

## Important Alliance Provider Update Notice of Change in Fax Numbers

Date: September 1, 2010  
To: Alliance Providers and Medical Groups  
From: Alliance Provider Services Department  
510-747-4510 (ph), 1-877-747-4508 (fax)  
[providerservices@alamedaalliance.org](mailto:providerservices@alamedaalliance.org)  
RE: **New Toll-Free Fax Numbers for Alameda Alliance for Health**  
Issue# 10-09-08

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***Effective September 1, 2010, all Alameda Alliance for Health fax numbers are toll-free! Please begin using the numbers today.***

We apologize for any inconvenience this immediate change may cause. New fax numbers were required due to technical difficulties we experienced with our old phone system. **Only the fax numbers have changed. All other Alliance phone numbers remain the same.**

Please take note of the new fax numbers listed in the attached Alliance Contact Sheet. It includes the new fax numbers that are important to you. Most of the new fax numbers are similar to the old numbers.

*For example:* The old Authorizations Department fax number was (510) 747-4507.

**Starting today, the Authorizations toll-free fax number is: 1-877-747-4507.**

Also attached is the Alliance Authorization Form, which has been updated with the new information.

Please contact the Alliance Provider Services Department if you have any questions or concerns. Thank you.



## ☞ CONTACT INFORMATION ☞



**1240 South Loop Road  
Alameda, California 94502**

**providerservices@alamedaalliance.org**

### **We're on the Web!**

**www.alamedaalliance.org**

Using the online Provider Connection, Alliance Providers can:

- ▶ Verify member eligibility
- ▶ Check authorization/claim status
- ▶ View an online provider manual

To get a Provider Connection account, just log onto **www.alamedaalliance.org** and click on **"Provider Connection."** Follow the online instructions. If you need assistance, please call (510) 747-4510 or e-mail **providerservices@alamedaalliance.org**

### **Free Interpreter Services**

Does your Alliance patient need an interpreter for visits to your office? Interpreter services are free for Alliance members. Please contact Member Services at (510) 747-4567 to arrange for an in-office or telephonic interpreter at no cost to you. Or fax us at (877) 747-4504.

|  |   |
|--|---|
| <b>Eligibility</b> (24-hour automated line) .....      | (510) 747-4505                              |
| <b>Authorizations</b> (provider use only).....         | (510) 747-4540<br><b>fax (877) 747-4507</b> |
| <b>Claims</b> .....                                    | (510) 747-4530<br><b>fax (877) 747-4506</b> |
| <b>Member Services</b> (8 a.m. – 6 p.m., M-F) .....    | (510) 747-4567<br><b>fax (877) 747-4504</b> |
| <b>Provider Credentialing</b> .....                    | (510)747-4555 Ext 4025                      |
| <b>Provider Services Department</b> .....              | (510) 747-4510<br><b>fax (877) 747-4508</b> |
| <b>Pharmacy Services Department</b> .....              | (510) 747-4541<br><b>fax (877) 748-4524</b> |
| Alameda County Behavioral Health.....                  | (800) 491-9099                              |
| Children First Medical Group.....                      | (510) 428-3489                              |
| Community Health Center Network .....                  | (510) 297-0200                              |
| MedImpact (Pharmacy Benefit Manager).....              | (800) 788-2949                              |
| Delta Dental .....                                     | (800) 338-4337                              |
| Denti-Cal.....   | (800) 322-6384                              |
| Domestic Violence Hotline.....                         | (510) 536-7233                              |
| Healthy Families Program .....                         | (800) 880-5305                              |
| March Vision Care .....                                | (888) 493-4070                              |
| PacifiCare Behavioral Health:                          |   |
| Physician Consultation.....                            | (800) 292-2922                              |
| Member Referral .....                                  | (800) 999-9585                              |
| Quest Diagnostic (Outpatient Laboratory Services)..... | (800) 288-8008                              |
| <b>Telephonic</b> Interpreter Services Vendor.....     | (510) 809-3986                              |



# ALLIANCE AUTHORIZATION REQUEST

1240 South Loop Road, Alameda, CA 94502  
Tel: (510) 747-4540 Fax: (877) 747-4507

ROUTINE

MEDICALLY URGENT

DATE RECEIVED BY AAH



### INSTRUCTIONS:

1) Print clearly in blue or black ink after review of info on page 2 2) Fax or mail original to above 3) File in member's chart

### A. REQUESTING PROVIDER INFORMATION

|              |              |                 |
|--------------|--------------|-----------------|
| REQUEST DATE | SUBMITTED BY | CONTACT PHONE # |
| PCP/CLINIC   |              | FAX             |

### B. MEMBER INFORMATION

|                |          |   |  |  |
|----------------|----------|---|--|--|
| PATIENT NAME   |          | DOB   | AGE  | SEX  |
| ADDRESS & CITY |          |   | ZIP  |  |
| AAH ID #       | SSN#     | <input type="checkbox"/> MEDI-CAL<br><input type="checkbox"/> FAMILY CARE | <input type="checkbox"/> HEALTHY FAMILIES<br><input type="checkbox"/> FIRST CARE | <input type="checkbox"/> IHSS<br><input type="checkbox"/> MEDICARE |
| OTHER CARRIER: | POLICY # | OTHER CARRIER PHONE   |  |  |

### C. REQUESTED PROVIDER AND SERVICE

|  |                               |  |
|--|-------------------------------|--|
| REFER TO PROVIDER/FACILITY:                            |                               | SPECIALTY                                |
| ADDRESS & CITY   | PHONE                         | FAX                                      |
| ICD-9 CODE(S)  | DIAGNOSIS DESCRIPTION         |  |
| CPT/HCPCS CODE(S)                                      | PROCEDURE/SERVICE DESCRIPTION |  |
| DATE OF SERVICE OR ADMIT                               |                               | NUMBER OF VISITS OR TREATMENTS           |
| REASON FOR REFERRAL/ PREVIOUS TESTS/RESULTS/TREATMENT: |                               | <input type="checkbox"/> PATIENT REQUEST |

### D. PHYSICIAN'S SIGNATURE (REQUIRED)

|                         |             |       |
|-------------------------|-------------|-------|
| MD REQUESTOR SIGNATURE: | PRINT NAME: | DATE: |
|-------------------------|-------------|-------|

**NOTE: AUTHORIZATION OF SERVICES IS VALID FOR 90 DAYS UNLESS OTHERWISE SPECIFIED**

#### FOR ALLIANCE USE ONLY

PEND  
 APPROVED  
 MODIFIED  
 DENIED AS NCB  
 DENIED FOR LACK OF MEDICAL NECESSITY  
 RE-DIRECTED TO RESPONSIBLE GROUP  
 NOT PROCESSED: MEMBER NOT ELIGIBLE/COULD NOT BE IDENTIFIED  
 Medical Management Criteria Applied – M&R[ ] CCR Title 22[ ] \_\_\_\_\_ Medi-Cal Manual of Authorizations[ ] Other [ ]  
 Auth # \_\_\_\_\_ Auth date range \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

This fax (and any attachments) is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by telephone or fax and destroy all copies of the original message (and any attachments).

## **Alliance Authorization Request (AAR)**

This form is intended for services that require approval from the Alameda Alliance for Health Utilization Management Department:

**Durable Medical Equipment and Supplies**  
**Elective Inpatient Admissions**  
**EPSDT Supplemental Services**  
**Home Health Visits**  
**Nutrition or Dietician Assessment/Counseling (*except Sweet Success*)**  
**Out-of-Network Services**  
**Perinatologist's Care of Pregnancy (*excludes consultation*)**  
**Physical, Occupational, Respiratory, or Speech Therapy**  
**Second Opinions (if the provider is not contracted with the Alliance)**

This form is not a guarantee of payment. Payment is subject to continued coverage remaining in effect **and** the level of coverage for the service under the member's plan as of the date of service.

Confirm member eligibility by calling the AAH Twenty-four Hour Eligibility Line (510) 747-4505. Providers may also confirm member eligibility and benefits at <https://www.alameda-alliance.org> If you do not have access to the web site, contact Provider Services at (510) 747-4510.

Authorization for services is valid for 90 days unless otherwise specified; e.g. continuous care authorizations.

Specialists are not permitted to refer to another specialist. Doing so may result in denial of reimbursement to the specialist to whom the member was referred.

Retrospective authorization requests in the absence of extenuating circumstances are not permitted.

Submit claims for authorized services to:

Alameda Alliance for Health  
P.O. Box 2460  
Alameda, CA 94501-2460