YourHealthAlliance.org Overview
for Providers and Office Personnel
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Registration

Connect to provider partner resources from the home page of HealthAlliance.org or go to Provider.HealthAlliance.org, where you'll see the page below. On the side, you'll see a section about YourHealthAlliance.org. Choose the appropriate button to start a registration for your role. This will take you to the screen on page 6 of this document.

We will only approve you for a provider account if you're actually the doctor providing care. If you work in an office for a provider, you must choose office personnel, or your account won't be approved, and you'll have to start the registration process over.
You can also register by going directly to YourHealthAlliance.org and choosing Create an Account.
From there, you'll choose the type of account you're creating. You should choose the Health Care Professional tab from the menu. Then choose your role, provider or office personnel.

We will only approve you for a provider account if you're actually the doctor providing care. If you work in an office for a provider, you must choose office personnel, or your account won't be approved, and you'll have to start the registration process over.

If you're a provider already contracted with us, you should never choose Prospective Provider Request. That is for providers interested in joining our provider network, not providers already working with us.
Follow the on-screen directions to set your contact information and password. Once you hit the Create Account button on this page, you'll be sent to the Confirm Email page.

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<th>Health Alliance Provider Registration</th>
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<tr>
<td>Create Account</td>
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Set up an account with your email address, which will be your login name/ID, and a secure password.

### Name
- **First Name:**
- **Last Name:**

### Email Address
- This will be Your Health Alliance login.
- This is where we'll send you notifications electronically.
- You'll have to confirm this email address to finish registering.
- **This email can only be linked to one user account.**

- **Email:**
- **Re-enter Email:**

### Set Password
- Must be at least 8 characters long.
- Must have at least one upper-case, one lower-case, and one number or special character.
- Can't be your name, email, or contain any version of our name, Health Alliance.

- **Password:**
- **Re-enter Password:**
This page outlines the confirmation email process. When you receive the email, click Confirm (in the second image below) to finish your registration.
Then, you’ll follow the on-screen directions to complete your profile with information like your National Provider ID and submit it to us for approval. Approval should take approximately 7 business days, and you’ll get an email when you’ve been approved.
The first time you log in to YourHealthAlliance.org with your new account, you'll end up here. You can see announcements and recent Informed flashes and newsletters from this page. From the very top menu, you can connect to Forms & Resources, your notifications, the announcements page, contact information and account settings.

From the footer menu, you can also connect to clinical guidelines, members’ rights and responsibilities and a link to give us website feedback.
Account Settings

When you choose Account from the very top menu, you’ll come to this Account Settings page. From here, you can change your name and the first page you see when you log in, update your preferences or password and request to add an additional type of access role to your account.
If you choose Office Management from the side menu, you’ll come to this page, which lets you update the address for your office location.
The Claims tab of the main menu works much like the authorizations page. You can search for claims by their service dates, claim info or the member's info. Your results and their details will appear at the bottom. If you click a result's claim number, you can see more details for that claim.
This claim details page shows the status, benefit and service information and the breakdown of what we were billed and paid.

If you have a question about how a claim was processed, use the Create Reprocess Claim Inquiry button to fill out and submit a claim reprocessing inquiry form that's prefilled with this claim's details.
From the Claim Reprocessing Inquiries tab of the main menu you can search your claim reprocessing inquiries by date, status, reference number, claim number or member number. Your results and their details will appear at the bottom.

If you have a question or disagree with how a claim was processed, you can also request a claim be reprocessed by choosing the New Inquiry button to fill out the claim reprocessing inquiry form.
If you chose the Create Reprocess Claim Inquiry button from a claim's details, this form will be prefilled with that claim's information. If you were on the Claim Reprocessing Inquiries tab of the main menu, you'll have to fill out all of this form.

If you're asking for an inquiry of frequency, modifiers, place of service, procedure code, diagnosis code or any member information, you can’t use this form; you must resubmit a corrected claim.
In the Review Inquiry section of this form, you can choose between a coding issue inquiry and a non-coding issue inquiry.

Reasons you should choose coding issue inquiry:

- Assistant, team or co-surgeon denial
- Code bundling
- Diagnosis denial
- Duplicate denial
- Global surgery
- Invalid, missing or inappropriate modifier
- Maximum units or frequency of service
- New patient visit denial
- Non-covered procedure denial
- Place of service denial
- Qualifying service not recorded
- Unlisted code denial

Reasons you should choose non-coding issue inquiry:

- Claim not found (claim documentation required)
- COB or worker comp liability (EOB required)
- Description of unlisted
- Incorrect reimbursement
- Meets emergency room criteria
- Non-covered procedure
- Non-duplicate denial
- Proof of authorization (authorization documentation required)
- Timely filing (HA clearinghouse documentation required)

When requesting a review of a denied code, make sure you include a brief explanation and supporting documentation.
Attach to Member

From Attach to Member in the main menu, you can look up a member by their member number or by their name and date of birth. Results will appear below the search fields for you to choose the member you want to attach to.
Once you’ve attached to a member, you can choose Member Details from the green overview at the top of the page. The Member Detail page includes their personal info, PCP info and plan details. From the side menu, you can also connect to their ID card, formulary, wellness benefits and provider directory.

While you’re attached to a member, from this green overview, you can also switch to one of their dependents or the policyholder from that drop-down, and you can also detach from this member there.
You can also search all of that member's claims from the Claims tab of the main menu.
You can also search all of that member's claim reprocessing inquiries from the Claim Reprocessing Inquiries tab of the main menu.
Forms & Resources

On the Forms & Resources page, found in the top menu or the footer menu, you can connect to important resources like the provider manuals, credentialing forms, drug lists, pharmacy directories and more.
Clinical Guidelines

In the footer menu, you can connect to the Clinical Guidelines page.