

Santa Clara Family Health Plan Contact Information

Automated Eligibility: (24 hours/7 days week)
Phone: 1-800-720-3455

Language Interpretation Services:
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:
Phone: 408-874-1821
Email: umhelpdesk@scfhp.com
Fax: 408-874-1957
408-376-3548

Claim Submission:
Clearinghouses: Change Healthcare & Office Ally
Payor ID: 24077

Provider Services:
Phone: 408-874-1788
Email: providerservices@scfhp.com

Mailing Address: Santa Clara Family Health Plan
PO Box 18640
San Jose, CA 95158

Claims Inquiries: 408-874-1788

DELEGATED ENTITIES

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

Authorizations:
Phone: 408-885-4647
Hospital: VMC PURC
Admissions: 1-855-254-8264

Delegated Claim Submission:
Delegated for: Out-of-Area and In-Area Professional
and Facility Claims

Provider Services:
Phone: 408-885-2221 #7

Payor ID: VHP01
VHP02
Clearinghouse: Utah Health Information Network
Office Ally

Claims Inquiries:
Phone: 408-885-4563
Email: customerservice@uhin.org

Mailing Address: 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
P.O. Box 1997
San Leandro, CA 94577-1997

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	Delegated Claim Submission: Delegated for: All Professional and Facility claims
Provider Services: Phone: 1-800-464-4000	Payor IDs: 94135 94135 RH009 NKAISERCA
Claim Inquiries: Phone: 1-800-390-3510	Clearinghouses: 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	Delegated Claim Submission: Delegated for: In-area professional claims
Provider Services: Phone: 1-877-854-6431	Payor IDs: 94115 SC050
Claim Inquiries: Phone: 1-877-252-1777	Clearinghouses: Change HealthCare Office Ally
	Mailing Address: Palo Alto Medical Foundation PO Box 276950 Sacramento, CA 95827