


ISSUING ID CARDS FOR ALLIANCE MEMBERS

Approval required

Prior to issuing ID cards for Alliance members, please be sure to get approval of the ID card from The Alliance®. You may fax a copy of the ID card to Member Services at 608.276.6626 or email it to mms@the-alliance.org. A sample ID card is reproduced below for your information.

Sample card front

XYZ Administrators		THE ALLIANCE 	
Employee Name	Employee No.		
Susan Smith	123-45-6789		
Employer Name	Group No.		
ABC Company	0987		
Types of Coverage			<i>For eligibility and benefit verification call: XYZ Administrators Toll Free 800.345.6789</i>
Medical	Drug	Dental	
Family	N/A	N/A	

Sample card back

Admission notification is required. Preauthorization must be obtained at least 48 hours prior to any non-emergency hospital admission, and within 48 hours following emergency admissions.

Preauthorization: (phone no.)
Member Assistance: (phone no.)
Alliance Provider Verification: 1.800.223.4139

Submit All Medical Claims to:
 The Alliance | P.O. Box 44365 | Madison, WI 53744
 Change Healthcare-88461, Relay Health 1500-2712 UB-1935

To verify your provider is in-network, visit www.the-alliance.org
Other claims: (address)

What to look for

A clear identification card can prevent misdirected claims and telephone calls, leaving customers more satisfied. While you are updating ID cards, please review your current ID cards for clarity.

- › Is it clear to providers where to send **claims**? The Alliance must receive *all* medical/surgical, home health, mental health and chiropractic claims.
- › Is it easy for employees to determine who to call with questions about **benefits** or **precertification**?
- › Is it clear where **pharmacy** and/or **dental claims** should be routed (especially if a separate vendor is involved)?
- › Remember, claims for participants with primary coverage through Medicare should **not** be sent to The Alliance.

The time and effort invested by employers, plan administrators and Alliance staff pays off when the claims payment process keeps running smoothly.

Please route this flyer to the appropriate people in your organization.

Payer Identification Numbers

The Alliance works with two clearinghouses for electronic claims submission, Change Healthcare and Relay Health. We strongly encourage you to include our payer identification numbers for electronic claims submission on your ID cards along with our claims filing address. The Alliance payer identification numbers are as follows:

- › **Change Healthcare # 88461**
- › **Relay Health 1500 CPID # 2712**
- › **Relay Health UB CPID # 1935**

Additional questions or concerns regarding our payer identification numbers or EDI connectivity, can be directed to The Alliance Senior Programmer at 608.210.6656.