## Alliance Health

Enrollment and Client Update Overview

## Enrollments

- Enrollments are used to request **state funding** for members who **do not** have **insurance**. (Medicaid, Medicare or private insurance)
- All enrollments requests must be submitted within 14 business days of the admission date or first date of service.
- Enrollments require a compatible diagnosis and NC Tracks Benefit Plan to indicate the disability they are receiving services for.
- Medicaid recipients are automatically enrolled in ACS via a GEF file from NC Tracks according to their eligibility to receive BH services.
- 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

- Client updates are used to add or update any information in a consumers record who has state and/or Medicaid insurance.
- Client Updates must be submitted within 14 days of the submission date or expiration of the previous NC Tracks Benefit Plan.
- Please be advised, you cannot request state funding using a client update.
- Enrollments and client update requests are subject to review by Alliance's eligibility & enrollment staff.
- All requests are reviewed for completeness, eligibility, residency and household income.