

## Provider Services

Provider Services Call Center Line **1-877-658-0305**, Monday thru Friday, 8AM to 5PM (PST) is available to assist with the following services:

- Answer questions regarding claim status
- Request provider education/orientation
- Network participation
- Member eligibility / verification
- Change, update or correct demographic information
- Initiate Language Interpreter and Transportation Services

The following Provider resources are available at [www.CAHealthWellness.com](http://www.CAHealthWellness.com):

- Provider Manual/Billing Manual
- Provider forms
- Quick Reference Guides and FAQ's
- Pre-Auth Check Tool
- Clinical and Code Editing guideline information
- Health plan updates and news

Information available via the **secure provider portal**:

- Member eligibility verification
- PCP verification
- PCP Patient Panel Lists
- Submit, Inquire, or Correct Claims
- Submit and verify Authorization requests
- Clinical Smart Sheets
- Secure Messaging

## Provider Relations

Provider Relations is responsible for oversight, coordination, initiation of services outlined in the Provider Manual located at [www.CAHealthWellness.com](http://www.CAHealthWellness.com) or call 1-877-658-0305 for requests.

## Claims

Submit claims free of charge via our Secure Provider Portal located at [www.CAHealthWellness.com](http://www.CAHealthWellness.com)

Electronic Clearinghouse Vendors that submit to CH&W Payer ID 68047 are: Change Healthcare AKA Emdeon, Gateway EDI, SSI, Availity, ClaimRemedi. For assistance with submission and rejection details call 800-225-2573 Ext. 6075525 or [EDIBA@Centene.com](mailto:EDIBA@Centene.com).

**Timely Filing** - Providers must submit first time claims no later than the **sixth month** following the month of service Corrected Claims, Requests for Reconsideration of Claim Disputes must be received within **365 days** following the date of payment or the denial of the claim.

**Initial (Paper) Claim Submissions** - Send to: California Health & Wellness  
Attn: Claims  
P.O. Box 4080  
Farmington, MO 63640-3835

**Corrected (Paper) Claim Submissions** - Send to: California Health & Wellness  
Attn: Corrected Claims  
P.O. Box 4080  
Farmington, MO 63640-3835

**Requests for Reconsideration** - A Request for Reconsideration may be related to an underpayment or an overpayment and can be submitted to Claims Department via Provider Services Call Center at 1-877-658-0305 or send paper submissions to: California Health & Wellness  
Attn: Reconsideration  
P.O. Box 4080  
Farmington, MO 63640-3835

**Paper Submission Pointers** - *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.*

**Refunds for Overpayments** - Any refunds of overpayments should reference member name and date of service along with the claim number and a description of the reason for refund and send to: California Health & Wellness  
Attn: Refunds  
P.O. Box 396027  
San Francisco, CA 94139-6027

**Claim Disputes** - Use the *Provider Dispute Resolution Request* form located at [www.CAHealthWellness.com](http://www.CAHealthWellness.com) for disputing an unsatisfactory response to a request for Reconsideration or processing outcome and send to: California Health & Wellness  
Attn: Claim Dispute  
P.O. Box 4080  
Farmington, MO 63640-3835

## Claims Payment

We utilize PaySpan Health to provide Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). **This service is free.** To register call 877-331-7154 or visit [www.payspanhealth.com](http://www.payspanhealth.com).

## Medical Management

Fax Numbers:

- Authorizations: 866-724-5057
- Concurrent Review: 855-556-7910
- Admissions: 855-556-7907
- Appeals: 855-460-1009
- Case Management: 855-556-7909

## Value Added Member Benefits

- All year round 24 hour free health information phone line.
- Free non-emergency transportation assistance for members to their health care visits and to a pharmacy for pick-up of medication after a same day doctor's appointment.
- Member Connections® Program educates members one-on-one on the role of the PCP, how to access healthcare services and benefits. Call **Member Services Call Center at 1-877-658-0305** to refer a member that could benefit from this program.

## Disability Sensitivity

Americans with Disabilities Act (ADA) defines a person with a disability as:

- A person who has a physical or mental impairment that substantially limits one or more major life activities
- 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

## Contracting Services

For contract and credentialing related inquiries send email to: [CHWP\\_Contracting@CAHealthWellness.com](mailto:CHWP_Contracting@CAHealthWellness.com).

## Vendor Services

**High Tech Radiology Imaging Services** Phone: 800-788-4005  
[www.RadMD.com](http://www.RadMD.com)

**Non Emergent Medical Transportation**  
Phone: 800-486-7647 ext. 2413 or 1-877-658-0305

**Vision Services – Envolve Vision Care** Phone: 800-531-2818  
[visionbenefits.envolvehealth.com](http://visionbenefits.envolvehealth.com)  
Payer ID:56190

**Pharmacy Services – Envolve Pharmacy Solutions**  
Phone: 877-277-0413  
[pharmacy.envolvehealth.com](http://pharmacy.envolvehealth.com)  
Bin# 004336

**MHN-Behavioral Health Services**  
Phone: 800-647-7526 option 3  
[www.mhn.com](http://www.mhn.com)

Email for MHN Provider Relations inquiries:  
[Professional.Relations@MHN.com](mailto:Professional.Relations@MHN.com)  
Non-contracted providers bill to CH&W as directed in this document.

**Only** if contracted directly with MHN bill Payer ID 22771 for EDI BH claims or send BH claims to: MHN  
Attn: Claims  
P.O. Box 14621  
Lexington, KY 40512-4621


**Acupuncture Services – American Specialty Health Group, Inc. (ASH)**  
Phone: 800-972-4226  
[www.ASHLink.com](http://www.ASHLink.com)

Join ASH Network Phone: 888-511-2743

Paper Claim Address:  
American Specialty Health Group  
Attn: Claims Department  
P.O. Box 509001  
San Diego, CA 92150-9001

## Member Identification Card

### FRONT:

	<b>Pharmacy Help Desk:</b> 1-844-276-1398 RXBIN: 004336 RXPCN: MCAIDADV RXGROUP: RX5430
	<b>Member Name:</b> John D Doe <b>Member ID:</b> 0123456789 <b>Effective Date:</b> <b>PCP Name:</b> <PCP Name> <b>PCP Phone:</b> <PCP Phone>

### BACK:

<b>IMPORTANT CONTACT INFORMATION</b> <b>Members</b> Pharmacy: 1-877-658-0305 Member Services: 1-877-658-0305 Vision: 1-877-658-0305 24/7 NurseWise: 1-877-658-0305 Behavioral Health: 1-877-658-0305	<b>Providers:</b> Provider Services & I/R Eligibility Inquiry: 1-877-658-0305 Provider Auth: <a href="http://www.CAHealthWellness.com">www.CAHealthWellness.com</a> or 1-877-658-0305 Pharmacy: 1-844-276-1398 Vision: 1-866-921-9961
<b>Medical Claims:</b> California Health & Wellness Attn: Claims PO Box 4080 Farmington, MO 63640-3835	<b>EDI Claims:</b> Please submit using payer ID 68047 <b>ET/ERA:</b> Please visit our Provider page at <a href="http://www.CAHealthWellness.com">www.CAHealthWellness.com</a>
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.	<b>California Health &amp; Wellness Address:</b> 1740 Creekside Oaks Drive, Suite 200 Sacramento, CA 95833