

Section 19

Forms



Listed below you will find a list of forms, along with a brief description for their intended use. To view or download these forms, and for complete instructions on submitting them, please visit the Alliance [Form Library](#).

Other Forms

Claims

Comments/Suggestions for the Claims Department – Providers can use this form to send comments or suggestions to the Alliance Claims Department.

Corrected Claim Form – Providers can use this form to submit corrected claims. The form must be filled out and the claim must be attached. Please do not staple the claim to the form as this delays processing time.

EDI Trading Partner Agreement: All Transaction Types – This application is used by providers in order to enroll in various ANSI X12 HIPAA compliant EDI transactions, such as 837 professional and institutional Electronic Claims Submission, and others.

Interested in Electronic Claims Submission? – Submission of the [EDI Trading Partner Agreement](#) begins the electronic claims submission process.

Reimbursement Rates Form – Providers can use this form to request reimbursement rate information from the Alliance.

Finance

Credit Balance Report – This form needs to be filled out quarterly and sent to the Alliance.

Provider Identified Overpayment Form – Providers can use this form to report an overpayment made by the Alliance.

OHC Referral Form – Providers can use this form to report a member's Other Health Coverage.

EFT/ACH Authorization Form – Providers can use this form to receive electronic payments via Electronic Fund Transfer/Automated Clearing House.

EFT/ACH Authorization Form Instructions – This document provides instructions on how to complete the Electronic Fund Transfer/Automated Clearing House Authorization Form.

Grievance

Member Complaint Packets (English, Spanish, Hmong) – These files can be printed out and handed to members who are interested in filing a complaint to the Alliance's Grievance Coordinator.

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Need Help with Your HMO? (English, Spanish) – Flyers from California Department of Managed Health Care describing how members can get help regarding their health plan.

Health Services

Advance Directives Form (English, Spanish) – These advance directives forms are easy for patients to read and understand.

Asthma Action Plan (AAP) (English, Spanish, Hmong) - PCPs may use the form below or their own form to create an AAP for members with a diagnosis of asthma. This form should not be submitted to the Alliance.

CPT/Procedure Code Inquiry Form – Providers can use this form to check if a CPT code requires prior authorization.

Provider Change Request (PCR) Form – Providers can use this form to make simple changes to an existing prior authorization.

Authorization Status Request – Providers can use this form to check the status of an authorization request.

Treatment Authorization Request – Providers can use this form to request authorization for outpatient services, out-of-area authorized referrals, and durable medical equipment requests.

Request for Extension of Stay in Hospital – Providers can use this form for an extension of inpatient hospital stays.

Long Term Care Treatment Authorization Request – Providers can use this form to request authorization for long term care.

Community Based Adult Services (CBAS) Inquiry Form – Providers can use this form to inquire about CBAS services for Alliance members.

Consent for Sterilization or Hysterectomy Sample Form – Providers can use this sample form to obtain consent for sterilization or a hysterectomy. Providers are free to duplicate this form and add their letterhead. For additional information, please see Policy [404-1401 - Sterilization Consent Protocol](#).

Comprehensive Perinatal Services Program (CPSP) - Per Title 22, Section 51348, all contracted providers must perform a comprehensive risk assessment for all pregnant members that is comparable to the American Congress of Obstetricians and Gynecologists (ACOG) and CPSP standards. The Providers can use these forms during an initial prenatal visit, once each trimester thereafter, and at postpartum visits.

Medi-Cal Provider-Preventable Conditions Reporting Form - Providers are required to send the completed Department of Health Services (DHCS) 7107 form within five working days of discovery to DHCS, Audits and Investigations Division as instructed on the form. A copy must also be sent to the Alliance Quality Improvement Department via fax. For additional information, please see Policy [401-1305 - Provider Preventable Conditions](#).

Medication Management Agreement (MMA) - PCPs may use this form to create a Medication Management Agreement for their members.

Physician Orders for Life-Sustaining Treatment (POLST) (English, Spanish, Hmong) - This form is designed to ensure that conversations on end-of-life planning occur with seriously ill patients, allowing them to choose the treatments they want and helping ensure that their wishes are honored by medical providers.

Prescription Drug Prior Authorization Request Form – Providers can use this form to request prior authorization for medications for In-Home Supportive Services (IHSS) members.

Request for Administrative Member Classification – Providers can use this form to request that an Alliance member be made an administrative member.

Staying Healthy Assessment Order Form – Providers can use this form to order bulk quantities of the Staying Healthy Assessment forms and patient handouts in English, Spanish and Hmong.

Synagis Policy and Medical Necessity Form – Providers who wish to administer Synagis in their office are required to submit the Statement of Medical Necessity along with the prior authorization request. For more information on Synagis, please see Alliance Policy [403-1120 - Synagis](#).

Transportation – Providers can use Physician Certification Statements of Medical Necessity to request Non-Emergency Medical Transportation (NEMT). Providers can use the Transportation Services Request Form to request transportation services.

Provider Services

Certification Regarding Debarment Suspension, Ineligibility and Voluntary Exclusion – Providers can send this form to the Alliance with their signed Services Agreement.

Certification Regarding Lobbying - Exhibit D (F) Att. 1 and 2 – Providers receiving payments under the Services Agreement of \$100,000 or more are required to submit this form to the Alliance.

Locum Tenens Notification Form – Providers can use this form to notify the Alliance of all locum tenens before they render services to Alliance members.

Member Appointment No-Show Notification – Providers can use this form is used to inform the Alliance's Member Services department that an Alliance member did not keep a scheduled appointment.

Patient Complaint / Grievance Tracking Log – Providers can use this form to track patient requests for Complaint/Grievance Forms.

Provider Applications – If you are interested in becoming an Alliance provider, visit our Join our Network page on the Alliance [provider website](#).

Provider Dispute Form – Providers can use this form to file a dispute with the Alliance.

Provider Information Change Form – Providers can use this form to update contact and practice information, including provider address, phone number, contact information, payment address, and tax ID number.

Reimbursement Rates Form – Providers can use this form to request reimbursement rate information from the Alliance.

Request for Member Reassignment - Forms, procedures, and member notices to be used when requesting member reassignment.