Welcome to the Alliance Provider Network

• Mission
  Our mission is to improve the health and well-being of the people we serve by ensuring highly effective, community-based support and care.

• Vision
  Our vision is to be a leader in transforming the delivery of whole-person care in North Carolina’s public sector.
Our Values

Accountability and Integrity
We keep the commitments we make to our stakeholders and to each other. We ensure high-quality services at a sustainable cost.

Collaboration
We seek meaningful and diverse partnerships to improve services and systems. We value communication and cooperation, so people receive needed supports.

Compassion
Our work is driven by dedication to the people we serve and an understanding of the importance of community in each of our lives.

Dignity and Respect
We value differences and seek diverse input. We strive to be inclusive and honor the culture and history of our communities and the people we serve.

Innovation
We challenge the way it’s always been done. We learn from experience to shape a better future.
Our Community Presence

• WHAT WE DO

• We work through a system of care to build on the strengths of individuals, forge partnerships, improve access to services, and tell the story of the people and families we serve in a more complete way

• Working together in our hometowns to connect people to social and community supports that enhance recovery and well-being

• Redesigning systems of care to improve health outcomes and promote healthy communities
Leadership

• Our diverse leadership team balances risk and innovation, anticipates future needs and opportunities, and works to ensure Alliance's sustainability

Chief Executive Officer Rob Robinson has been with Alliance since its inception in 2012. He has nearly 25 years of both clinical and managerial experience in the public and private behavioral healthcare fields with a focus on program and system development.

Rob has considerable experience in multiple facets of managed care operations and is considered a respected voice within the public behavioral healthcare system in North Carolina.
Providers, we welcome you as our partner in our System of Care, providing evidence-based practices that achieve meaningful life outcomes for the citizens we serve

• Alliance’s goal is to manage a comprehensive provider network that is integrated and responsive
• We seek to maintain an environment in which providers can be successful both clinically and financially
• Alliance has an array of providers ranging the service continuum from outpatient therapy to inpatient hospitalization
• We are committed to flexible, accessible, family-centered services which honor the dignity, respect the rights, and maximize the potential of the individual
• Alliance is committed to ensuring that network providers are aware of the information necessary to provide care to individuals served by Alliance and are able to comply with Alliance’s requirements

• We thank you for your participation in our network, and look forward to a long and rewarding partnership as we work together to provide quality treatment to the individuals we all serve

• The **Alliance Provider Helpdesk** is available to help find answers to provider questions about authorization, billing, claims, enrollment and credentialing/enrollment, ACS, or other issues

• **Call (919) 651-8500 Monday-Friday from 8:30 a.m. to 5:15 p.m.**

• **Email: providernetwork@AllianceHealthPlan.org**
Provider Network Resources

Provider Updates and Support
Provider Updates
Provider Training Resources
All-Provider Meetings
State and National Organizations
Shared Decision Making Tools
Provider Practice Transformation
Provider Operations Manual
Provider Network Assignments
Program Resources
Benefits and Services

Billing and Claims
Current Service Needs
Provider Quality Assurance and Compliance
Electronic Visit Verification (EVV)
Temporary Emergency Relocation
Request a Letter of Support
Contracting with Alliance

In order to facilitate the contract process to ensure that contracts are correct the following process will be in place.

- Providers will have submitted an enrollment packet https://www.alliancehealthplan.org/providers/become-a-provider/cardinal-realignment/
- Providers will begin receiving a spreadsheet from Network or Contract staff that will include data that we have to put into contracts.
- Providers will review the spreadsheet and indicate if a code/NPI needs to be removed/added
- If there are sites that are missing- providers will add that site, NPI and codes that they would like to be reviewed to be in the contract
- Providers will return the completed spreadsheet as indicated
- Spreadsheet will be reviewed and contract will be generated based on the approved codes and sites

****PLEASE REMEMBER THAT THE CONTRACTS ARE TO REFLECT SITES AND SERVICES THAT YOU WERE SERVING MECKLENBURG/ORANGE MEMBERS. IT IS NOT TO DUPLICATE ALL YOUR CARDINAL CONTRACTS
## Example of Spreadsheet for contracting information

<table>
<thead>
<tr>
<th>Main Provider Name</th>
<th>Tax ID</th>
<th>Contract Insurance</th>
<th>SiteAddressLine1</th>
<th>SiteAddressCity</th>
<th>NPI</th>
<th>ProcCode</th>
<th>Indicate what needs to be removed/changed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Day Ever</td>
<td>123456789</td>
<td>Medicaid</td>
<td>20 Sunshine Lane</td>
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Contracting with Alliance

• Important forms are needed for new providers only that are affected by the Cardinal realignment.

• In addition, providers need to ensure that they have submitted the required Certificates of Insurance (COI) as part of their enrollment packet
  o COI’s can be emailed to Contracts@AllianceHealthPlan.org

• All new providers to Alliance will need to complete and submit the two forms below to the emails indicated on each of the forms.
  o Alliance Vendor Form
  o Electronic Connectivity Request
Electronic Visit Verification (EVV) and County Realignment
EVV and County Realignment

• Approximately 40 new EVV providers coming in from Mecklenburg and Orange counties
• 12 providers already contracted with Alliance

• EVV RE-ALIGNMENT GO LIVE
  Effective 12:01am on December 1, 2021
  • This applies to dates of service, not claim dates
• Alliance recognizes that operationalizing EVV systems has been complex

• Alliance teams, in collaboration with HHAeX Client Directors, are here to support Alliance EVV providers

• Alliance has a dedicated **EVV Help Desk** to assist providers

• To help Alliance streamline and efficiently respond to EVV queries, please send ALL EVV Inquiries to **EVV HELP DESK OR to HHAeX Support Team**
EVV Technical Assistance and Support

Alliance Support
Alliance EVV Help Desk
Alliance EVV Information Page

HHAeX Support Team
ncsupport@hhaexchange.comömedisupport@hhaexchange.com
(if your agency has selected to work with a third party EVV vendor)
HHAeX Help Desk – #866-242-2465

• If you have a ticket in with HHAeX, ensure you reference that ticket # when requesting support from the Alliance EVV Help Desk
• Please provide as much detail as possible when submitting a query to the Alliance EVV Help Desk
NC-TOPPS Cardinal Counties Disengagement Process

• Alliance will provide new Alliance ACS record numbers for all open NC-TOPPS consumers to the NC-TOPPS Help Desk at the end of November/early December

• The NC-TOPPS Help Desk will register active users from the Cardinal provider agencies to the Alliance provider agencies list

• For new providers to Alliance, the NC-TOPPS Help Desk will create the location in NC-TOPPS under Alliance and add the agencies to the Alliance provider agencies list
NC-TOPPS Cardinal Counties Disengagement Process

• Continue submitting Updates due and Episode Completions under Cardinal until the transition in NCTOPPS in early December
  o Episodes ending before 12/01/21 must have Completions entered by 11/30/21

• Questions should be directed to htaylor@AllianceHealthPlan.org, nctopps@ncsu.edu, or contactdmhquality@dhhs.nc.gov
Alliance HCBS Counties
Disengagement Process

• Cardinal and the DHHS HCBS Internal Team are completing final review of all provider self-assessments and sites to be transferred to Alliance in the HCBS Database

• Alliance strongly encourages providers to offer advanced notice of plans to move to a new location or change services
  - All new sites for Adult Day Health, Day Supports, Residential Supports (licensed and unlicensed sites) and Developmental Day require a new self-assessment and must be fully integrated/fully compliant PRIOR to providing services
  - This applies to site address changes, moves and provider acquisitions
Alliance HCBS Counties
Disengagement Process

• Providers found not compliant with HCBS rules and regulations may face administrative action

• Search “HCBS” on the Alliance website for more information and promptly notify the assigned Alliance Care Coordinator of changes in services
Access and Information Line

- Live answer and immediate availability of licensed clinicians
- Triage & Referral
  - crisis resources
  - same-day and next-day evaluations
  - routine outpatient services
- Psychoeducation
- SDOH referrals
A clinical screening (8-15 minutes in duration) to determine severity of need (emergent, urgent, or routine) and how quickly the person needs to be seen.

Scheduling of appointment for a full mental health or substance abuse clinical assessment by a network provider of choice - within 2 hours if emergent, 2 days if urgent, and 2 weeks if routine.
Access and Information Line

Appointment Follow Up

- Appointment outcome tracking
- Assist members with rescheduling intake appointments
Call Center staff use the ACS slot scheduler to connect members the initial CCA.

Providers offer specific appointments by date and time.
Providers can identify availability in terms of:
- Age group (adults or children)
- Primary disability (SU, MH, I/DD)
- Funding source (Medicaid or IPRS)

Helpful links:

https://www.alliancehealthplan.org/providers/alliance-claim-system-acs/acs-slot-scheduler-guidelines/

YouTube link on how to use the slot scheduler:  https://www.youtube.com/watch?v=IcDdfp2yOZc
The slot scheduler includes demographic and clinical information for the provider. Call Center Staff use a note template to make information consistent and easy to locate.

Basic demographics
   Name, DOB, address, phone

Immediate clinical concerns
   HI, SI, AVH, SU, physical discomfort

Basic clinical information
   Current diagnosis, medications, service connection
Access and Information Line

Call Center Staff also assist with connecting members with I/DD and TBI services.

- Brief screening questions
- Information about the eligibility process
- Referral, as appropriate, for the TBI waiver
- Written follow-up as needed
  - Eligibility process
  - Provider lists
  - RUN waitlists
Call Center Staff also assist with connecting members with I/DD and TBI services.

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  - RUN waitlists
Utilization Management

01 Benefit Plans and Code cross-walk
02 Authorization transfers and new submissions
03 UM Resources
04 ACS Provider Portal introduction
Utilization Management

01 Benefit Plans and Code cross-walk
Draft Benefit Plans Posted for Comment
November 15, 2021-November 22, 2021
✓ Published as draft to ensure Alliance has accounted for all services currently being provided in Mecklenburg and Orange Counties

Draft Fee Schedule with Code Cross-Walk
Draft Non Medicaid Rates FY22 – effective 12/1/2021
Draft Medicaid Rates FY22 – effective 12/1/2021
✓ Final fee schedule with code cross-walk planned to be published on November 17, 2021
Utilization Management

Committed to continuation of services

✓ Currently authorized services will continue
✓ Intent is to ensure a seamless transition and prevent disruptions in services for members, recipients and providers.
✓ Maintain the same services whenever possible
Utilization Management

02 Authorization transfers and new submissions
Alliance Utilization Management

Where is my authorization previously approved by Cardinal?

Alliance will be honoring the authorizations provided to us by Cardinal though some code cross-walk will need to occur. Uploading authorizations does require that provider contracts are established in the electronic system.

Do I submit all new requests on December 1st?

Alliance has extended a new provider retrospective flexibility for the month of December. To learn more about this plan to help support new providers, please visit the Provider Update – New Provider Retrospective Flexibility posted on 11/15/2021

When will you offer training for SAR submission?

Monday, November 22, 2021 from 1:00-2:00. Link to register for UM Provider Training provided in the Provider News posted on 11/17/2021
Utilization Management
Utilization Management

According to CMS, “ameliorate” means to improve or maintain the beneficiary’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Basic EPSDT criteria are that the service must be covered under 1905(a) of the Social Security Act, and that it must be safe, effective, generally recognized as an accepted method of medical practice or treatment, and cannot be experimental or investigational (which means that most clinical trials cannot be covered).

Requests for MH/IDD/SUD services for Medicaid-eligible children under the age of 21 will be reviewed using EPSDT criteria. Requests for NC Innovations Waiver services will be reviewed under EPSDT if the request is both a waiver and an EPSDT service. Most NC Innovations Waiver services are not covered under the Social Security Act (i.e. respite, home modifications and all habilitative services).

NC DHHS provides information and links regarding EPSDT on their website.
Utilization Management

Benefit Plans

Medicaid and Non-Medicaid Benefit Plans
# Utilization Management

## MH/SUD Resources

### UM Resources – MH/SUD

**All services require prior authorization unless otherwise noted in the Medicaid and non-medicaid benefit plans**

<table>
<thead>
<tr>
<th>Service and Code</th>
<th>Medicaid Description</th>
<th>State Coverage Policy</th>
<th>Scope of Work</th>
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<tbody>
<tr>
<td>ACT Step-Down (H0040 TS)</td>
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<tr>
<td>Ambulatory Detoxification (H0041)</td>
<td>Clinical Coverage Policy 8A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assertive Community Treatment Team (H0040)</td>
<td>Clinical Coverage Policy 8A-1</td>
<td>State-Funded ACT Policy</td>
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</tr>
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</table>

**Providers**

**Provider Updates**

- Provider Updates and Support
- Provider Operations Manual
- Provider Network Assignments
- Program Resources
- Benefits and Services
  - Service Definitions and Scopes of Work
  - UM Resources – I/DD

**UM Resources – MH/SUD**

- Out-of-Network Authorizations
- Billing and Claims

[AllianceHealthPlan.org]
NC Innovations Service Requests

All NC Innovations beneficiaries have a Care Coordinator who works for Alliance. The Care Coordinator submits requests for authorization of services to the Utilization Management Department. More information about NC Innovations services is available on the NC Division of Medical Assistance website as well as on the Alliance Innovations webpage.

Annually an Individual Support Plan (ISP) is developed by the individual/legally-responsible person and their planning team and is submitted by the Care Coordinator to be effective the first day of the month following the beneficiary’s birth month and must be submitted with the following forms:

- Level of Care (LOC)
- Risk Supports Needs Assessment
- NC SNAP/Supports Intensity Scale (SIS)
- Individual Budget
- Signature page

Note that some services or interventions require additional forms, such as a behavioral plan or additional assessments, to be submitted with the ISP.

Requests to add, increase or reduce services can be submitted as a plan revision any time throughout the year that the beneficiary’s needs change and must include the following forms:

- Update to ISP
- Signature page
- Individual Budget

Note that updated assessments, along with other additional forms, may be required based on the services requested.
Utilization Management

ACS Provider Portal introduction
Alliance Claim System (ACS) is a next-generation managed care system designed specifically to meet the needs of managed care organizations and the behavioral healthcare providers they support. ACS allows providers to view appointments, submit patient claims and treatment plans, check on authorizations, and more.

ACS support is available from the Alliance Provider Helpdesk at (919) 651-8500 Monday-Friday, 8:30 am to 5:15 pm.

Access Alliance Claim System (ACS)  

Related Q&As

Who do I contact if I need a log in for the Alliance Claims System portal or if I need my password reset?

Providers

Provider Updates

Provider Network

Become a Provider

Alliance Claim System (ACS)

Provider Hub Login

Medicaid Transformation

Provider Documents
Welcome!

Welcome to the Alliance Claims System (ACS), a next generation Managed Care System designed specifically to meet the needs of Managed Care Organizations and the behavioral healthcare providers they support. This handbook will walk you through the following aspects of the provider portal:

- The Basics
- Provider Details
- Provider Scheduler
- Searching for a Patient
- Enrolling a Patient
- Requesting Clinical Updates
- Treatment Plans
- Authorizations
- Claims
- Discharging a Patient
- RA Reports
- User Profile
Alliance Claims System

Alliance Claims System (ACS)
## Alliance Claims System

### Alliance Claims System (ACS)

<table>
<thead>
<tr>
<th>Text</th>
<th>Date</th>
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<tr>
<td>Alliance Claims System 01.05.02 Build Complete. The ACS build is</td>
<td>06/03/2021</td>
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<tr>
<td>complete, please clear your cache and internet browser cookies</td>
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</tr>
<tr>
<td>before logging into the Application.</td>
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<tr>
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<td>04/01/2021</td>
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</tr>
<tr>
<td>Claims System (ACS) build is scheduled to occur Sunday, June 6,</td>
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<tr>
<td>the system will be unavailable from 5:00 p.m. - 7:00 p.m. Please</td>
<td></td>
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<td>make sure you are logged out of the Alliance Claims System (ACS)</td>
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<tr>
<td>2021.</td>
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## Utilization Management

### Average Turn-Around Time (TAT)

2019

<table>
<thead>
<tr>
<th>Type of Request</th>
<th>Insurance</th>
<th>Service Request Volume</th>
<th>Average TAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard/Routine Initial</td>
<td>Medicaid</td>
<td>18,786</td>
<td>5 days</td>
</tr>
<tr>
<td></td>
<td>Non-Medicaid</td>
<td>5,103</td>
<td>7 days</td>
</tr>
<tr>
<td>Standard/Routine Reauthorization</td>
<td>Medicaid</td>
<td>27,664</td>
<td>5 days</td>
</tr>
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<td></td>
<td>Non-Medicaid</td>
<td>6,472</td>
<td>7 days</td>
</tr>
<tr>
<td>Expedited/Urgent Initial</td>
<td>Medicaid</td>
<td>3,207</td>
<td>1 day</td>
</tr>
<tr>
<td></td>
<td>Non-Medicaid</td>
<td>1,692</td>
<td>1 day</td>
</tr>
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<td>2,186</td>
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</tr>
</tbody>
</table>
Alliance Claims System

ACS Provider Portal Login and Resources

Alliance Claim System (ACS) is a next-generation managed care system designed specifically to meet the needs of managed care organizations and the behavioral healthcare providers they support. ACS allows providers to view appointments, submit patient claims and treatment plans, check on authorizations, and more.

Access ACS Provider Portal

ACS support is available from the Alliance Provider Helpdesk at (916) 651-8500 Monday-Friday, 8:30am to 5:15pm.

Additional Resources

- ACS Slot Scheduler Guidelines
- ACS Provider Portal Access Request
- ACS System Requirements

For Providers

Provider News

Publications, Forms and Documents

Working with Alliance

Authorizations and Claims
Alliance Claims System (ACS)

Welcome to the Alliance Provider Portal

Username
Password
Login

Powered by Alliance Health

AllianceHealthPlan.org
Alliance Claims System (ACS)

**ANNOUNCEMENT**

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Utilization Management Service Authorization Request
Alliance Claims System

ACS Provider Portal Login and Resources

ACS University

ACS Provider Portal Handbook
## Utilization Management

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Enrollments

- Medicaid recipients are automatically enrolled in ACS via a GEF file from NC Tracks according to their eligibility to receive BH services.

- Enrollments are used to request State funding for a consumer who does not have insurance (Medicaid, Medicare or private insurance).

- Enrollments require a compatible diagnosis and NC Tracks Benefit Plan to indicate the disability they are receiving services for.
Enrollments

• Alliance **does not** accept enrollment requests for **Medicaid** recipients unless they are receiving a service that is **not covered** by Medicaid
  - In this case, please **indicate** the **procedure code** being provided in the comment section for review

• Client updates are used to add or update any information in a consumers record who have State funding and/or Medicaid insurance
Enrollments

• Please be advised, you can not request state funding using a Client Update request

• Enrollments and Client Update requests are subject to review by Alliance’s Eligibility and Enrollment staff

• All requests are reviewed for completeness, eligibility, residency and household income
Enrollment Resources

• Enrollment Instructions
• Client Update Instructions
• NC Tracks Benefit Plan Descriptions
• DMH NC Tracks Benefit Plan, Diagnosis and Service Arrays
• E&E Staff (919) 651-8500 option 3 or eligibilityconfirmation@AllianceHealthPlan.org
• E&E Supervisor, Tasha Jennings tjennings@AllianceHealthPlan.org
Claims Submission

• Alliance Health uses ACS (Alliance Claim System) to process provider claims
  o Providers should routinely review their agency’s information in the ACS system to ensure that all contact information and contract information is up to date
  o To access the system, providers must submit an ACS Access Request form to acssupport@AllianceHealthPlan.org
Claims Submission

**Submission**: Claims can be submitted electronically using EDI 837 files OR they can be manually keyed into the ACS Provider Portal

- Electronic submission requires EDI certification, an Electronic Claim Submission Agreement (ECS), Trading Partner Agreement (TPA, and file testing with our EDI Specialist. Contact the EDI Specialist with questions or support at EDInotifications@AllianceHealthPlan.org

- Portal submission requires that providers be set up with individual ACS (Alliance Claim System) login information. Request access and/or ask questions about the ACS Provider Portal by calling (919) 651-8500, option 2 for IT issues or by emailing acssupport@AllianceHealthPlan.org
Claims Submission Timelines

• State Benefit Plan claims must be received (accepted into ACS) within 60 calendar days of the date of service
  o Replacement claims are possible, but must be received within the same 60-day window from date of service

• Medicaid Benefit Plan claims must be received (accepted into ACS) within 90 calendar days of the date of service.
  o Replacement claims can be submitted within 90 days of the original claim received date

• Coordination of Benefits is required
  o Secondary claims accepted within 180 days of date of service & must have an accompanying Explanation of Benefits (EOB) uploaded into the system
Claims Processing Timelines

• The daily cutoff for nightly adjudication in ACS is 5:00 p.m.
• Claims status is updated in the provider portal (via the Download Queue) each business day
• Remittance Advice Reports are available in the provider portal the week following processing
• Checkwrite cycles are weekly on this schedule
Claims Resources

• Alliance Health website Billing and Claims resource page allows providers to download the Billing & Enrollment Manual, ACS Provider Portal Handbook, fee schedules, Benefit Plan detail, and other useful documents, forms, and publications.

• ACS University – once a provider logs into the ACS Provider Portal, they can link to ACS University which will provide links to webinars and guides to specific modules within ACS.

• Each provider is assigned to an Alliance Health Claims Research Analyst (CRA) for direct communication and support. If provider is unsure who their assigned CRA is, this information can be obtained via our general Claims email address: claims@AllianceHealthPlan.org or by calling our general Claims support line at (800) 651-8500, option 1 Claims.
Claims Resources

• Alliance Health offers Technical Assistance via in-person and remote technical support that can be arranged with the assigned Alliance Health Claims Research Analyst

• Claims Manager:
  Tina Everett, teverett@AllianceHealthPlan.org or (919) 651-8817

• Claims Supervisors:
  Marilyn Madison, mmadison@AllianceHealthPlan.org or (919) 651-8450
  Chelsea Reid, creid@AllianceHealthPlan.org or (919) 651-8955
Claims and Enrollment Information Sessions

Date: December 13, 2021 and December 14, 2021

Time: 10:00 a.m. to 3:00 p.m.

Location: Alliance Health Home Office
5200 Paramount Parkway, Ste 200
Morrisville, NC 27560

Purpose: To provide in-person information and technical assistance for claims and enrollment related topics and questions.

Alliance Health Claims and Enrollment staff will be available for group instruction as well as 1:1 provider technical assistance.
CLAIMS AND ENROLLMENT UPCOMING TRAINING SESSIONS

• The Billing & Enrollment team at Alliance Health will be offering in-person information and technical assistance for claims and enrollment related topics and questions. These sessions are formatted for provider agency staff directly involved in the submission of enrollments and claims. These sessions will include both group instruction/training as well as 1:1 provider technical assistance. Providers should bring their laptops and ACS login information to this session. Sessions are scheduled from 10am-3pm on the following dates: 12/1/21, 12/2/21, 12/13/21, and 12/14/21. Providers should attend only one of the four sessions as the content will be the same for each session. **RSVP is required.** Please send RSVP to: claims@alliancehealthplan.org. Be sure to include: Participant Name, Provider Agency Name, Email and Phone Contacts, as well as the preferred date for attendance AND IF YOU NEED TO ATTEND VIRTUALLY.
<table>
<thead>
<tr>
<th>Eligibility &amp; Enrollment Team</th>
<th>Phone Contact</th>
<th>Email Contact</th>
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<tbody>
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<tr>
<th>Claims Research Analyst</th>
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<tr>
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<tr>
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<tr>
<th>Leadership Team</th>
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<tr>
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Questions?

Please remember that your Provider Network Development Specialist is your “go to” person to assist in answering and/or finding out answers to questions you may have.

If you are unsure of who your assigned specialist is you can contact the Provider Helpdesk at providernetwork@alliancehealthplan.org or check the listing on the Alliance website

www.AllianceHealthPlan.org