


<p>Provider Services</p> <p>Provider Service Line 1-877-658-0305 Monday thru Friday 8 a.m. to 5 p.m. (PST)</p> <p>Contact Provider Services for assistance with the following services:</p> <ul style="list-style-type: none"> • Answer questions regarding claim status • Request provider education/orientation • Network participation • Member eligibility / verification • Change, update or correct demographic information <p>Providers may visit our website at www.CAHealthWellness.com to access the following:</p> <ul style="list-style-type: none"> • Provider and Billing Manuals • Provider forms • Quick reference guides and FAQ's • Issues Logs • Prior Auth Code Checker Tool • Clinical guidelines • California Health & Wellness news <p>The following information is available via the secure portal:</p> <ul style="list-style-type: none"> • Member eligibility • PCP verification • PCP Panel Lists • Submit, Inquire, or Correct Claims • Submit authorizations or check authorization status <p>Provider Relations</p> <p>Each Provider has a designated Provider Relations Specialist. Go to www.CAHealthWellness.com to view the Provider Relations Specialist territories.</p>	<p>Claims</p> <p>California Health & Wellness strongly encourages providers to submit claims electronically and receive payment through electronic funds transfer / electronic remittance advice</p> <p>Submit claims (free of charge) through our Secure Web Portal located at www.CAHealthWellness.com</p> <p>Electronic Clearinghouse Vendors – Payor ID 68047 Emdeon, Gateway, SSI, Availity, and Claim Remedi</p> <p>Paper Claims (Initial, Resubmission or Corrected Paper Claims) California Health and Wellness PO Box 4080 Farmington, MO 63640-3835</p> <p>Requests for Reconsideration – A Request for Reconsideration may be related to an underpayment or an overpayment.</p> <p>California Health & Wellness Attn: Reconsideration PO Box 4080 Farmington, MO 63640-3835 <i>Any refunds of overpayments should be mailed to the address above.</i></p> <p>*NO Black and white or handwritten claims will be accepted. ALL paper claims must be submitted in Flint OCR Red, J6983 (or exact match ink) will be accepted.*</p> <p>Claim Dispute Form Used when a provider has received an unsatisfactory response to a request for Reconsideration. The form is located at www.CAHealthWellness.com California Health and Wellness Attn: Claims Dispute PO Box 4080 Farmington, MO 63640-3835</p> <p>Timely Filing – first time claim submission, not later than the sixth month following the month of service.</p>	<p>Corrected Claims, Requests for reconsideration or claim disputes must be received within 365 days following the date of payment or the denial of the claim.</p> <p>Claims Payment</p> <p>California Health and Wellness utilizes PaySpan Health to provide Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) This service is free. To begin the Registration Process call: 877-331-7154. www.payspanhealth.com.</p> <p>Medical Management</p> <p>Fax Numbers:</p> <ul style="list-style-type: none"> • Prior Auths: 866-724-5057 • Concurrent Review: 855-556-7910 • Admissions: 855-556-7907 • Appeals: 855-460-1009 • Case Management: 855-556-7909 <p>You may enter and verify authorizations through the Secure Portal at www.CAHealthWellness.com</p> <p>Value Added Member Benefits</p> <ul style="list-style-type: none"> • 24 hour/365 day free health information phone line. • Non-emergency transportation services to help members get to their health care visits. We also cover transportation to a pharmacy for pick-up of medication after a same day doctor's appointment. • Member Connections® - a program designed to educate members about how to access healthcare services and benefits. The program conducts one-on-one education with members to ensure they understand their benefits, the role of the PCP and how to access healthcare services. If you have a member that could benefit from the Member Connections program, please call Member Services at 877-658-0305. <p>Disability Sensitivity</p> <p>The Americans with Disabilities Act (ADA) defines a person with a disability as:</p> <ul style="list-style-type: none"> • A person who has a physical or mental impairment that substantially limits one or more major life activities 	<ul style="list-style-type: none"> • This includes people who have a record of impairment, even if they do not currently have a disability • Includes individuals who do not have a disability but are regarded as having a disability • The ADA makes it unlawful to discriminate against a person based on that person's association with a person with a disability <p>Vendor Services</p> <p>High Tech Radiology Imaging Services Phone: 800-788-4005 www.CAHealthWellness.com</p> <p>Non Emergent Medical Transportation Phone: 800-486-7647 ex. 2413 www.CAHealthWellness.com</p> <p>Vision Services - Envolve Vision Care Phone: 800-531-2818 https://visionbenefits.envolvehealth.com/ Payer ID: 56190</p> <p>Pharmacy Services: Envolve Pharmacy Solutions Phone: 877-277-0413 https://pharmacy.envolvehealth.com/ Bin # 004336</p> <p>Member Identification Card</p> <p>Front:</p> <div data-bbox="1154 1142 1539 1381" style="border: 1px solid black; padding: 5px;">  <p>Pharmacy Help Desk: 1-844-276-1398 RXBIN: 004336 RXPCN: MCAIDADV RXGROUP: RXG430</p> <p>Member Name: John D Doe Member ID: 0123456789 Effective Date: PCP Name: <PCP Name> PCP Phone: <PCP Phone></p> </div> <p>Back:</p> <div data-bbox="1154 1440 1539 1675" style="border: 1px solid black; padding: 5px;"> <p>IMPORTANT CONTACT INFORMATION</p> <p>Members Pharmacy: 1-877-658-0305 Member Services: 1-877-658-0305 Vision: 1-877-658-0305 24/7 NurseWare: 1-877-658-0305 Behavioral Health: 1-877-658-0305</p> <p>Providers: Provider Services & IVR Eligibility Inquiry: 1-877-658-0305 Prior Auth: www.CAHealthWellness.com or 1-877-658-0305 Pharmacy: 1-844-276-1398 Vision: 1-800-92-7996</p> <p>Medical Claims: California Health & Wellness Attn: Claims PO Box 4080 Farmington, MO 63640-3835</p> <p>EDI Claims: Please submit using paper ID 680077 EFT/RFA: please visit For Providers page at www.CAHealthWellness.com</p> <p>If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization.</p> <p>California Health & Wellness Address: 740 Cherokee Oaks Drive, Suite 300 Farmington, MO 63640</p> </div>
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