

PROVIDER MEMO

To: Santa Clara Family Health Plan Providers
From: Eric M. Tatum, Director, Provider Network Management
Date: August 17, 2018
Subject: New Santa Clara Family Health Plan Member ID Cards

Dear Provider:

Santa Clara Family Health Plan (SCFHP) will be mailing new ID cards later this month to all its members enrolled in our three lines of business: Medi-Cal, Cal MediConnect, and Healthy Kids HMO.

Sample ID cards are attached to this memo for your reference. Please update your records when a member presents a new ID card as billing and contact information may have changed.

Remember, providers should always check the eligibility of any SCFHP member presenting for medical services. Eligibility can be verified by the following methods:

- Provider Link <https://providerportal.scfhp.com>
- Eligibility IVR 1-800-720-3455
- Customer Service 1-800-260-2055

If you have questions, please call **Rosa Perez, Provider Relations Representative** at (408) 874-1755.

Thank you!

SCFHP Medi-Cal Member ID Card



**Santa Clara Family
Health Plan™** **Medi-Cal**

Member Name: **JOHN SMITH**
 Member ID: **30000000**
 Date of Birth: **11-18-1950**
 Gender: **M**
 Health Plan (80840): **7366440000**
 Primary Care Provider: **MARTINEZ, MARIA**
1-408-555-5555
DOCTOR'S MEDICAL GROUP
INDEPENDENT PHYSICIAN

Customer Service: **1-800-260-2055 TTY: 711 www.scfhp.com**
 24-Hour Nurse Advice: **1-877-509-0294**
 Santa Clara County
 Mental Health Services: **1-800-704-0900**

Front


For Providers
 Emergency services are payable without prior authorization.

Authorizations
 Medical: **1-408-874-1821**
 Emergency Admissions: **Notify SCFHP by next business day**
 Fax: **1-408-874-1957**
 Pharmacy: **MedImpact Pharmacy**
 Help Desk: **1-888-807-8666**
 Rx Bin # **003585 Rx PCN # 56270**

Claims **Santa Clara Family Health Plan**
EDI Payer ID 24077
www.scfhp.com/claims

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SCFHP Cal MediConnect Member ID Card



**Santa Clara Family
Health Plan™** **Cal MediConnect**

Member Name: **JOHN SMITH**
 Member ID: **30000000**
 Health Plan (80840): **7366440000**
 Date of Birth: **11-18-1950**
 PCP Name: **MARTINEZ, MARIA**

Medicare[®]
Prescription Drug Coverage: **XX**

RxBin: **<RxBin #>**
 RxPCN: **<RxPCN>**
 RxGRP: **<RxGRP>**

H7890-001

Front

In case of emergency, call 9-1-1 or go to the emergency room.

Customer Service: **1-877-723-4795**
 Customer Service TTY: **1-800-735-2929 or 711**
 Santa Clara County
 Mental Health Services: **1-800-704-0900**
 24-Hour Nurse Advice: **1-844-803-6962**
 Pharmacy Help Desk: **1-888-807-8666**
 Denti-Cal: **1-800-322-6384**
 VSP (routine vision care): **1-844-613-4779**
 Website: **www.scfhp.com**
 Claim Inquiry: **1-408-874-1788**
 Send claims to: **Attn: Claims Department**
Santa Clara Family Health Plan
PO Box 18640
San Jose, CA 95158
EDI Claims to Payer ID 24077

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SCFHP Healthy Kids HMO Member ID Card



**Santa Clara Family
Health Plan™** **Healthy Kids HMO**

Member Name: **JOHN SMITH**
 Member ID: **30000000**
 Date of Birth: **11-18-2005**
 Gender: **M**
 Health Plan (80840): **7366440000**
 Primary Care Provider: **MARTINEZ, MARIA**
1-408-555-5555
DOCTOR'S MEDICAL GROUP
INDEPENDENT PHYSICIAN

Copayments: **Rx: \$10 generic/\$15 brand**
\$15 emergency room visit
\$10 non-preventive services
\$250 family maximum per year

Front

Customer Service: **1-800-260-2055 TTY: 711**
www.scfhp.com
 24-Hour Nurse Advice: **1-877-509-0294**
 Santa Clara County
 Mental Health Services: **1-800-704-0900**

For Providers
 Emergency services are payable without prior authorization

Medical: **1-408-874-1821**
 Emergency Admissions: **Notify SCFHP by next business day**
 Fax: **1-408-874-1957**
 Pharmacy: **MedImpact Pharmacy**
 Help Desk: **1-888-807-8666**
 Rx Bin # **<Rx Bin #> Rx PCN # <Rx PCN>**
Santa Clara Family Health Plan
www.scfhp.com/claims
EDI Payer ID 24077

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