005612</a>	99% <b>SUCCESSFUL</b>	484 / 487	Covid 2023.csv	10/20/2023 1:57 PM	1/19/2023 - 5/11/2023	<a href="#">View Details</a>
<a href="#">000005274</a>	99% <b>SUCCESSFUL</b>	156 / 157	DS ImuAdolescents	10/26/2018 4:22 PM	5/31/2018 - 8/16/2018	<a href="#">View Details</a>

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. You can sort the table by a column by clicking the column heading. By default, the table is sorted by the Submitted Date column.
4. You can 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.

## Section 3. Using the Menu Bar Functions

6. You can 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.



Details for Submission Id 000005612

File Name: Covid-2023.csv  
Submission Type: Immunizations  
Submitted Date: 10/20/2023 1:57 PM  
Total Records Submitted: 457  
Total Records Accepted: 484

[EXPORT TO EXCEL](#)

Data Validation Results	Rejection Reasons	Alliance Member ID	DOB	Screening Date	CPT / CVX / HCPCS / SNOMED Code	ICD-10 Code	Test Result Value
ACCEPTED				1/11/2023	91300		<a href="#">MORE</a>
ACCEPTED				1/25/2023	91307		<a href="#">MORE</a>
ACCEPTED				2/15/2023	91307		<a href="#">MORE</a>
ACCEPTED				1/14/2023	91300		<a href="#">MORE</a>
ACCEPTED				2/25/2023	91305		<a href="#">MORE</a>
ACCEPTED				2/24/2023	91307		<a href="#">MORE</a>
ACCEPTED				1/19/2023	91300		<a href="#">MORE</a>
ACCEPTED				2/9/2023	91300		<a href="#">MORE</a>

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 Reasons 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. If the Test Result Value column is included in your details report, you can click the More link in that column to display details of the test results. Click **OK** to dismiss the dialog box.
  - c. You can export detail information to Excel similarly to step 6 above.
8. Click **Back** to go back to the File Submission Summary page.

## Section 3. Using the Menu Bar Functions

### Auths and Referrals

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


Learn more about Authorizations and Referrals by reviewing the resources on the [Referrals and Authorizations Webinar page](#) within the [Alliance Training page](#).


### Authorization/Referral Search

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


The screenshot displays the Central California Alliance for Health Provider Portal. On the left, a menu bar is visible with sections: Main, Auths and Referrals, and Reports. The 'Auths and Referrals' section is expanded, and 'Authorization / Referral Search' is highlighted with a red box and a red arrow. The main content area shows the 'My Authorizations' page with a search criteria form. The form includes fields for Auth Number, Member ID, Member First Name, Member Last Name, Member SSN, Member DOB (with a calendar icon), Authorization Class, Authorization Sub Class, Authorization Status, and Created Date Range. A 'SEARCH' button is at the bottom of the form. A message on the left side of the main content area reads: 'Please enter the following in the Details box when submitting Change/Cancel Requests or adding notes: Contact name, Address of business / office, Direct call-back number. Missing information may result in delays.'

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.

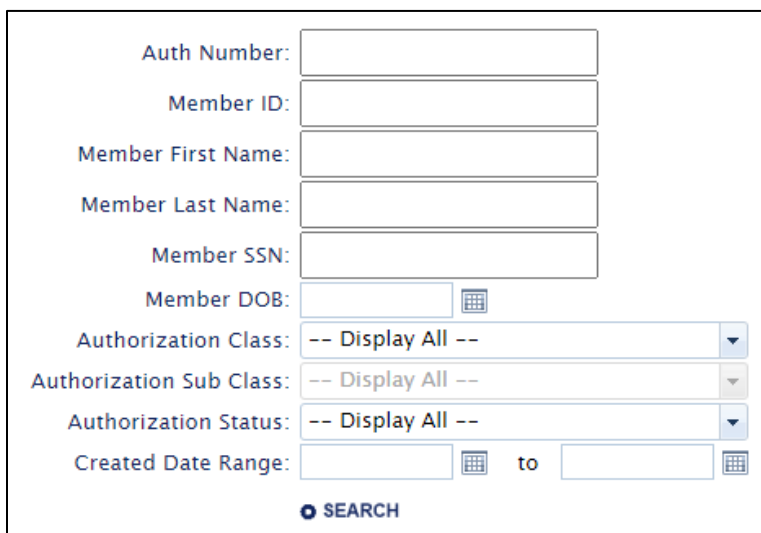
2. Provide your search criteria. At a minimum, provide one of the following combinations of data in the fields provided:
  - Authorization Number or Referral Number (in the Auth Number field) – returns specific Authorization or Referral requested.
  - Member ID and Member DOB (Date of Birth); type in the field (M/D/YYYY) or click the calendar icon  to select the date – returns all Authorizations and Referrals associated with the member.

## Section 3. Using the Menu Bar Functions







- Member SSN and Member DOB – returns all Authorizations and Referrals associated with the member.
- Member First Name, Member Last Name and Member DOB – returns all Authorizations and Referrals associated with member.
- Created Date Range (from and to); type in the fields (M/D/YYYY) or click the calendar icons  to select the dates, up to a one-year range – if you provide only a date range, returns all authorizations within that range that were submitted by the provider who is logged in.

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

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



The search form contains the following fields and controls:

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



## Section 3. Using the Menu Bar Functions

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

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

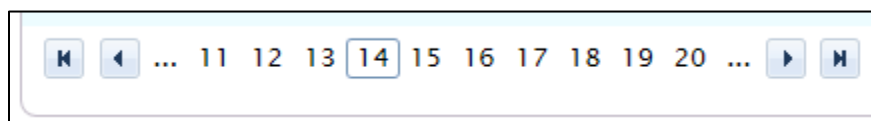
**Search Results**

Displaying 51 authorizations that matched your search criteria.

MODIFY SEARCH

Auth #	Member ID	Member	Requesting	Servicing	Class/SubClass	Type	Status	Requested		
V171					Referral (Authorized Referral)	Pre-Service	Approved	10/4/2023		
V171					Referral (Authorized Referral)	Pre-Service	Void	10/4/2023		
C171					Referral (Consultation Request)	Pre-Service	Approved	10/4/2023		
C171					Referral (Consultation Request)	Pre-Service	Approved	10/4/2023		
D171					DME (Orthotics)	Pre-Service	Approved	10/4/2023		

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




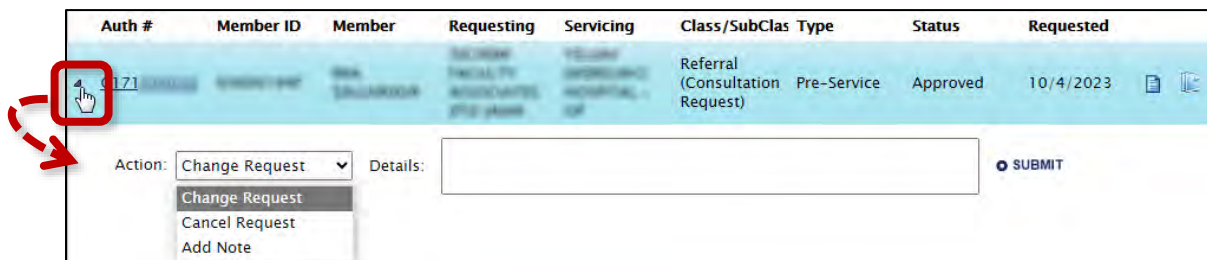
Click the controls to navigate the results:

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

## Section 3. Using the Menu Bar Functions

8. You can change or cancel the request, or you can add a note to the request:

a. At the far left of the row in the results table, click the “expand” icon  to show additional fields.



Auth #	Member ID	Member	Requesting	Servicing	Class/SubClass	Type	Status	Requested
0171					Referral (Consultation Request)	Pre-Service	Approved	10/4/2023




Action: Change Request Details:  SUBMIT

Change Request  
Cancel Request  
Add Note

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.




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

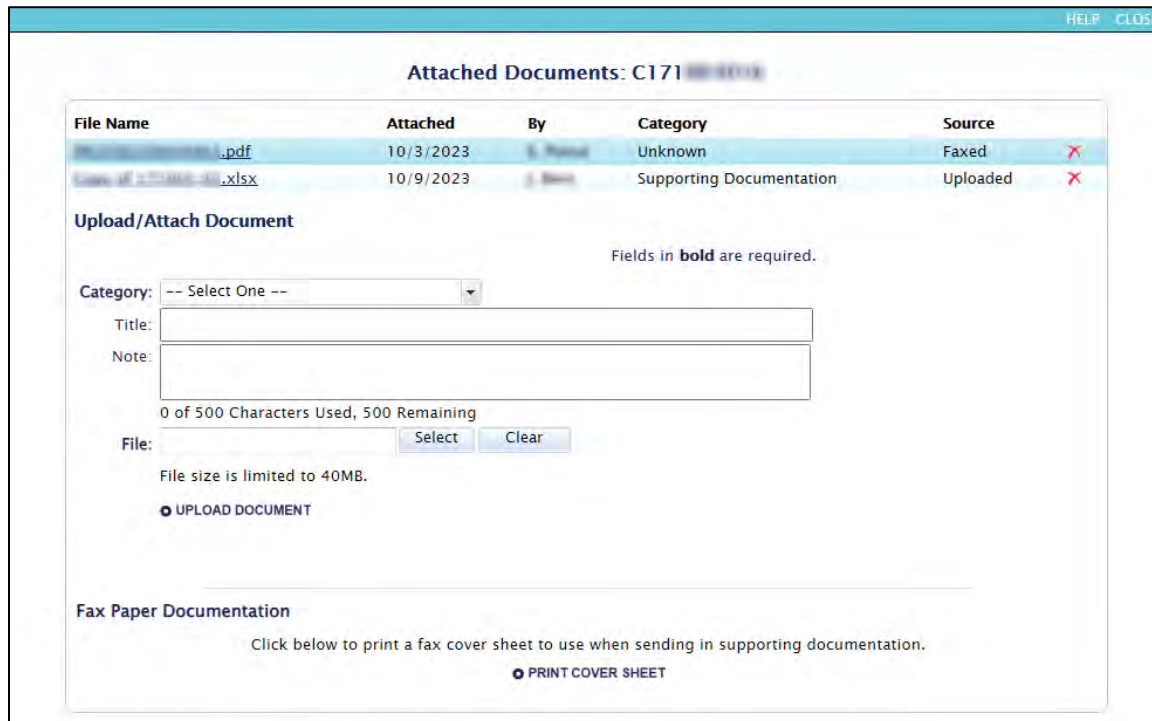
  

Addressee	Delivery Method	Cover Sheet	Status
Custom	Fax	Pharm Fax Cover Sheet	Faxed
Requesting	Fax	Pharm Fax Cover Sheet	Faxed



## Section 3. Using the Menu Bar Functions

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

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



The screenshot shows a window titled "Attached Documents: C171" with a "HELP" and "CLOSE" button in the top right. Below the title is a table with the following data:

File Name	Attached	By	Category	Source
Document1.pdf	10/3/2023	S. Pineda	Unknown	Faxed 
Case of 1000000000.xlsx	10/9/2023	J. Smith	Supporting Documentation	Uploaded 

Below the table is a section titled "Upload/Attach Document" with a note: "Fields in **bold** are required."

Category: **-- Select One --** (dropdown menu)

Title:



Note:

0 of 500 Characters Used, 500 Remaining

File:

File size is limited to 40MB.

Below this is a section titled "Fax Paper Documentation" with the text: "Click below to print a fax cover sheet to use when sending in supporting documentation."

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

## Section 3. Using the Menu Bar Functions

11. View an authorization summary and access its functions:

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

**Auth #**      **Member ID**

[C231](#)

**Authorization Summary**      [HELP](#)      [CLOSE](#)

[EXPORT TO PDF](#)

**Authorization Info**

Essette Auth #: C231  
Other Ref #: -  
Auth Class: Referral (Consultation Request)  
Status: Approved  
Priority: Routine  
LOB:   
Member Name:   
Address:   
Requesting Provider:   
Servicing Provider:   
Auth Type: Pre-Service  
Request Date: 10/2/2023  
Determination Date: -  
Authorized Period: 10/2/2023 - 10/2/2024  
Admission/Service Date: -  
Member ID:   
Date of Birth: /1964 (Age: 59)  
Phone:   
[ATTACHED DOCUMENTS](#)

**Department**

Physical Medicine & Rehabilitation

**Chief Complaint**

REFERRED BY TO PHYSICAL THERAPY PER PAITENT CHANGED PCP TO

Code	Code Set	Description
M25512	ICD-10	Pain In Left Shoulder

Qty Req'd	Determination	Qty Approved	Code	Description
12	Approved	12	CONSULTVI	Consultation With Follow-up Visits

**Notes**

Created	Created By	Category (Sub Category)	Note
10/2/2023 10:27 AM		E-Portal	The requesting provider requested correspondence be sent to the following number(s): NURSES STATION (AUTHORIZATIONS): ; Custom Contact - Dept: : Contact: Fax:
10/2/2023 10:27 AM		Portal - Additional Info	

- b. You can 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.

## Section 3. Using the Menu Bar Functions

- 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**.

ADD NEW REQUEST

Assessments

Add Transportation Request:

Appt. Date/Time:

☐ Will Call

Recurrence: ☐ Sunday ☐ Thursday ☐ Monday ☐ Friday ☐ Tuesday ☐ Saturday ☐ Wednesday

End Date:

Pick-Up Location:

Pick-Up Date/Time:

☐ Will Call

Drop-Off Location:

Return Date/Time:

☐ Will Call

Note:  (optional)

☐ SAVE ☐ CANCEL

Assessments

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

ADD NEW REQUEST

Assessments

Transportation Assessment

Show History

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




## Section 3. Using the Menu Bar Functions

### Authorization/Referral Entry

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

Begin by clicking Authorization / Referral Entry in the “Auths and Referrals” section of the menu bar to display the Submit Auth/Referral Request page, then proceed to “Authorization Entry” on page 67 or to “Referral Entry” on page 74.

The screenshot displays the Central California Alliance for Health Provider Portal. The left sidebar menu is expanded, showing the 'Auths and Referrals' section with a toggle switch. The 'Authorization / Referral Entry' option is highlighted with a red box and a red arrow. The main content area shows the 'Submit Auth/Referral Request' page. It includes a header with the portal name and a user login status. The main form area is divided into steps: Step 1: Select a member and classification, Step 2: Complete detail fields, Step 3: Attach supporting documentation, and Step 4: View confirmation and PDF summary. The Step 1 form includes dropdown menus for Submitted By, Auth Class, Auth Sub-Class, and Auth Type. A 'CONTINUE' button is visible at the bottom right of the Step 1 form.

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



## Section 3. Using the Menu Bar Functions


### Authorization Entry

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

**Step 1: Select a member and classification.**

Fields in **bold** are required.


Submitted By:

**Auth Class:** -- Select One -- 


**Auth Sub-Class:** -- Select One --

**Auth Type:**

- Inpatient
- Outpatient
- Pharmacy
- Referral
- Transportation/Non-Emergent
- Wheelchairs

 CONTINUE


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


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

**Auth Class:**

**Auth Sub-Class:**

**Auth Type:**

**Date of Service/Admission:**  

**Member:**  

- 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


## Section 3. Using the Menu Bar Functions

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”).

Member Search form with the following fields:

- Last Name:
- First Name:
- Member ID:
- LOB:
- SSN:
- D.O.B.:
- Gender:
- City:


Buttons: **SEARCH** **CANCEL**

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


Member Search: shapiro

MODIFY SEARCH CRITERIA

Member ID	SSN	Member Name	DOB	Phone	M/F
123456789	123456789	SHAPIRO	12/12/1980	123456789	F
987654321	987654321	SHAPIRO	01/01/1985	987654321	M
567890123	567890123	SHAPIRO	03/14/1990	567890123	F

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

Member information and authorization details for SHAPIRO:

Auth Class:  

Auth Sub-Class:

Auth Type:

Member:  **MODIFY**

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

FILTER RESULTS

Auth Number	Sub Class	Type	Service Provider	Service Date	Auth Status
<a href="#">X171</a>	Outpatient (Rehab Therapies)	PRE	DR. JANE DOE	12/12/2023	Approved
<a href="#">X171</a>	Outpatient (Rehab Therapies)	PRE	DR. JANE DOE	01/01/2024	Approved

**CONTINUE**

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

- 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.

## Section 3. Using the Menu Bar Functions

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

**Step 1:** Select a member and classification.

**Step 2:** Complete detail fields.

Fields in **bold** are required.

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

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

**Servicing Provider:**

**Requesting Provider Contact Info:**

Requesting Provider Custom Info: Department:  Contact:  Fax:

Chief Complaint:

0 of 1000 Characters Used, 1000 Remaining

Diagnoses: Code Description

No diagnoses have been added.

Add:

Services: Qty Code Description Modifier

No services have been added.

Add:

**Dates of Service:**  to


Priority:

Additional Information:




0 of 2000 Characters Used, 2000 Remaining

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

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

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

Provider Search: Jones

NPI	Provider Name	Street	City	Status	
0000000000	CHRISTOPHER JONES	123 MAIN ST	SALINAS	CONTRACTED	
0000000000	CHRISTOPHER JONES	456 E MAIN ST	SALINAS	CONTRACTED	
0000000000	CHRISTOPHER A. JONES MD, MEDICAL CORP	1111 N MAIN ST	MERCED	NOT CONTRACTED	

## Section 3. Using the Menu Bar Functions

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

**Step 2: Complete detail fields.**

Fields in **bold** are required.

Member's PCP: [Link]

**Requesting Provider:** [Link]

**Servicing Provider:** [Link] **MODIFY**



IN SERVICE AREA - CONTRACTED

**Requesting Provider Contact Info:** [Dropdown]

Requesting Provider Custom Info: Department: [Text] Contact: [Text] Fax: [Text]

- 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 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 select multiple diagnosis codes by repeating this step. Click the delete icon  to remove a diagnosis code.

Chief Complaint: [Text]



0 of 1000 Characters Used, 1000 Remaining

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

Add: [Text] **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.

## Section 3. Using the Menu Bar Functions

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

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

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

Dates of Service:	<input type="text" value="10/13/2023"/>	to	<input type="text" value="4/13/2023"/>
Priority:	<input type="text" value="Routine"/>		
Additional Information:	<input type="text"/>		
0 of 2000 Characters Used, 2000 Remaining			
<input type="button" value="SUBMIT AUTH REQUEST"/>			

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

## Section 3. Using the Menu Bar Functions

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

**Step 3: Attach supporting documentation.**

Fields in **bold** are required.

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

What kind of documentation? Both

**Fax Paper Documentation**

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

**PRINT COVER SHEET**

**Upload Electronic Documentation**

File Name	Attached	By	Category	Source
No records to display.				

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

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

**UPLOAD DOCUMENT**

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

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



## Section 3. Using the Menu Bar Functions

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

**Step 1:** Select a member and classification.

**Step 2:** Complete detail fields.

**Step 3:** Attach supporting documentation.

**Step 4:** View confirmation and PDF summary.

Thank you for submitting your 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.

[PRINT SUMMARY](#)

**Disclaimers:**

[SUBMIT ANOTHER REQUEST](#)

Reimbursement for services rendered is subject to:

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


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

## Section 3. Using the Menu Bar Functions

### Referral Entry

1. In the **Step 1: Select a member and classification** 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."

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

- 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

## Section 3. Using the Menu Bar Functions

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


Member Search

Last Name:  LOB: -- Display All -- Gender: -- Display All --

First Name:  SSN:  City:

Member ID:  D.O.B.:


SEARCH CANCEL

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

Member Search: shapiro

MODIFY SEARCH CRITERIA

Member ID	SSN	Member Name	DOB	Phone	M/F
123456789	123456789	SHAPIRO	12/12/1980	123456789	F
987654321	987654321	SHAPIRO	01/01/1985	987654321	M
567890123	567890123	SHAPIRO	03/14/1990	567890123	F

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

Auth Class: Referral Auth Sub-Class: Referral Auth Type: Pre-Service

Date of Service/Admission:

Member: SHAPIRO (123456789)

MODIFY

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

FILTER RESULTS

Auth Number	Sub Class	Type	Service Provider	Service Date	Auth Status
C17	Consultation Request	PRE	123456789	12/12/2020	Approved
V17	Authorized Referral	PRE	123456789	12/12/2020	Void
C17	Consultation Request	PRE	123456789	12/12/2020	Approved

CONTINUE

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

- 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.

## Section 3. Using the Menu Bar Functions

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

**Step 1:** Select a member and classification.

**Step 2:** Complete detail fields.

Fields in **bold** are required.

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

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

**Servicing Provider:**  Enter Provider ID, NPI #, partial name or leave blank for full search

**Requesting Provider Contact Info:**

Requesting Provider Custom Info: Department:  Contact:  Fax:

**Specialty/Department:**  -- Select One --

**Chief Complaint:**   
0 of 1000 Characters Used, 1000 Remaining

**Diagnoses:** Code Description  
No diagnoses have been added.  
Add:  Enter a diagnosis code or part of the description.

**Services:** Qty Code Description  
No services have been added.  
OR Select specific service:  -- Select One --

**Dates of Service:** 10/13/2023 to 4/13/2023


**Priority:** Routine

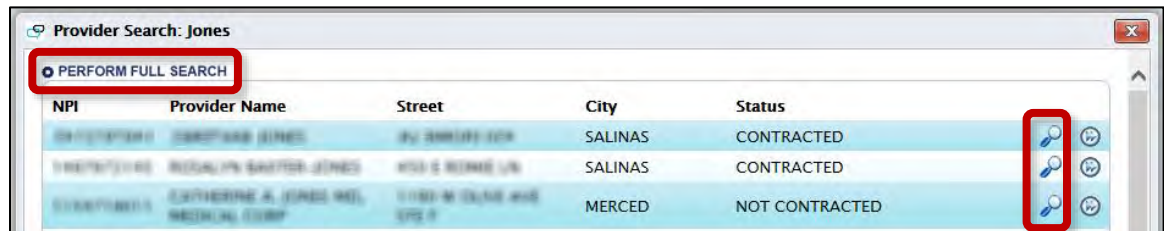
**Additional Information:**   
0 of 2000 Characters Used, 2000 Remaining

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

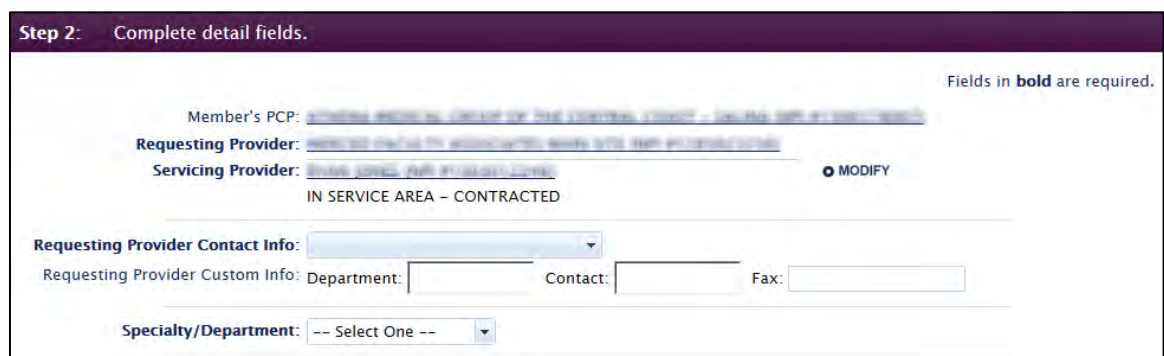
**NOTE:** Servicing Provider refers to the Place of Service or where the member will be seen. If you are referring the member to a private practice, enter the Specialist's information. Local referral requests submitted through the Portal will automatically approve.

## Section 3. Using the Menu Bar Functions

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



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



**Step 2: Complete detail fields.**

Fields in **bold** are required.

Member's PCP:

Requesting Provider:

Servicing Provider:  **MODIFY**

IN SERVICE AREA - CONTRACTED

Requesting Provider Contact Info:

Requesting Provider Custom Info: Department:  Contact:  Fax:



Specialty/Department:

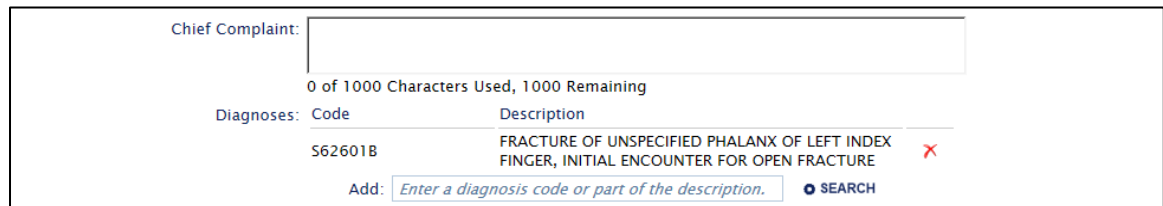
- d. In the Requesting Provider Contact Info dropdown list, click to select the appropriate choice(s) for your facility/office that includes your personal contact information: name, phone and fax numbers. You can select more than one choice.

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


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

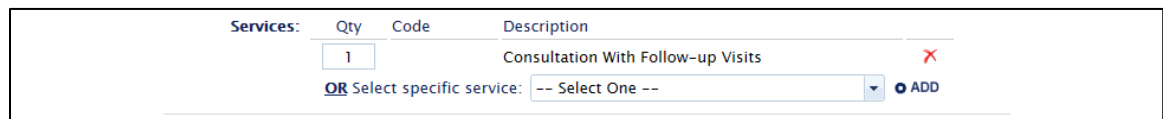
## Section 3. Using the Menu Bar Functions

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



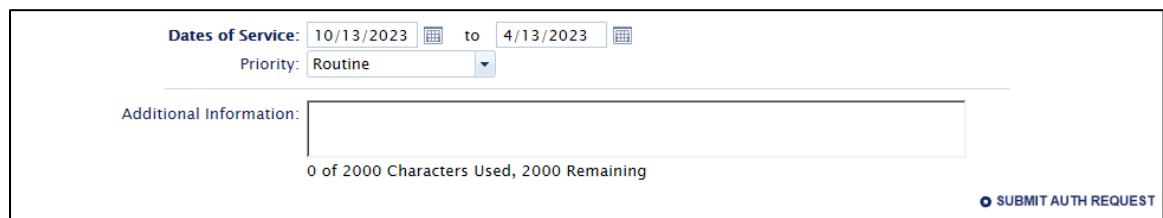
**IMPORTANT:** Use ICD-10 Codes for the diagnosis codes. If the ICD-10 code is not available, include the diagnosis description in the Chief Complaint field.

- 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.



**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.



- 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.



## Section 3. Using the Menu Bar Functions

- 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: Attach supporting documentation** section of the Submit Auth/Referral Request page, you can attach supporting documentation.

### NOTES:

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

**Step 3: Attach supporting documentation.** Fields in **bold** are required.

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

What kind of documentation? Both

**Fax Paper Documentation**

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

**PRINT COVER SHEET**

**Upload Electronic Documentation**

File Name	Attached	By	Category	Source
No records to display.				

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

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

**UPLOAD DOCUMENT**

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

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

## Section 3. Using the Menu Bar Functions

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

**Step 1:** Select a member and classification.

**Step 2:** Complete detail fields.

**Step 3:** Attach supporting documentation.

**Step 4:** View confirmation and PDF summary.

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

**PRINT SUMMARY**

**Disclaimers:**

**SUBMIT ANOTHER REQUEST**

Reimbursement for services rendered is subject to:

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

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

## Section 3. Using the Menu Bar Functions

### Procedure Code Lookup

Certain procedures require prior authorization (also known as Treatment Authorization Request, abbreviated TAR) before the procedure is rendered and reimbursement can be made. The Procedure Code Lookup Tool is a resource that assists providers to determine whether a procedure code requires a prior authorization. The tool also provides information about the procedure code: age, service, frequency and diagnosis code limits/requirements upon claim submission. This information is displayed as billable units based on the procedure code description.

The screenshot displays the Central California Alliance for Health Provider Portal. On the left is a navigation menu with categories: Main (Home, Claims Search, Overpayment Letters Search, Eligibility Verification, Provider Directory, Prescription History, Data Submissions), Auths and Referrals (Authorization / Referral Search, Authorization / Referral Entry, Procedure Code Lookup, Reports), and Log Out. The 'Procedure Code Lookup' option is highlighted with a red box and a red arrow. The main content area is titled 'Procedure Code Lookup Tool' and contains instructions on how to use the tool, including a note that it is for determining TAR requirements only and does not include Referral Authorization Forms (RAFTs). At the bottom, there are three input fields: '1. Select Plan' (with radio buttons for Medi-Cal and Alliance Care IHSS), '2. Procedure Code' (with a search icon), and '3. Date of Service' (with a calendar icon). Below these fields are buttons for 'Retrieve Info', 'Clear', and 'Print'.

**NOTE:** Please review the additional information on the Procedure Code Lookup page, including the Disclaimers section at the bottom of the page, which is reprinted here for convenience:

- All efforts are made to provide the most current information on the Prior Authorization Search Tool. The results of this tool do not guarantee coverage, payment or authorization.
- Prior authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service, benefit limitations/exclusions, evidence of medical necessity and other applicable standards during the claim review, including the terms of any applicable provider agreement.
- A Referral Authorization Form/Approval does not eliminate the need for a prior authorization.
- For additional information on prior authorization submission please visit:
  - <https://thealliance.health/for-providers/resources/provider-manual/>
  - <https://thealliance.health/for-providers/manage-care/clinical-resources/referrals-and-authorizations/>
- Procedure codes available for purchase and rental will only show the frequency limit for the purchase, when applicable. Rental limits are based on a rental period of one calendar month unless otherwise stated in the additional information section for that code.

## Section 3. Using the Menu Bar Functions

1. To initiate a lookup, click Procedure Code Lookup in the “Auths and Referrals” section of the menu bar.
2. Under “1. Select Plan,” select the option button for the relevant plan: Medi-Cal or Alliance Care IHSS.
3. Enter or search for a procedure code to look up:
  - If you know the procedure code, enter it in the Procedure Code field.
  - To search for a procedure code, click the magnifying glass icon next to the Procedure Code field, enter at least three characters of the procedure code or the main identifying word of the procedure name in the Code Lookup popup window and click **Search**. From the list of procedure codes displayed, click **Select** in the first column. You return to the Procedure Code Lookup Tool with the selected code in the Procedure Code field.

Click to Select	Procedure Code	Procedure Name	Effective Date	Expira... Date	Benefit Status
Select	C9145	Injection, Aprepitant, (Aponvie), 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	4/1/2023	12/31/9999	BENEFIT
Select	J0185	Injection, Aprepitant, 1 Mg	2/1/2019	12/31/9999	BENEFIT
Select	J1453	Injection, Fosaprepitant, 1 Mg	1/1/2012	12/31/9999	BENEFIT
Select	J1456	Injection, Fosaprepitant (Teva), Not Therapeutically Equivalent To J1453, 1 Mg	1/1/2023	12/31/9999	BENEFIT
Select	J8501	Aprepitant, Oral, 5 Mg (Special Coverage Instructions Apply)	1/1/2012	12/31/9999	NON BENEFIT

4. In the Date of Service field, you can type or select a date (the default is today's date) to determine the details of a procedure code on that date.
5. Click **Retrieve Info**.
6. Details about the procedure code display.

**1. Select Plan**  
☒ Medi-Cal ☐ Alliance Care IHSS

**2. Procedure Code**  
J0185

**3. Date of Service**  
10/31/2023

**Retrieve Info** **Clear** **Print**

**Code:** J0185  
**Description:** Injection, Aprepitant, 1 Mg  
**Age Restriction:** 18-999 years  
**Gender Restriction:** NONE  
**Procedure Category Name:** Injection (J0120 - J7131)  
**Benefit Status:** BENEFIT  
**Authorization Required:** NO  
**Referral Required:** NO  
**Service Restriction:** 130 Service(s) Allowed in 1 days - All Providers

## Section 3. Using the Menu Bar Functions

7. View the results, which display the following information:

- **Code** – This field displays the CPT/HCPCS code you submitted for lookup.
- **Description** – For informational purposes only, this field displays the full name of the procedure code as stored by the Alliance.
- **Age Restriction** – If the code is restricted as a benefit to a certain age group, then this field displays the age group that is eligible for the benefit. If the benefit has no age restriction, then the field displays “None.”
- **Gender Restriction** – If the code is restricted to a specific gender, then this field displays the gender (Female or Male) that the code allows for service. If the service has no gender restriction, then the field displays “None.”
- **Procedure Category Name** – For informational purposes only, this field displays the Alliance categorization of the code, which may be helpful in understanding the specific service.
- **Benefit Rules fields** – The Alliance and Medi-Cal have a complex set of rules that makes it difficult to provide the exact details of a benefit on a specific procedure code without overloading the user. For the Date of Service selected, the following fields display the common rule in our system configuration and not the exception rules:
  - **Benefit Status** – This is the overall status of the procedure code, with the following values:
    - Benefit: This code is a benefit under the specified plan.
    - Non-Benefit: This code is not a benefit under the specified plan. If there is a medical need to provide a non-benefit, please submit an authorization request (see “Authorization Entry” on page 67) specifying why the non-benefit is medically necessary. Please note that if a code is not a benefit, the Authorization Required and Referral Required values (below) will both display “No.” In order for a non-benefit to be considered, an authorization is required.
    - Carve-out: This code is not a benefit under the Alliance, but it is a benefit through another program such as State Medi-Cal or Denti-Cal. The Alliance does not maintain authorization or referral configuration in our system for carve-outs.
    - Invalid Procedure Code: This code is not a valid national or Alliance procedure code. Do not use the code.
  - **Authorization Required** – This field displays one of the following values:
    - Yes: The procedure code is a benefit and requires authorization for the service to be rendered. Please note there are exceptions to the rules for authorization that do not display in the Procedure Code Lookup Tool. For example, if the service was performed in the Emergency Department, an authorization is not required.

## Section 3. Using the Menu Bar Functions

- Yes – If Exceeds Amount: The procedure code is a benefit and requires authorization for the service to be rendered only if the amount threshold is reached. For example, incontinence supplies require an authorization only if the amount exceeds \$165 per month.
- No: The procedure code is a benefit and does not require authorization for the service to be rendered. Please note there are exceptions to the rules for authorization. For example, physical therapy does not require authorization unless the member has exceeded 12 visits in a year. For another example, procedure code 99213 does not require authorization unless it is part of the Medication-Assisted Treatment (MAT) program.
- Blank: If a code is a non-benefit, carve-out, or invalid code, our system is not configured with an authorization status.
- **Referral Required** – This field displays one of the following values:
  - Yes: The procedure code is a benefit and requires referral for the service to be rendered. Please note there are exceptions to the rules for referrals that do not display in the Procedure Code Lookup Tool. For example, if the service was performed in the Emergency Department, a referral is not required. For another example, if the specialist provider is in the same tax identification number (TIN) as the primary care physician (PCP), a referral is not required.
  - No: The procedure code is a benefit and does not require referral for standard in-network providers. Please note that non-contracted/out-of-area (OOA) providers require an authorized referral even when the code does not require referral.
  - Blank: If a code is a non-benefit, carve-out, or invalid code, HSP is not configured with referral status.
- **Service Restrictions** – If the code is reimbursable for only a certain quantity limitation, then this field displays the description of the restriction. A procedure code can have multiple service restrictions. If the code has no restrictions, then this field displays “None.”



## Section 3. Using the Menu Bar Functions

### Reports

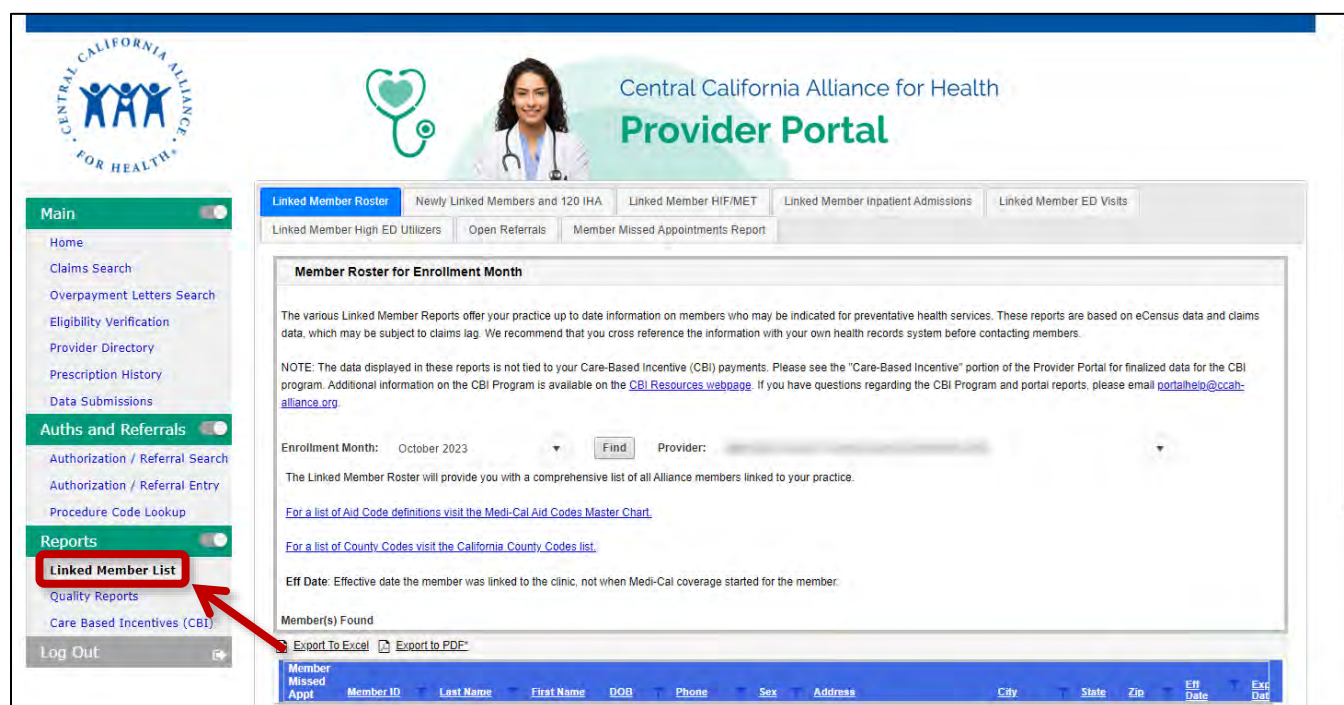
The reports in the Portal have been created to assist Primary Care Providers (PCPs) in understanding the needs of their members. The reports also assist providers in increasing quality of care while lowering costs and improving both care coordination and communication between members, providers and the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

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


**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).

### Linked Member List

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



The screenshot displays the Central California Alliance for Health Provider Portal. On the left, the 'Reports' section of the menu bar is expanded, and 'Linked Member List' is highlighted with a red box and an arrow. The main content area shows the 'Member Roster for Enrollment Month' page. This page includes a search filter for 'October 2023' and a table of member data. The table has columns for Member ID, Last Name, First Name, DOB, Phone, Sex, Address, City, State, Zip, Eff Date, and Exp Date. The table is currently empty, and there are buttons for 'Export To Excel' and 'Export to PDF'.

**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.

## Section 3. Using the Menu Bar Functions

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

1. Linked Member Roster—see below.
2. Newly Linked Members and 120-Day Initial Health Appointment (IHA)—see page 88.
3. Linked Member HIF/MET—see page 91.
4. Linked Member Inpatient Admissions—see page 93.
5. Linked Member ED Visits—see page 94.
6. Linked Member High ED Utilizers—see page 96.
7. Open Referrals—see page 97.
8. Member Missed Appointments Report—see page 99.

### 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, within a two-year lookback period.

To run the Linked Member List report:

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

**Linked Member Roster** | Newly Linked Members and 120 IHA | Linked Member HIF/MET | Linked Member Inpatient Admissions | Linked Member ED Visits | Linked Member High ED Utilizers | Open Referrals | Member Missed Appointments Report

**Member Roster for Enrollment Month**

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

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

Enrollment Month: October 2023 Find Provider:

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

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

[For a list of County Codes visit the California County Codes list.](#)

Eff Date: Effective date the member was linked to the clinic, not when Medi-Cal coverage started for the member.

Member(s) Found

[Export To Excel](#) [Export to PDF](#)

Member ID	Last Name	First Name	DOB	Phone	Sex	Address	City	State	Zip	Eff Date	Exp Date
-----------	-----------	------------	-----	-------	-----	---------	------	-------	-----	----------	----------

2. From the Enrollment Month dropdown list, select a month and year for your report. The default is the current month.
3. In the Provider dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).

## Section 3. Using the Menu Bar Functions

- Click **Find**. The report displays in the lower section of the page. The number of linked members for the month displays above the report table.

**Member Roster for Enrollment Month**

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

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

Enrollment Month:   Provider:

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

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

[For a list of County Codes visit the California County Codes list.](#)

Eff Date: Effective date the member was linked to the clinic, not when Medi-Cal coverage started for the member.

**1835 Member(s) Found**

Member Missed Appt	Member ID	Last Name	First Name	DOB	Phone	Sex	Address	City	State	Zip	EF Date	Exp Date	Removal Date	SDP	CCS	Aid Code	County Code	Co-Pay
<a href="#">Click</a>						F		ATWATER	CA	95301	10/01/2022	12/31/2023	10/31/2023	No	No	M3	24	No
<a href="#">Click</a>						M		ATWATER	CA	95301	08/01/2019	12/31/2023		No	No	M1	24	No
<a href="#">Click</a>						F		ATWATER	CA	95301	10/01/2019	12/31/2023		No	No	M3	24	No
<a href="#">Click</a>						F		DELHI	CA	95315	09/01/2023	12/31/2023	7/31/2023	Yes	No	1H	24	No
<a href="#">Click</a>						F		ATWATER	CA	95301	04/01/2020	12/31/2023		No	No	M5	24	No
<a href="#">Click</a>						M		ATWATER	CA	95301	11/01/2022	12/31/2023		No	No	32	24	No
<a href="#">Click</a>						M		ATWATER	CA	95301	10/01/2023	10/31/2023	7/31/2023	No	No	39	24	No
<a href="#">Click</a>						F		MERCED	CA	95348	04/01/2018	12/31/2023		No	No	T2	24	No
<a href="#">Click</a>						F		ATWATER	CA	95301	02/01/2022	12/31/2023		No	No	4F	10	No
<a href="#">Click</a>						F		MERCED	CA	95348	06/01/2019	12/31/2023	06/30/2023	Yes	No	8H	24	No
<a href="#">Click</a>						F		ATWATER	CA	95301	03/01/2023	12/31/2023		No	No	T1	24	No
<a href="#">Click</a>						F		ATWATER	CA	95301	10/01/2018	12/31/2023		No	No	T2	24	No
<a href="#">Click</a>						F		WINTON	CA	95388	09/01/2020	12/31/2023		No	No	M3	24	No
<a href="#">Click</a>						F		ATWATER	CA	95301	01/01/2020	12/31/2023		No	No	P5	24	No

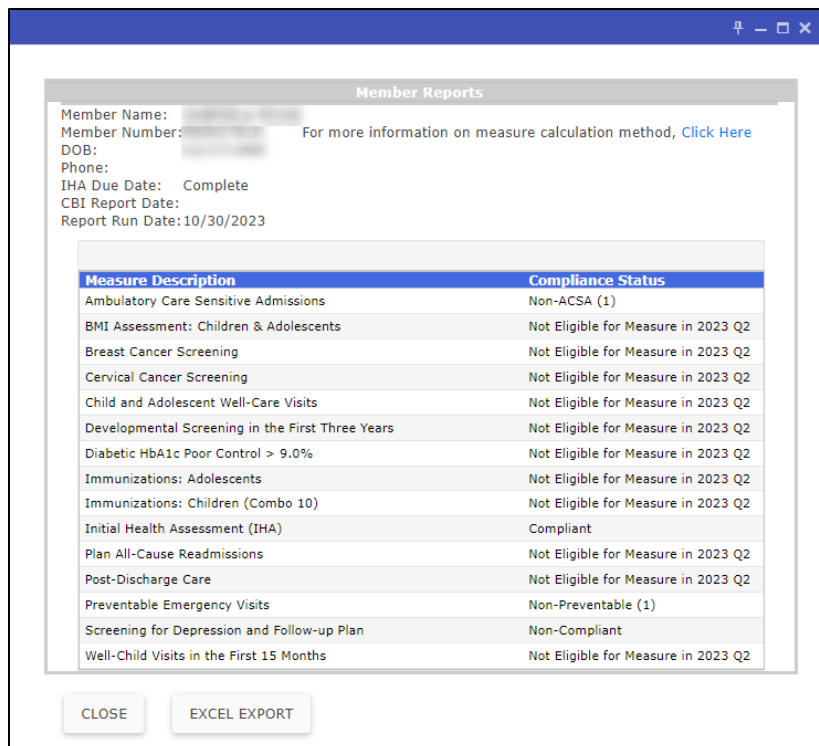
- Review the report. Each row represents the information for one member. Note the following columns:

- 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 their medical appointments or to cancel if an appointment is no longer needed.

You can generate a list of these notifications. For details on this functionality, refer to "Member Missed Appointments Report" on page 99.

## Section 3. Using the Menu Bar Functions

- **Member ID** allows you to view information about the member related to the Care-Based Incentive Program measures. Click the Member ID link to view the sub-report in a new window. You can create an Excel file from the sub-report by clicking **Excel Export**.



The screenshot shows a web application window titled "Member Reports". It contains a form with the following fields: Member Name, Member Number, DOB, Phone, IHA Due Date (Complete), CBI Report Date, and Report Run Date (10/30/2023). A link "Click Here" is provided for more information on measure calculation method. Below the form is a table with two columns: "Measure Description" and "Compliance Status".

Measure Description	Compliance Status
Ambulatory Care Sensitive Admissions	Non-ACSA (1)
BMI Assessment: Children & Adolescents	Not Eligible for Measure in 2023 Q2
Breast Cancer Screening	Not Eligible for Measure in 2023 Q2
Cervical Cancer Screening	Not Eligible for Measure in 2023 Q2
Child and Adolescent Well-Care Visits	Not Eligible for Measure in 2023 Q2
Developmental Screening in the First Three Years	Not Eligible for Measure in 2023 Q2
Diabetic HbA1c Poor Control > 9.0%	Not Eligible for Measure in 2023 Q2
Immunizations: Adolescents	Not Eligible for Measure in 2023 Q2
Immunizations: Children (Combo 10)	Not Eligible for Measure in 2023 Q2
Initial Health Assessment (IHA)	Compliant
Plan All-Cause Readmissions	Not Eligible for Measure in 2023 Q2
Post-Discharge Care	Not Eligible for Measure in 2023 Q2
Preventable Emergency Visits	Non-Preventable (1)
Screening for Depression and Follow-up Plan	Non-Compliant
Well-Child Visits in the First 15 Months	Not Eligible for Measure in 2023 Q2

At the bottom of the window are two buttons: "CLOSE" and "EXCEL EXPORT".

- **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 100.

## Section 3. Using the Menu Bar Functions

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

The Newly Linked Members and 120-Day Initial Health Appointment (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 Appointment (IHA) and when the IHA is due.

The IHA is a comprehensive assessment. Find more information regarding the IHA on the [Health Assessments page](#) of the Alliance website. Note that not all members will need an Initial Health Appointment 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 Linked Member List report page.

Linked Member Roster **Newly Linked Members and 120 IHA** Linked Member HIF/MET Linked Member Inpatient Admissions Linked Member ED Visits Linked Member High ED Utilizers Open Referrals

Member Missed Appointments Report

### Newly Linked Members and 120-Day Initial Health Appointment

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

The Initial Health Appointment (IHA) is an opportunity for PCPs to establish a relationship with newly linked members. An IHA:

- Must be performed by a provider in the primary care medical setting.
- Is not necessary if the Member's Primary Care Physician(PCP) determines that the Member's medical record contains complete information that was updated in the previous 12 months.
- Must be provided in a way that is culturally and linguistically appropriate for the Member.
- Must be documented in the member's medical record.

Documentation during the IHA visits require a:

- Comprehensive health history.
- Physical exam.
- Mental status exam.
- Health education/anticipatory guidance.
- Behavioral assessment.
- Diagnoses and a plan of care.

Starting 1/1/2023, the Staying Healthy Assessment (SHA) is no longer required for IHA.

NOTE: Providers may be subject to an audit by the Alliance or the State to ensure IHAs are being completed.

The Alliance's Care-Based Incentive (CBI) Program incentivizes providers for completion of the IHA or three outreach attempts within 120 days of enrollment. To see your current or past performance go to the "Care-Based Incentive" portion of the Provider Portal. Additional CBI Program information is available on the [CBI Resources webpage](#) (see Initial Health Assessment Tip Sheet for a full list of billing codes). If you have questions regarding the CBI Program and portal reports, please email [cordaine@ccah-alliance.org](mailto:cordaine@ccah-alliance.org).

Enrollment Month:  Find Provider:

This report assists in monitoring new members for eligibility of an IHA.

**Who requires an IHA:**

1. Members who are newly enrolled in Medi-Cal with the Alliance, or
2. Members with a gap in Medi-Cal enrollment of over 12 months (this qualifies the member as a new enrollee).

**What to do if a member shows as Overdue or Past 120 Days?**

Members who are new to your practice but are not new to Medi-Cal should still receive a comprehensive visit to establish care. Members that did not have coverage in the prior 12 months are not part of the calculated IHA rate for your clinic.

**What You Need To Know:**

- The data displayed in these reports is not tied to your Care-Based Incentive (CBI) payments, and only shows submitted IHA claims.
- The initial enrollment date, not linkage date, is the first day the member was enrolled in Medi-Cal with the Alliance. **The Months Enrolled column is calculated based on coverage effective date.**
- If the Alliance has a record of an IHA being completed after a member's enrollment date, the next IHA is due upon the recommended intervals. For more information on IHAs go to <https://www.ccah-alliance.org/risk.html>
- If the due date has passed, it is displayed as "Overdue".

**Best Practices Tips:**

- Review the following report for members needing an IHA. We recommend that you reconcile this information with your EHR.
  - **IHA Needed:** Shows who is due for an IHA.
  - It's recommended to prioritize outreach to members with 3 and 4 Months Enrolled (shown highlighted in red) that are close to the end of the 120-day period.
  - **IHA Due Date:** Displays the due date to meet the 120-day compliance.  
For members Overdue or Past 120 Days: These are members newly linked to your practice but have not established care since receiving coverage from Medi-Cal and are past the 120-day period.
    - Overdue: 5- or 6-month enrollment.
    - Past 120 Days: 7+ months enrollment
- IHA visits are an opportune time to complete preventative health screenings such as including cervical cancer screenings, chlamydia screenings, diabetic health screenings, immunizations, and depression screening.
- If you have not already done so, submit your claims/encounter data and or scheduling outreach attempts to the Alliance or through the Data submission Tool (DST).

**\* Please note that this report is sorted based on the recommended outreach of months enrolled. Members needing an IHA with 4 and 3 months of enrollment are prioritized first.**

Member(s) Found

☐ Export To Excel ☐ Export to PDF

Member ID	Last Name	First Name	DOB	Phone	Sex	Age	Language	Months Enrolled	Race / Ethnicity	IHA Needed	IHA Due By	Address	City	State	Zip
-----------	-----------	------------	-----	-------	-----	-----	----------	-----------------	------------------	------------	------------	---------	------	-------	-----

2. From the Enrollment Month dropdown list, select a month for your report.



## Section 3. Using the Menu Bar Functions

- In the Provider dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).
- 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.

\* Please note that this report is sorted based on the recommended outreach of months enrolled. Members needing an IHA with 4 and 3 months of enrollment are prioritized first.

49 Member(s) Found

Export To Excel Export To PDF

Member ID	Last Name	First Name	DOB	Phone	Sex	Age	Language	Months Enrolled	Race/Ethnicity	IHA Needed	IHA Due By	Address	City	State	Zip	Plan
1000000001	ALONSO	JOSE	05/15/1965	555-555-5555	F	60	Spanish	4	Hispanic	Yes	12/30/2023	1000000001 ST	WINTON	CA	95388	MCM
1000000002	ALONSO	JOSE	05/15/1965	555-555-5555	F	13	Spanish	4	Hispanic	Yes	12/30/2023	1000000001 ST	WINTON	CA	95388	MCM
1000000003	ALONSO	JOSE	05/15/1965	555-555-5555	F	29	English	4	Hispanic	Yes	12/30/2023	1000000001 ST	LIVINGSTON	CA	95334	MCM
1000000004	ALONSO	JOSE	05/15/1965	555-555-5555	F	41	Spanish	4	Hispanic	Yes	12/30/2023	1000000001 ST	ATWATER	CA	95301	MCM
1000000005	ALONSO	JOSE	05/15/1965	555-555-5555	F	5	English	4	Hispanic	Yes	12/30/2023	1000000001 ST	ATWATER	CA	95301	MCM
1000000006	ALONSO	JOSE	05/15/1965	555-555-5555	M	2	English	4	Hispanic	Yes	12/30/2023	1000000001 ST	ATWATER	CA	95301	MCM
1000000007	ALONSO	JOSE	05/15/1965	555-555-5555	M	0	English	4	Filipino	Yes	12/30/2023	1000000001 ST	ATWATER	CA	95301	MCM
1000000008	ALONSO	JOSE	05/15/1965	555-555-5555	F	4	English	4	Other	Yes	12/30/2023	1000000001 ST	ATWATER	CA	95301	MCM
1000000009	ALONSO	JOSE	05/15/1965	555-555-5555	M	62	Spanish	2	Filipino	Yes	12/30/2023	1000000001 ST	ATWATER	CA	95301	MCM
1000000010	ALONSO	JOSE	05/15/1965	555-555-5555	F	55	Spanish	2	Hispanic	Yes	12/30/2023	1000000001 ST	ATWATER	CA	95301	MCM
1000000011	ALONSO	JOSE	05/15/1965	555-555-5555	F	20	English	2	Hispanic	Yes	12/30/2023	1000000001 ST	MERCED	CA	95348	MCM
1000000012	ALONSO	JOSE	05/15/1965	555-555-5555	F	52	English	11	White	Yes	Past 120 Days	1000000001 ST	MERCED	CA	95340	MCM
1000000013	ALONSO	JOSE	05/15/1965	555-555-5555	F	61	English	11	White	Yes	Past 120 Days	1000000001 ST	ATWATER	CA	95301	MCM
1000000014	ALONSO	JOSE	05/15/1965	555-555-5555	M	32	English	20	Black	Yes	Past 120 Days	1000000001 ST	ATWATER	CA	95301	MCM

- 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:
    - Mariposa County Medi-Cal (MAM)
    - Merced County Medi-Cal (MCM)
    - Monterey County Medi-Cal (MMC)
    - San Benito County Medi-Cal (SBM)
    - Santa Cruz County Medi-Cal (SMC)
  - IHA Needed** indicates whether the member needs an IHA. Columns highlighted in pink indicate if the member is close to the 120-day period.
  - IHA Due By** indicates the date the member's IHA is due to be completed.
- For more report functions, see "Linked Member List Report Functions" on page 100.



## Section 3. Using the Menu Bar Functions

### Linked Member HIF/MET

The Health Information Form (HIF) / Member Evaluation Tool (MET) is a screening tool that helps the Alliance identify and understand Alliance member's health risks to monitor health status over time. The Linked Member HIF/MET report allows providers to generate a list of newly linked members and the attempts to outreach by our third-party vendor to administer the HIF/MET, as well as the member risk level based on their results.

All newly enrolled Seniors and Persons with Disabilities (SPD) members should receive a call from our third-party vendor and/or letter within 44 days of enrollment with the Alliance to administer the HIF survey. Our Care Management team receives the scores and reaches out to high-risk members based on the HIF/MET results provided from our vendor.

To run the Linked Member HIF/MET report:

1. Click the Linked Member HIF/MET tab at the top of the Linked Member List report page.

Linked Member Roster | Newly Linked Members and 120 IHA | **Linked Member HIF/MET** | Linked Member Inpatient Admissions | Linked Member ED Visits | Linked Member High ED Utilizers | Open Referrals

Member Missed Appointments Report

### Linked Members HIF/MET Results

The Health Information Form (HIF) / Member Evaluation Tool (MET) is a screening tool that helps the Alliance identify and understand Alliance member's health risks to monitor health status over time. All newly enrolled Seniors and Persons with Disabilities (SPD) members should receive a call from Carenet and/or letter within 44 days of enrollment with the Alliance to administer the HIF survey. Our Care Management team receives the scores and reaches out to high-risk members based on the HIF/MET results provided from our vendor Carenet.

Enrollment Month: October 2023 Find Provider:

The report below shows your newly linked members and the attempts to outreach by Carenet to administer the HIF/MET, as well as they are stratified into low, medium, and high-risk groups based on their results. [Click on the hyperlinked member ID to see complete HIF/MET results for that member.](#)

Only high risk members will be enrolled into the [Alliance Care Management Services](#) for complex case management. The other benefit of this report is that we will make it visible to the PCP when members are enrolled in Alliance case management services as a result of this outreach.

**Note:**

- Members who are stratified as being high risk will be offered Care Management services.
- The HIF/MET does not take the place of the Initial Health Appointment (IHA). The IHA is required for all new members and must be conducted within 120 days after the member's enrollment with the Alliance.
- If you have questions regarding the CBI Program and portal reports, please email [portalhelp@ccah-alliance.org](mailto:portalhelp@ccah-alliance.org).
- The column HIF Created Date is the date the health information form (HIF) was created.

Contact the Alliance Care Management team for questions on your patient's enrollment in Care Management programs at 800-700-3874, ext. 5512.

Member(s) Found

[Export To Excel](#) [Export to PDF\\*](#)

Member ID	Last Name	First Name	DOB	Phone	HIF Created Date 1	Attempt 1	HIF Created Date 2	Attempt 2	HIF Created Date 3	Attempt 3	Risk Level	Status of Enrolled in Care Management	Enrolled in Enhanced Care Management
-----------	-----------	------------	-----	-------	--------------------	-----------	--------------------	-----------	--------------------	-----------	------------	---------------------------------------	--------------------------------------

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).

## Section 3. Using the Menu Bar Functions

- 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.

135 Member(s) Found

Export To Excel Export To PDF

Member ID	Last Name	First Name	DOB	Phone	HIF Created Date 1	Attempt 1	HIF Created Date 2	Attempt 2	HIF Created Date 3	Attempt 3	Risk Level	Status of Enrolled in Case Management	Enrolled in Enhanced Case Management
901					9/11/2023	Successful					Low	No	No
902					1/1/2023	Unsuccessful						No	No
902					6/9/2023	Successful					Medium	No	No
902					8/25/2023	Successful					Low	No	No
902					3/9/2023	Successful					Medium	No	No
903					1/1/2023	Unsuccessful						No	No
903					2/17/2023	Successful					Medium	No	No
904					1/3/2023	Unsuccessful						No	No
906					8/17/2023	Successful					High	No	No
907					1/1/2023	Unsuccessful						No	No
907					1/1/2023	Unsuccessful						No	No
908					1/3/2023	Unsuccessful						No	No
909					1/2/2023	Unsuccessful						No	No
909					3/13/2023	Successful					High	No	No

- Review the report. Each row represents the information for one member and shows the date the HIF was created, the status of any attempted outreach by the third-party vendor and the risk level as determined by the results of the HIF/MET.
- For more report functions, see “Linked Member List Report Functions” on page 100.

## Section 3. Using the Menu Bar Functions

### Linked Member Inpatient Admissions

The Linked Member Inpatient Admissions report allows providers to generate a list of linked members who have been admitted and/or discharged from the hospital within a date range. Data is generated from hospitals participating in our eCensus data exchange.

To run the Linked Member Inpatient Admissions report:

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

Linked Member Roster | Newly Linked Members and 120 IHA | Linked Member HIF/MET | **Linked Member Inpatient Admissions** | Linked Member ED Visits | Linked Member High ED Utilizers

Open Referrals | Member Missed Appointments Report

### Linked Members Inpatient Admissions

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

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

Inpatient Admit Date Range - Begin: 9/1/2023

Inpatient Admit Date Range - End: 10/31/2023

Provider:

**Find**

This list includes your linked members who, according to our records, are admitted to the hospital or have been discharged. NOTE: This list is based on eCensus data, and not all regional hospitals provide data via eCensus. The list may include members who have not yet been seen in your office, but who are linked to your practice. We recommend that you cross reference this information with your health records system before contacting members. Participating hospitals include:

- Salinas Valley Memorial Hospital
- Natividad Medical Center
- Community Hospital of the Monterey Peninsula (CHOMP)
- Valley Children's Hospital
- Mercy Medical Center Merced
- Watsonville Community Hospital (WCH)
- Dominican Hospital
- George L. Mee Memorial Hospital

**Best Practices Tips:**

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

**0 Member(s) Found**

Export To Excel Export to PDF

Member ID	Last Name	First Name	DOB	Phone	Admit Date	Discharge Date	Chief Complaint	Disposition	Facility	Admit Time	Discharge Time
-----------	-----------	------------	-----	-------	------------	----------------	-----------------	-------------	----------	------------	----------------

2. Select the Begin and End dates for the Inpatient Admit Date Range. You can type in the fields (M/D/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).

## Section 3. Using the Menu Bar Functions

- 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.

110 Member(s) Found											
Export To Excel Export to PDF											
Member ID	Last Name	First Name	DOB	Phone	Admit Date	Discharge Date	Chief Complaint	Disposition	Facility	Admit Time	Discharge Time
907					10/28/2023	10/30/2023	NEWBORN			20:39	12:58
907					10/28/2023	10/30/2023	NEWBORN			20:39	12:58
907					10/28/2023	10/30/2023	LABOR AT TERM			3:57	12:57
926					10/23/2023	10/25/2023	NEWBORN			8:22	12:24
926					10/23/2023	10/25/2023	NEWBORN			8:22	12:24
926					10/23/2023	10/25/2023	TERM PREGNANCY PRIOR CESAREAN SECTION CE			5:37	12:24
952					10/16/2023	10/18/2023	NEWBORN			18:12	14:10
952					10/15/2023	10/18/2023	SROM			14:47	14:54
922					10/13/2023	10/14/2023	GASTRO ESOPHAGE GERD			11:15	15:20
914					10/09/2023	10/10/2023	NEWBORN			5:09	15:00
914					10/09/2023	10/10/2023	LABOR CONTRACTIONS			2:35	15:00

- Review the report. Each row represents the information for one member. Note the following columns:
  - Discharge Date** shows the date the member was discharged from the hospital. Depending on a hospital's protocol for reporting discharge information, this column may be blank or show "12/30/1899." Contact the reporting Facility if you have questions about the date.
  - Disposition** shows a code that indicates the member discharge status. Contact the reporting Facility if you have questions about the code.
- For more report functions, see "Linked Member List Report Functions" on page 100.

## Section 3. Using the Menu Bar Functions

### 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. Data is generated from hospitals participating in our eCensus data exchange.

To run the Linked Member ED Visits report:

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

Linked Member Roster | Newly Linked Members and 120 IHA | Linked Member HIF/MET | Linked Member Inpatient Admissions | **Linked Member ED Visits** | Linked Member High ED Utilizers

Open Referrals | Member Missed Appointments Report

### Linked Members ED Visits

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

[Click here for the Preventable Emergency Visits Tip Sheet for additional information.](#)

[Click here for a list of 2019 Alliance Codes to Identify Preventable ED and Urgent Care Visits.](#)

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

ED Visit Date Range - Begin: 9/1/2023

ED Visit Date Range - End: 10/31/2023

Provider:

**Find**

This list assists in monitoring linked members who, according to our records, have been recently seen at the ED. This list is based on eCensus data, does not represent a complete listing of ED visits made by your members and may include members who have not yet been seen in your office, but who are linked to your practice. We recommend cross referencing this list with your own health records system before contacting members. We also recommend reviewing the Linked Member High ED Utilizer report to monitor those who have been in the ED three or more times within the last 90 days. The data displayed in these reports is not tied to your Care-Based Incentive (CBI) payments.

2. Select the Begin and End dates for the ED Visit Date Range. You can type in the fields (M/D/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.

**107 Member(s) Found**

Export To Excel Export To PDF

Member ID	Last Name	First Name	DOB	Phone	Visit Date	Visit Time	Chief Complaint	Facility	Patient Admitted
958	...	...	...	...	09/08/2023	22:27	COUGH RUNNY NOSE DIFF BREATHING	...	No
958	...	...	...	...	09/25/2023	22:11	FEVER COUGH	...	No
934	...	...	...	...	09/11/2023	8:01	LOWER ABDOMINAL PAIN	...	No
997	...	...	...	...	10/22/2023	16:03	VOMITING SHARP ABD PAINS DIZZY	...	No
995	...	...	...	...	10/05/2023	18:41	Pyelonephritis	...	No
919	...	...	...	...	10/25/2023	12:40	TOOTH ACHE	...	No
919	...	...	...	...	10/15/2023	15:00	TROUBLE BREATHING	...	No
903	...	...	...	...	10/24/2023	11:52	CONGESTION	...	No
903	...	...	...	...	10/23/2023	15:03	NASAL CONGESTION THROAT PAIN	...	No
945	...	...	...	...	10/17/2023	14:37	RIGHT HAND INJURY	...	No
946	...	...	...	...	09/02/2023	10:27	COUGH WHEEZING	...	No



## Section 3. Using the Menu Bar Functions

- Review the report. Each row represents the information for one member and shows the date and time of the ED visit, the reason for the visit and the visited facility.
- For more report functions, see “Linked Member List Report Functions” on page 100.

### Linked Member High ED Utilizers

The Linked Member High ED Utilizer report generates a list of members who, according to Alliance records, received ED services three or more times within a 90-day period.

To run the Linked Member High ED Utilizer report:

- Click the Linked Member High ED Utilizers tab at the top of the Linked Member List report page:

- Select an “as of” date for utilizers. You can type in the fields (M/D/YYYY), or click the calendar icons to select the dates. Remember, this report will generate a list going back 90 days from the date chosen.
- In the Provider dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).
- Click **Find**. The report displays in the lower section of the page.

Member(s) Found																
Member ID	Member Name	DOB	Phone	Spoken Language	# ED Visits	Visit Date	Visit Day of Week	Avoidable ED Visit	Patient Admitted	# Inpt. Admits	Facility	ED Visit Dx 1	Dx 1 Description	ED Visit Dx 2	Dx 2 Description	Astm
1000000000	John Doe	10/01/1980	(555) 555-5555	English	4	10/01/2023	Tu	No	No	0	St. Mary's Hospital					
1000000001	Jane Smith	03/15/1985	(555) 555-5556	English	4	10/02/2023	We	No	No	0	St. Mary's Hospital					
1000000002	John Doe	10/01/1980	(555) 555-5555	English	4	10/03/2023	Th	No	No	0	St. Mary's Hospital	I16.0	Hypertensive Urgency	E73.5	Hypertension, Unspecified	
1000000003	Jane Smith	03/15/1985	(555) 555-5556	English	4	10/04/2023	Fr	No	No	0	St. Mary's Hospital					
1000000004	John Doe	10/01/1980	(555) 555-5555	English	3	10/05/2023	Sa	No	No	0	St. Mary's Hospital	J03.90	Acute Tonsillitis, Unspecified	J01.90	Acute Sinusitis, Unspecified	



## Section 3. Using the Menu Bar Functions

5. Review the report. Each row represents the information for one member and shows the number of ED visits, the date and time of each ED visit, whether the visit was avoidable, whether the member was admitted, the visited facility and the reason for the visit.
6. For more report functions, see “Linked Member List Report Functions” on page 100.

### 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:

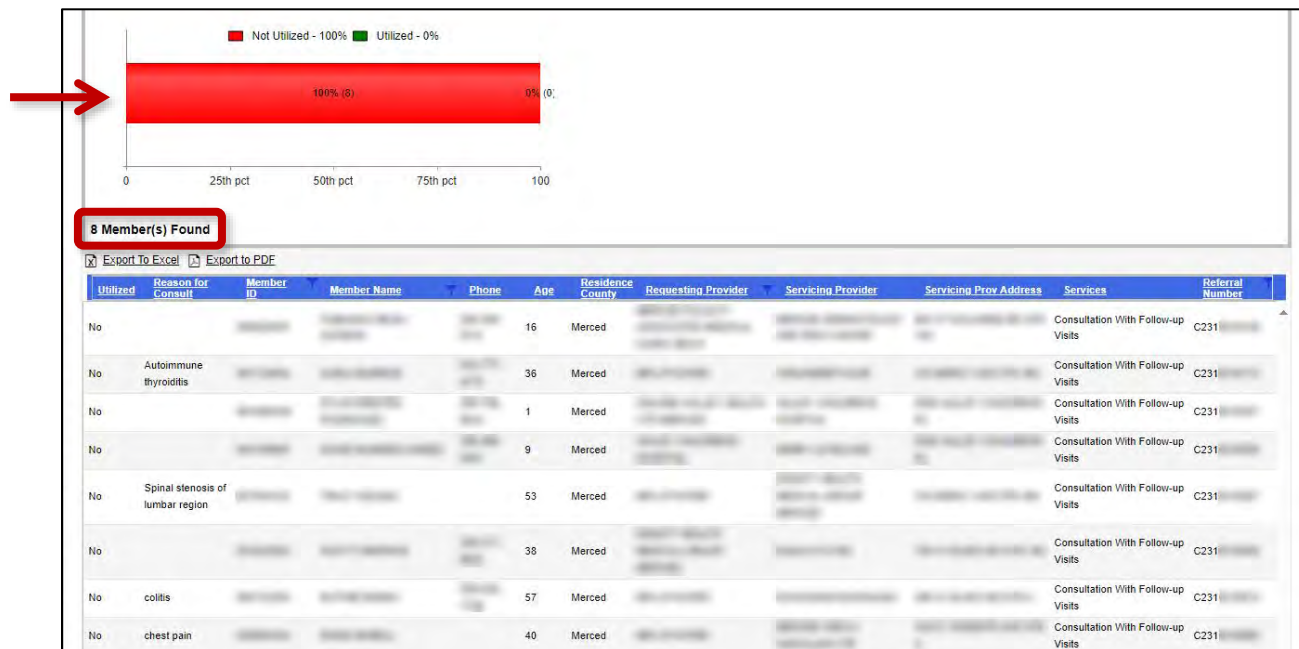
1. Click the Open Referrals tab at the top of the Linked Member List report page.

The screenshot shows the 'Open Referrals' report interface. At the top, there is a navigation bar with tabs: 'Linked Member Roster', 'Newly Linked Members and 120 IHA', 'Linked Member HIF/MET', 'Linked Member Inpatient Admissions', 'Linked Member ED Visits', 'Linked Member High ED Utilizers', and 'Open Referrals' (which is highlighted). Below the navigation bar is a sub-header 'Member Missed Appointments Report'. The main content area is titled 'Open Referrals' and contains several input fields: 'Received Date Range - Begin' (10/31/2023), 'Received Date Range - End' (10/31/2023), 'Provider' (dropdown menu), and 'Referral Type' (dropdown menu set to 'All'). Below these fields is a section titled 'Member(s) Found' which contains a table with columns: 'Utilized', 'Reason for Consult', 'Member ID', 'Member Name', 'Phone', 'Age', 'Residence County', 'Requesting Provider', 'Servicing Provider', 'Servicing Prov Address', 'Services', and 'Referral Number'. At the bottom of the form, there are two buttons: 'Export To Excel' and 'Export to PDF'.

2. Select the Begin and End dates for the Received Date Range. You can type in the fields (M/D/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 Provider dropdown list, select the appropriate location (if more than one NPI is linked to your Portal account).
4. In the Referral Type dropdown list, select All (default), Consultation Request or Authorized Referral.

## Section 3. Using the Menu Bar Functions

- Click **Find**. The report displays in the lower section of the page. Additionally, a bar graph gives a comparative view of “not utilized” vs. “utilized” records within the report. The number of linked members for the date range displays above the report table.



- 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.

- For more report functions, see “Linked Member List Report Functions” on page 100.

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

## Section 3. Using the Menu Bar Functions

### Member Missed Appointments Report

The Member Missed Appointment Report provides a list of missed appointments based on provider submissions of the “Member Appointment No-Show Notification.” For details on this functionality, refer to “Linked Member Roster” on page 86.

To run the Member Missed Appointments Report:

1. Click the Member Missed Appointments Report tab at the top of the Linked Member List report page.

Member Missed Appointments Report

When a member has missed an appointment, you can inform the Alliance by submitting a Member Appointment No-Show Notification. Member Services will send a letter educating the member on the importance of keeping appointments and instructions to cancel if an appointment is no longer needed. Please summarize efforts to follow up with the member in the text field. All attempts to contact the member, including their responses, are required to be documented in the medical record.

Missed Appointment Date Entered - Begin: 10/1/2023

Missed Appointment Date Entered - End: 10/31/2023

Provider: [Dropdown Menu]

Find

Export To Excel Export To PDF

Entered	Site / Practice	Member Name	Member ID	Reason for Appointment	Reason Appointment Missed	Appointment Date	Appointment Details	Appointment Reminder	Patient Followup	Staff Person to Contact
---------	-----------------	-------------	-----------	------------------------	---------------------------	------------------	---------------------	----------------------	------------------	-------------------------

2. Select the Begin and End dates for the Received Date Range. You can type in the fields (M/D/YYYY) or click the calendar icons to select the dates.
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 with a missed appointment for the date range displays above the report table.

16 Missed Appointment(s) Found

Export To Excel Export To PDF

Entered	Site / Practice	Member Name	Member ID	Reason for Appointment	Reason Appointment Missed	Appointment Date	Appointment Details	Appointment Reminder	Patient Followup	Staff Person to Contact
10/02/2023				General Check-Up	Forgot appointment	10/02/2023		Phone		
10/02/2023				Initial Health Assessment	Forgot appointment	09/27/2023		Phone		
10/02/2023				General Check-Up	Forgot appointment	09/29/2023		Phone		
10/02/2023				General Check-Up	Forgot appointment	09/29/2023		Phone		
10/02/2023				Initial Health Assessment	Forgot appointment	09/28/2023		Phone		
10/03/2023				Annual Check-Up	Forgot appointment	10/03/2023		Mail/Phone		
10/13/2023				Annual Check-Up	Reason not provided	10/13/2023		Phone		
10/19/2023				General Check-Up	Forgot appointment	10/09/2023		Mail/Phone		
10/19/2023				Routine Follow-Up	Reason not provided	10/13/2023		Mail/Phone		
10/19/2023				Routine Follow-Up	Forgot appointment	10/17/2023		Phone		

5. For more report functions, see “Linked Member List Report Functions” on page 100.


## Section 3. Using the Menu Bar Functions

### Linked Member List Report Functions

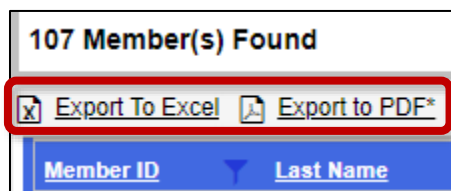
The following functions are common to each of the linked member list reports:

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



- You can sort the report by a column by clicking the column heading.
- You can 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.
- You can export the report to Excel or PDF:

1. Above the column headings, click **Export to Excel** or **Export to PDF**.



2. Depending on your browser and its configuration, you may be prompted to open or download the exported file.
  - For an Excel file, you can use Excel functions such as sort, filter, search, sum and print.
  - For a PDF file, you can use the controls on the PDF window to save or print the file.

**NOTE:** The export includes all claims in your search results, regardless of your sort/filter selections.

## Section 3. Using the Menu Bar Functions

### Quality Reports

The Quality Reports are updated monthly and 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.

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

The screenshot shows the Central California Alliance for Health Provider Portal. The left sidebar menu is visible, with 'Quality Reports' highlighted in a red box and an arrow pointing to it. The main content area displays the 'Quality Improvement Reports - Monthly' page. It includes a header with the Central California Alliance for Health logo and a stethoscope icon. Below the header, there is a blue banner with the text 'Central California Alliance for Health Quality Improvement Reports - Monthly'. The main content area contains a 'Summary Report Criteria' section with four dropdown menus: 'Report Type (Help)', 'Provider Name', 'Report Month', and 'Compliance Indicator'. A 'Submit' button is located at the bottom of the criteria section.

To run a report:

1. In the Summary Report Criteria section of the page, specify your criteria:

The screenshot shows the 'Summary Report Criteria' section of the Quality Reports page. It contains four dropdown menus: 'Report Type (Help)' with 'Well Child Visits (0-15 Months)' selected, 'Provider Name' with a blurred selection, 'Report Month' with 'OCTOBER 2023' selected, and 'Compliance Indicator' with 'All' selected. A 'Submit' button is located at the bottom left of the criteria section.

- a. In the Report Type dropdown list, select a report to run; for example, Well Child Visits (0–15 months).

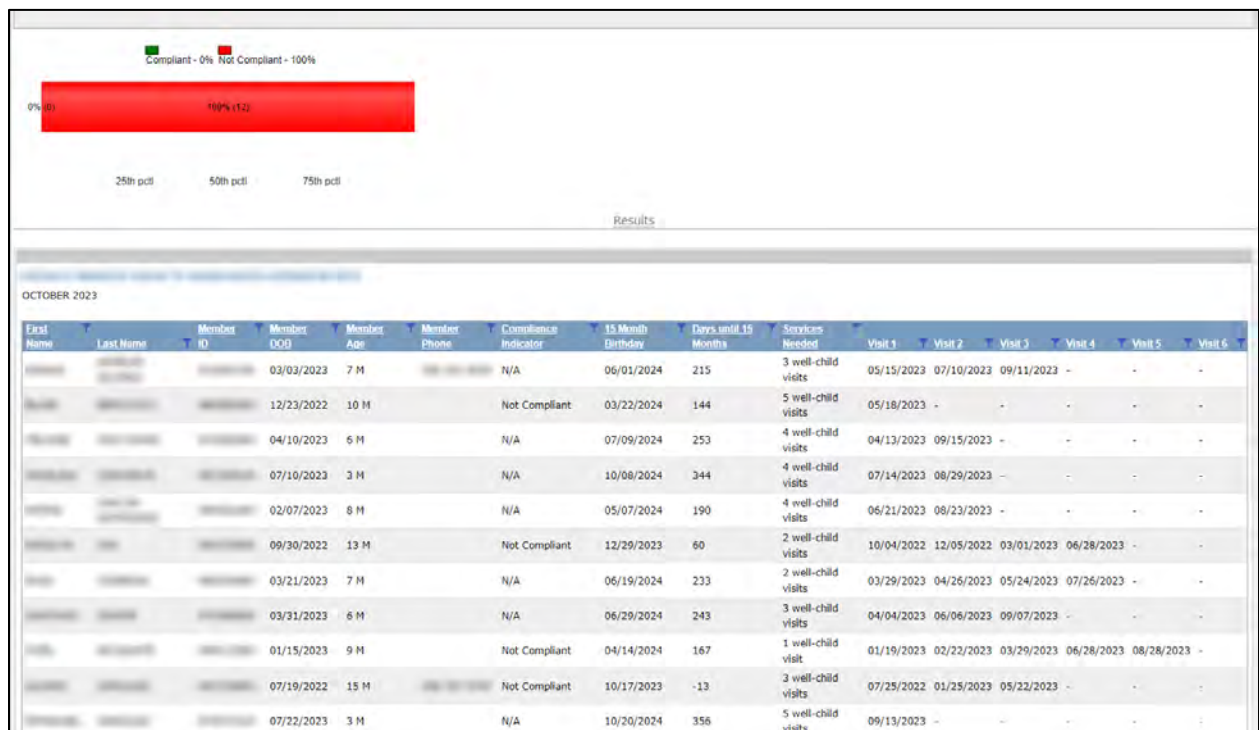
**NOTE:** For information about each report type, select the report from the dropdown list, then click the “Help” link. An Information section with details displays below the criteria section.


## Section 3. Using the Menu Bar Functions

- 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.
2. Click **Submit**. The Information section displays details about the measure and the report, and the Results section displays the report. Above the results is a bar graph that gives a comparative view of “Compliant” versus “Not Compliant” records within the report.

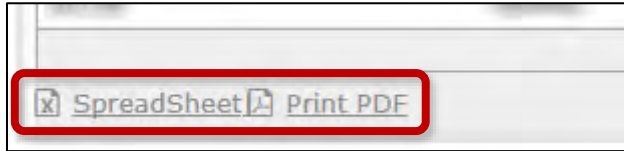


3. Review the report table. Each row represents the information for one member. Some reports indicate the Services Needed for the member to become compliant. The bottom right of the report shows the total number of records in the list.
4. You can sort the table by a column by clicking the column heading.
5. You can further refine the results by applying filters to one or more columns. Click the filter icon  in any column heading and build a filter from the choices (such as “Is equal to” or “Starts with”). You can define a second condition for a filter using the “And/Or” dropdown list. You can apply filters to more than one column.



## Section 3. Using the Menu Bar Functions

6. You can export the report to Excel or PDF:
  - a. At the bottom left of the report, click **Spreadsheet** or **Print PDF**.



- b. Depending on your browser and its configuration, you may be prompted to open or download the exported file.
    - For an Excel file, you can use Excel functions such as sort, filter, search, sum and print.
    - For a PDF file, you can use the controls on the PDF window to save or print the file.

## Section 3. Using the Menu Bar Functions

### Care-Based Incentive (CBI) Reports

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

Providers can view cumulative summaries of programmatic performance in the Alliance's CBI measures for a selected period.

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

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

The screenshot displays the Central California Alliance for Health Provider Portal. The header includes the Alliance logo, a stethoscope icon, and the text "Central California Alliance for Health Provider Portal". Below the header is a navigation bar with tabs: "Summary and Performance", "Measure Details", "CBI Forensic Report", and "CBI Dashboard". The main content area is titled "Central California Alliance for Health Care-Based Incentive Program". It contains a description of the CBI program and a link to "Click here for more information about the Care-Based Incentive Program." Below this is a "Summary Report Criteria" section with a form. The form has two fields: "Practice Site" (a dropdown menu) and "Practice Profile Date" (a dropdown menu showing "2023 Q2"). A "Submit" button is located at the bottom of the form. On the left side of the portal, there is a "Main" menu bar with sections: "Main", "Auths and Referrals", "Reports", and "Log Out". The "Reports" section is expanded, and "Care Based Incentives (CBI)" is highlighted with a red box and a red arrow pointing to it.

## Section 3. Using the Menu Bar Functions

### Summary and Performance

The Summary and Performance CBI report allows providers to view cumulative summaries of programmatic performance in the Alliance's CBI measures for a selected quarter.

To run a Summary and Performance report:

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

Summary and Performance | Measure Details | CBI Forensic Report | CBI Dashboard

### Central California Alliance for Health Care-Based Incentive Program

[Help](#)

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

This application allows you to view cumulative summaries of both fee for service and programmatic performance against the Alliance's CBI measures for a given quarter.

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

#### Summary Report Criteria

Practice Site: [Dropdown Menu]

Practice Profile Date: 2023 Q2 [Dropdown Menu]

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 recent quarter to review.
4. Click **Submit** to display the report.

## Section 3. Using the Menu Bar Functions

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

Programmatic Measures Summary Report					
PCP Site Name: <span style="background-color: #f0f0f0;">[Redacted]</span>					
Practice Profile Date: 2023 Q2					
<a href="#">New Search</a>					
<a href="#">EXPORT TO EXCEL</a> <a href="#">PDF EXPORT</a>					
	Incentive Measure	Eligible For Measure	Occurrences	Total Qualifying Records	Site Rate
Performance Target Measures					
	<a href="#">Member Reassignments from Practice</a>	YES	0	10810	0
	<a href="#">Performance Improvement</a>	YES			
Care Coordination - Hospital & Outpatient Measures					
	<a href="#">Ambulatory Care Sensitive Admissions</a>	YES	8	106	4.55
	<a href="#">Plan All-Cause Readmissions</a>	YES	6	43	13.95
	<a href="#">Preventable Emergency Visits</a>	YES	180.5	1162	102.67
Care Coordination - Access Measures					
	<a href="#">Application of Dental Fluoride Varnish</a>	YES	6	175	3.43
	<a href="#">Developmental Screening in the First Three Years</a>	YES	19	68	27.94
	<a href="#">Initial Health Assessment (IHA)</a>	YES	78	228	34.21
	<a href="#">Post-Discharge Care</a>	YES	30	84	35.71

- Position your mouse pointer near a value in the Occurrences and Total Qualifying Records columns to display a description of the value for each measure.

<a href="#">EXPORT TO EXCEL</a> <a href="#">PDF EXPORT</a>					
	Incentive Measure	Eligible For Measure	Occurrences	Total Qualifying Records	Site Rate
Performance Target Measures					
	<a href="#">Member Reassignments from Practice</a>	YES	0	10810	0
	<a href="#">Performance Improvement</a>	YES			
Care Coordination - Hospital & Outpatient Measures					
	<a href="#">Ambulatory Care Sensitive Admissions</a>	YES	8	106	4.55
	<a href="#">Plan All-Cause Readmissions</a>	YES	6	43	13.95
	<a href="#">Preventable Emergency Visits</a>	YES	180.5	1162	102.67

This number represents the number of members admitted with ambulatory care sensitive conditions

## Section 3. Using the Menu Bar Functions

6. 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 and measure benchmarks, where applicable.

7. To display a report of members in the measure:
  - a. Click a data point on the red **Your Rate** trend line. A new window opens, displaying the member report.

Measure Description: Ambulatory Care Sensitive Admissions  
Practice Profile Date: 2023 Q2

PCP Site Location: [Redacted]

Reporting Period: 07/01/2022 - 06/30/2023

Compliance Indicator: All

For more information on measure calculation method, Click Here

EXPORT TO EXCEL

Member First Name	Member Last Name	Member ID	Member DOB	Admit Date	Hospital Name	Primary Diagnosis	ACSA Condition	Race/Ethnicity	ACSA Indicator	Language	Office Name
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	E43		Hispanic	Non-ACSA	English	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	E87.1		White	Non-ACSA	English	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	N30.80		Hispanic	Non-ACSA	English	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	K70.10		Hispanic	Non-ACSA	Spanish	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	A41.9		Hispanic	Non-ACSA	English	[Redacted]

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

## Section 3. Using the Menu Bar Functions

**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.

- b. Click **Close** at the lower left to dismiss the member report.
8. Click **Close** at the lower left to dismiss the graph and return to the Summary and Performance report page.
9. To start a new search, click **New Search** in the middle of the page. Return to step 2 above.
10. For more report functions for the Summary and Performance report as well as the embedded member report (in step 7 above), see “CBI Report Functions” on page 114.

### 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.

Summary and Performance **Measure Details** CBI Forensic Report CBI Dashboard

Central California Alliance for Health  
Care-Based Incentives Program [Help](#)

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

This application allows you to view the details for any CBI Measure for the sites associated with your portal account.

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

To download all measures as a single Excel document [Click here](#).

**Measure Detail Search Criteria**

Practice Site

Practice Profile Date 2023 Q2

Measure Category Select a Measure Category B...

Measure Name Select a Measure Name Before Clicking Search



## Section 3. Using the Menu Bar Functions

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 recent quarter to review.
4. In the Measure Category dropdown list, select Performance Target Measures, Care Coordination - Hospital & Outpatient Measures, Care Coordination - Access Measures, Quality of Care Measures, Exploratory Measures, Health Equity or Fee-For-Service.
5. 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, which you must select first.
6. For the Measure Names that have an additional indicator, a Compliance Indicator dropdown list displays after you select a Measure Name, allowing you to select which indicator values to show in the report. Select All, Compliant or Non-Compliant.
7. Click **Submit** to display the report.

Measure Description: Well-Child Visits in the First 15 Months Practice Profile Date: 2023 Q2									
PCP Site Location: [Redacted]									
Reporting Period: 07/01/2022 - 06/30/2023									
Compliance Indicator All									
For more information on measure calculation method, <a href="#">Click Here</a>									
<a href="#">New Search</a>									
EXPORT TO EXCEL PDF EXPORT									
First Name	Last Name	Member ID	Member DOB	Member Age	Compliance Indicator	Count of Visits	Office Name	Race/Ethnicity	Language
[Redacted]	[Redacted]	[Redacted]	[Redacted]	2	Non-Compliant	4	[Redacted]	Hispanic	English
[Redacted]	[Redacted]	[Redacted]	[Redacted]	1	Non-Compliant	2	[Redacted]	White	English
[Redacted]	[Redacted]	[Redacted]	[Redacted]	2	Non-Compliant	5	[Redacted]	Hispanic	Spanish
[Redacted]	[Redacted]	[Redacted]	[Redacted]	2	Non-Compliant	5	[Redacted]	Filipino	English
[Redacted]	[Redacted]	[Redacted]	[Redacted]	1	Compliant	6	[Redacted]	Filipino	English
[Redacted]	[Redacted]	[Redacted]	[Redacted]	2	Non-Compliant	5	[Redacted]	Asian Indian	English

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.

8. For more report functions, see “CBI Report Functions” on page 114.

## Section 3. Using the Menu Bar Functions

### CBI Forensics Report

The CBI Forensics Report allows you to view an estimated number of fewer/additional visits a provider needed to receive minimum/maximum points. This report displays only the All Sites CBI group information associated with your Portal account.

To run a CBI Forensics Report:

1. Click the CBI Forensics Report tab at the top of the CBI Reports page.

Summary and Performance | Measure Details | **CBI Forensic Report** | CBI Dashboard

### Central California Alliance for Health Care-Based Incentives Program

[Help](#)

The data in the CBI Forensic Report displays an estimated number of fewer/additional visits a provider needed in order to receive minimum/maximum points. Please note that the PKPY/Rate received during the last quarter's CBI profile delivery is finalized and cannot be altered. Additionally, these figures are estimates and are based on member population and member months which are subject to change.

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

**Report Criteria**

Practice Site: [dropdown menu showing - ALL SITES]

**Submit**





2. In the Practice Site dropdown list, select the CBI Group name. The default shows the All Sites information associated with the CBI Group.

**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.

3. Click **Submit** to display the report.

## Section 3. Using the Menu Bar Functions

The report displays membership information associated with the recent CBI quarter, and information for each measure category displays in separate tables.

- ALL SITES					
CBI Quarter	2023 Q2				
Total Member Months for last 12 months	249,711				
Average Practice Membership per month	21,207				
Specialty Category	FAMILY PRACTICE				
<div> <a href="#">EXPORT TO EXCEL</a></div> <div> <a href="#">PDF EXPORT</a></div>					
Care Coordination - Hospital & Outpatient Measures	Plan All-Cause Readmissions **	Ambulatory Care Sensitive Admissions (ACSA) **	Preventable Emergency Visits **		
Benchmark to receive minimum CBI points	<= 25.00%	<= 3.74	<= 88.01		
Benchmark to receive maximum CBI points	<= 15.00%	<= 3.44	<= 80.97		
<b>Q2 PKPY - finalized rate</b>	<b>12.35</b>	<b>4.42</b>	<b>86.07</b>		
Estimated number of fewer visits/admissions needed to begin to accumulate CBI points (minimum points)	0	15	0		
Estimated number of fewer visits/admissions needed to begin to accumulate CBI points (maximum points)	0	21	107		
<div> <a href="#">EXPORT TO EXCEL</a></div> <div> <a href="#">PDF EXPORT</a></div>					
Care Coordination - Access Measures	Adverse Childhood Experiences (ACEs) Screening	Application of Dental Fluoride Varnish	Developmental Screening in the First Three Years	Initial Health Assessment (IHA)	Post-Discharge Care
Benchmark to receive minimum CBI points	>= 2.00%	>= 5.00%	>= 33.00%	>= 50.60%	>= 35.10%
Benchmark to receive maximum CBI points	>= 10.00%	>= 20.00%	>= 40.00%	>= 54.65%	>= 37.91%
<b>Q2 finalized rate</b>	<b>0.87%</b>	<b>16.72%</b>	<b>52.25%</b>	<b>39.53%</b>	<b>31.66%</b>
Estimated number of additional visits needed to receive minimum CBI points	116	0	0	303	28
Estimated number of additional visits needed to receive maximum CBI points	935	87	0	414	50

## Section 3. Using the Menu Bar Functions

<a href="#">EXPORT TO EXCEL</a> <a href="#">PDF EXPORT</a>									
Quality of Care Measures	BMI Assessment: Children & Adolescents	Breast Cancer Screening	Cervical Cancer Screening	Child and Adolescent Well-Care Visits	Diabetic HbA1c Poor Control > 9.0% **	Immunizations: Adolescents	Immunizations: Children (Combo 10)	Screening for Depression and Follow-Up Plan	Well-Child Visits in the First 15 Months
Benchmark to receive 1/2 CBI points	>= 79.68%	>= 50.95%	>= 57.64%	>= 48.93%	<= 39.90	>= 35.04%	>= 34.79%	>= 7.00%	>= 55.72%
Benchmark to receive 3/4 CBI points	>= 84.44%	>= 56.53%	>= 62.54%	>= 57.45%	<= 35.51	>= 41.13%	>= 42.10%	>= 12.00%	>= 61.20%
Benchmark to receive maximum CBI points	>= 88.31%	>= 61.27%	>= 66.88%	>= 62.70%	<= 30.90	>= 48.42%	>= 49.76%	>= 17.00%	>= 67.56%
<b>Q2 finalized rate</b>	<b>86.56%</b>	<b>57.08%</b>	<b>57.76%</b>	<b>50.93%</b>	<b>42.20%</b>	<b>36.96%</b>	<b>24.34%</b>	<b>20.53%</b>	<b>47.44%</b>
Estimated number of additional compliant members needed to receive 1/2 CBI points	0	0	0	0	20	0	48	0	26
Estimated number of additional compliant members needed to receive 3/4 CBI points	0	0	219	599	58	21	81	0	43
Estimated number of additional compliant members needed to receive maximum CBI points	100	30	418	1080	98	56	115	0	63
* MNS = Membership Not Sufficient ** This is an inverse measure. Estimates how many less people are needed to be in poor control in order to receive points									

**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.

- You can export each measure category table to Excel or PDF (see “CBI Report Functions” on page 114), or click **Export All to Excel** at the top of the report to export all tables to Excel.

## Section 3. Using the Menu Bar Functions

### CBI Dashboard

The CBI Dashboard report allows you to build a programmatic measure dashboard that trends measure rates for the sites associated with your Portal account.

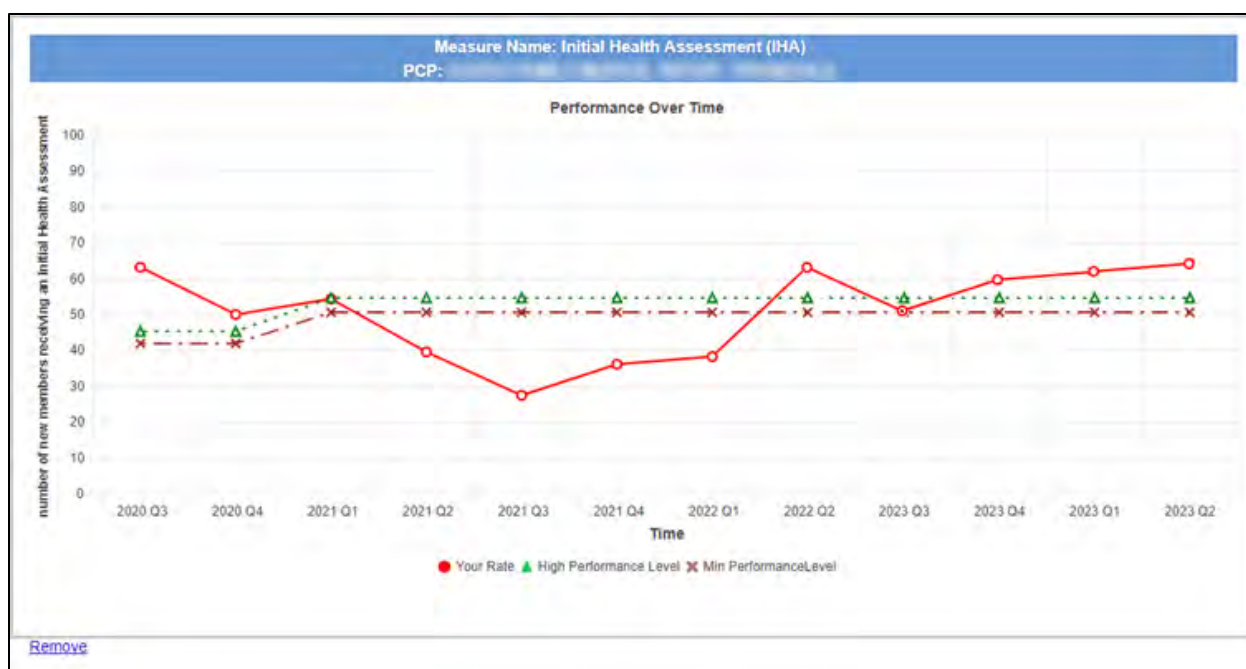
To run a CBI Dashboard report:

1. Click the CBI Dashboard tab at the top of the CBI reports page.

The screenshot displays the 'CBI Dashboard' tab selected in the top navigation bar. Below the navigation bar is a blue header for the 'Central California Alliance for Health Care-Based Incentive Program'. A text box explains the CBI program's purpose and provides a link for more information. The main section is titled 'Build a CBI Dashboard' and contains four dropdown menus: 'Practice Site', 'Practice Profile Date' (set to '2023 Q2'), 'Measure Category' (placeholder: 'Select a Measure Category Before Clicking A...'), and 'Measure Name' (placeholder: 'Select a Measure Name Before Clicking Add Graph'). Below these are 'Add Graph' and 'Print Graphs' buttons. At the bottom, there are two empty boxes labeled 'Your first graph will appear here' and 'Your next graph will appear here'.

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 recent quarter to review.
4. In the Measure Category dropdown list, select Performance Target Measures, Care Coordination - Hospital & Outpatient Measures, Care Coordination - Access Measures, Quality of Care Measures, Exploratory Measures, Health Equity or Fee-For-Service.
5. 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, which you must select first.
6. Click **Add Graph** to display the measure-specific graph.

## Section 3. Using the Menu Bar Functions



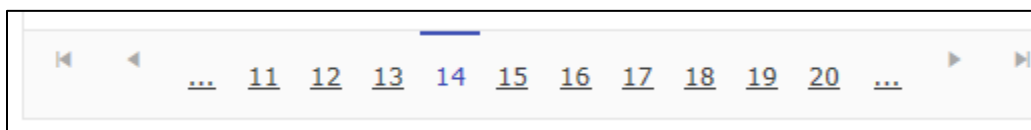
7. You can click a data point on any trend line to display the specific value at that data point.
8. You can add another graph to the CBI Dashboard by selecting additional criteria at the top of the report and clicking **Add Graph**.
9. You can remove any graph from the CBI Dashboard by clicking **Remove** at the bottom of the graph.
10. You can click **Print Graphs** at the top of the report to print out the measure graphs on the Dashboard, each on a separate page.


**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.

### CBI Report Functions

The following functions are common to many of the CBI reports:

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

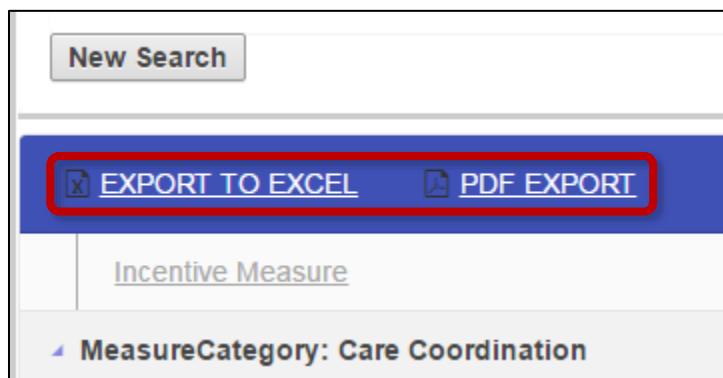


- You can sort the report by a column by clicking the column heading.
- You can further refine the report data by applying filters. Click the filter icon  in a column heading and specify a filter from the choices (such as "Is equal to" or "Starts with"). You can apply filters to more than one column.



## Section 3. Using the Menu Bar Functions

- You can export the report to Excel or PDF:
  1. In the blue bar above the report headings, click **Export to Excel** or **Export to PDF**.

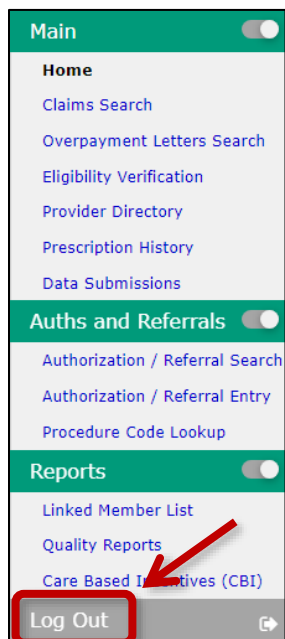


2. Depending on your browser and its configuration, you may be prompted to open or download the exported file.
  - For an Excel file, you can use Excel functions such as sort, filter, search, sum and print.
  - For a PDF file, you can use the controls on the PDF window to save or print the file.

## Section 3. Using the Menu Bar Functions

### Log Out

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



You return to the Portal Logon page (see “Logging in to the Portal” on page 7). For maximum security, close your web browser.

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

# 2024

Questions about  
Central California Alliance for Health?  
Please visit [www.thealliance.health](http://www.thealliance.health) or  
call your Provider Services Representative at  
**800-700-3874, ext. 5504**



**Mariposa County:** 5362 Lemee Lane • Mariposa, CA 95338-9556 • 209-966-2000

**Merced County:** 530 West 16th Street, Suite B • Merced, CA 95340-4710 • 209-381-5300

**Monterey County:** 950 East Blanco Road, Suite 101 • Salinas, CA 93901-4419 • 831-755-6000

**San Benito County:** 1111 San Felipe Road, Suite 109 • Hollister, CA 95023-2814 • 831-636-4180

**Santa Cruz County:** 1600 Green Hills Road, Suite 101 • Scotts Valley, CA 95066-4981 • 831-430-5500