



FLASH: View New Health Alliance Commercial Provider Manual

June 12, 2019

The new Commercial Provider Manual is now available at [Your Health Alliance for providers](#).

In it, you'll find more information about:

- Ways our Provider Network Management team can assist you
- Medical record requirements and the ambulatory review process
- How to access and request our utilization management and pharmaceutical management criteria
- Claim billing and processing guidelines
- Our disease management programs, including what we do and how you and your patients can access program services
- Prescription drug benefit administration and programs
- Members' rights and responsibilities
- Provider resources at [Your Health Alliance for providers](#)
- And much more!

Please contact your provider relations specialist with any questions.

FLASH: View New Health Alliance Commercial Provider Manual

June 12, 2019

We're committed to making sure our contracted providers are compliant with the Centers for Medicare & Medicaid Services (CMS) guidelines outlined in the Medicare Managed Care Manual and/or Prescription Drug Benefit Manual for services provided on our behalf.

We require First Tier, Downstream and Related Entities (FDRs) under our Medicare Advantage plans, Part D plans or Qualified Health Plans to complete an attestation form annually to show you've met the CMS requirement. It must be completed by your organization's chief executive officer, chief operating officer or compliance officer.

Please complete the [attestation form](#) and send it to Provider.Relations@healthalliance.org.

Contact your provider relations specialist with any questions.