

Santa Clara Family Health Plan Contact Information

Automated Eligibility: (24 hours/7 days week)	Language Interpretation Services:
Phone: 1-800-720-3455	Language Line: 1-800-898-1364
	Access Code: 8033
Customer Service: Mon-Fri 8:30 am – 5 pm	
Phone: 1-800-260-2055	

Claims and Authorizations Information

Independent Physicians – Medi-Cal & Healthy Kids
Stanford Medical Center – Medi-Cal & Healthy Kids
Palo Alto Medical Foundation (PAMF) – Medi-Cal ONLY

Authorizations:	Claim Submission:
Phone: 408-874-1821	Clearinghouses: Change Healthcare & Office Ally
Email: utilization@scfhp.com	Payor ID: 24077
Provider Services:	Mailing Address:
Phone: 408-874-1788	Santa Clara Family Health Plan
Email: providerservices@scfhp.com	PO Box 18640
	San Jose, CA 95158
Claims Inquiries: 408-874-1788	

DELEGATED ENTITIES

Valley Health Plan (VHP) – Medi-Cal & Healthy Kids

Authorizations:	Delegated Claim Submission:
Phone: 408-885-4647	Delegated for: In-Area Professional and Facility Claims
Hospital: VMC PURC	
Admissions: 1-855-254-8264	
Provider Services:	Payor ID:
Phone: 408-885-2221 #7	VHP01
	Clearinghouse:
Claims Inquiries:	Utah Health Information Network
Phone: 408-885-4563	Mailing Address:
Email: customerservice@uhin.org	Valley Health Plan
	PO Box 28407
	San Jose, CA 95159
Language Interpretation Services:	
Spanish: 408-808-6151	
Vietnamese: 408-808-6152	
Other: 408-808-6150 (Including Tagalog & Chinese)	

DELEGATED ENTITIES

Physicians Medical Group of San Jose (PMG) – Medi-Cal & Healthy Kids

Authorizations:

Phone: 408-937-3645
Website: www.pmgmd.com

Provider Services:

Phone: 408-937-3612

Claims Inquiries:

Phone: 408-937-3620

Delegated Claim Submission:

Delegated for: Non-Emergency Professional Claims In-Area (services within Santa Clara, Santa Cruz, Alameda, San Mateo and/or San Benito Counties)

Payor IDs:

PMGSJ
PMGSJ
EXC01
EXC01
EXC01

Clearinghouses:

ENS
Proxymed
Change HealthCare
Office Ally
WebMD

Mailing Address:

Excel MSO, Physicians Medical Group
75 E. Santa Clara St., Ste. 950
San Jose, CA 95113

Premier Care of Northern California – Medi-Cal & Healthy Kids

Authorizations:

Phone: 1-877-216-4215
Website: www.Capcms.com

Provider Services:

Phone: 1-877-216-4215

Claim Inquiries:

Phone: 1-877-216-4215

Delegated Claim Submission:

Delegated for: In-Area Professional Claims services within Santa Clara, Santa Cruz, Alameda, San Mateo and/or San Benito Counties

Payor IDs:

95399
CAPMN
CAPMN

Clearinghouses:

Change HealthCare
Office Ally
MDX

Mailing Address:

Conifer Health Solutions
PO Box 261040
Encino, CA 91426

DELEGATED ENTITIES

Kaiser Permanente – Medi-Cal ONLY

Authorizations:

Phone: 1-800-464-4000 #1

Provider Services:

Phone: 1-800-464-4000

Claim Inquiries:

Phone: 1-800-390-3510

Delegated Claim Submission:

Delegated for: All Professional and Facility claims

Payor IDs:

KS003
94134
94134
94134
94134

Clearinghouses:

Capario
Change HealthCare
Office Ally
Relay Health
SSI

Mailing Address:

Kaiser Foundation Health Plan
Attn: Claims Administration Dept.
PO Box 12923
Oakland, CA 94604-2923

Palo Alto Medical Foundation (PAMF) – Healthy Kids ONLY

Authorizations:

Phone: 1-855-263-4067

Fax: 1-855-263-4068

Provider Services:

Phone: 1-877-854-6431

Claim Inquiries:

Phone: 1-877-252-1777

Delegated Claim Submission:

Delegated for: In-area professional claims

Payor IDs:

94115
SC050

Clearinghouses:

Change HealthCare
Office Ally

Mailing Address:

Palo Alto Medical Foundation
PO Box 276950
Sacramento, CA 95827