

PROVIDER Update



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Use the Correct Entity Name for Paper Claim Submissions

This provider update is a follow-up to provider update 18-542, *Paper Claims Submission Address and Provider Appeals Address*, distributed on August 3, 2018, and clarifies the correct entity names to use for paper claim submissions via the U.S. Postal Service (USPS).

USE CORRECT ENTITY NAME

All paper claims must be submitted to the address below with the exact entity names as shown.

Line of business	Paper claims address
MEDI-CAL	Health Net Community Solutions, Inc. or CalViva Health Medi-Cal Claims PO Box 9020 Farmington, MO 63640-9020

ADDITIONAL INFORMATION

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com