

# PROVIDER Update



NEWS & ANNOUNCEMENTS

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UPDATE 19-745

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## Choose the Right Address for Provider Disputes Sent on Behalf of a Member

### Send these requests to the Member Appeals and Grievances Department

A provider dispute that is submitted on behalf of a member for services that have not been rendered is considered a member appeal. These are processed by the Member Appeals and Grievances (A&G) Department.

Providers may submit member appeals using the Provider Dispute Resolution Request form. **Note:** The form does not have the correct address and fax number for member appeals. For A&G to process the dispute, send or fax the form to:

<b>Address</b>	CalViva Health Member Appeals and Grievances Department PO Box 10348 Van Nuys, CA 91410-0348
<b>Fax</b>	1-877-831-6019

#### Additional information

Additional information about appeals and dispute resolution is available on the provider website at [provider.healthnet.com](http://provider.healthnet.com) in the Provider Library under *Operations Manuals > Dispute Resolution, Organization Determinations and Appeals > Member Appeals or Provider Appeals and Dispute Resolution*.

The Provider Dispute Resolution Request form is also available in the Provider Library under *Forms > Provider Dispute Resolution Request – CalViva Health*. **Note:** Do not send a member appeal using the address on the form. Use the Member A&G address or fax number listed above.

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](http://www.healthnet.com)