



Provider Newsletter

March 2021

Membership Numbers

The Alliance currently covers more than **105,000 individuals** from **285 employers** across the Midwest.

Medicare Primary Claims

The Alliance prices Medicare primary claims for participating providers in accordance with the contract reimbursement provisions. We recently became aware that some of our provider contracts state that we do not reprice Medicare claims. Because pricing Medicare claims is to the benefit of all stakeholders (patients, providers, and employers), **The Alliance will continue to price Medicare primary claims.**

If you have questions, please contact your relationship manager at The Alliance or email our team at providerservices@the-alliance.org.

Determining the Status of a Claim

Need to determine the status of a previously submitted claim? Please do not submit a duplicate claim – it won't result in returning the status of the claim and adds more costs and resources to the claims process.

Please proceed with one of the following options instead (in order of effectiveness):

1. Contact the Third-Party Administrator (TPA) indicated on the patient's ID card
2. Contact The Alliance Customer Service at 1.800.223.4139
3. Utilize [The Alliance provider claims portal](#)

We Don't Want Your SSN!

The Alliance takes information security extremely seriously. In the interest of protecting our providers, we are no longer collecting practitioner social security numbers, and we've taken the proper steps to remove any we had on file within our database.

If you typically provide a SSN when registering new providers, we ask that you please discontinue this practice immediately.

[You may find our current practitioner registration form here.](#)

Prior Authorization of Medical Services

Prior authorization is the process of receiving approval from the Benefit Plan's Third-Party Administrator (TPA) for services or products prior to being rendered.

Providers are strongly encouraged to prior authorize medical services on behalf of patients to ensure Plan coverage and benefits.

Along with most inpatient admissions, here's a list of items that typically require prior authorization: high-end imaging, back surgery, knee/hip surgery, home infusion drugs, kidney dialysis, outpatient physical therapy, radiation oncology, sleep management, and specialized durable medical equipment.

Please refer to the patient's ID Card for who to contact for prior authorizations.

Provider Services Email

Have questions for us? We can answer them! Contact us about provider registration and credentialing in two ways:

- [Submit a form on our dedicated Provider page](#)
- Email our Provider Services team: providerservices@the-alliance.org

For all other questions, please call our customer service department at 800.223.4139

Provider Updates

The Alliance has a few different logos that may appear on member ID Cards (represented below). **Please confirm that your practice is in-network with The Alliance prior to treating a patient who presents an ID card with any of these logos.** (The logos may appear on the front or back of the card, and in full color or in black-and-white.)



Please note: The Alliance will be educating enrollees and encouraging them to show their ID card at every visit.

How Are We Doing?

Answer one question to let us know!

How likely is it that you would recommend The Alliance to a friend or colleague?

Highly Unlikely

Highly Likely

0 1 2 3 4 5 6 7 8 9 10



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5510 Nobel Dr., Ste 200, Fitchburg, WI 53711