



**Santa Clara Family
Health Plan™**

Provider Portal 101

General features of interest

Log in to Provider Link at providerportal.scfhp.com



Login

Username

Password

SUBMIT

[Forgot your username or password?](#)

Need a username and password?

REGISTER

Need to find a Provider?

PCP SEARCH

Welcome to Provider Link

The Provider Link is an online tool for accessing eligibility, claims, and other helpful resources. Login to:

- Validate and update your practice information
- Check member eligibility and PCP status
- Check status of claims
- Download authorization request forms
- Search authorization status
- Access PCP patient rosters
- Access plan announcements and alerts

[Provider Directory](#)

Register for an account

Step 1: Accept the license agreement

AGREE button is in grey text until you check “Accept”



Step 1 of 4: License Agreement

The provider must agree to the Healthx License Agreement. If you have an additional documents you want the provider to review and agree to, please provide the document in PDF format. The default agreement cannot be modified.

License Agreement

License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthx Inc., reserves all rights not expressly granted in this Agreement.

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Term and Termination. This license is effective until terminated by either you or the producers of this website. This license will automatically terminate without notice if you fail to comply with any provisions of this Agreement. The provisions of this Agreement which by their nature extend beyond the termination of this Agreement shall survive termination of this Agreement, including but not limited to the sections relating to Restrictions, Content of the Website, Links to Third Party Websites, Disclaimer of Warranties, Limitation of Liability, and Governing Law.

Content of the Website. The insurance products, data, and other information referenced in the website are provided by parties other than the producer of the website. We make no representations regarding the products, data, or any information about the products. We are not liable for errors in data or transmission or for lost data. Any questions, complaints, or claims regarding the products or data must be directed to the appropriate provider or vendor.

Links to Third Party Websites. The hypertext links in the website let you leave our website. The linked websites are not under our control, and therefore we are not responsible for the contents of any linked website. We are providing these links to you only as a convenience, and the inclusion of any link does not imply any endorsement by the producers of the site.

Security. You are responsible for changing your password upon entering the system for the first time. You are also responsible for safeguarding and maintaining the secrecy of your password at all times. We believe that we have taken all reasonable security steps to encrypt your information so that it cannot be read as the information travels over the Internet. However, nothing is entirely foolproof, and as a customer, you accept the risk of conducting

☒ Accept

Cancel

AGREE

Register for an account

Step 2: Validate provider information

First Name

Last Name

TIN

Address Line

Address Line 2

City

State

Zip

Paid Claim Number

Enter number for claim paid within last 180 days

Practice Name

Contact Phone

[PREVIOUS](#) [ADD TIN](#) [Cancel](#)

Register for an account

Step 3: Set up account

Step 3 of 4: Create Username/Password

You will use this information to login to your user account.
Keep this information stored safely so your account information remains secure! **All fields are required.**

Username

Email Address

Confirm Email Address

Password

Confirm Password

Security Question 1

Security Question 2

Security Question 3

PREVIOUS

NEXT

Cancel

You will use this information to login to your account. **Keep this information stored safely so your account remains secure! All fields are required.**

Username: Must be at least 6 characters in length and start with a letter.

Please enter your full email address, for example, **name@domain.com**

Password: Must be at least 8 characters in length (30 maximum) and include at least one number and at least one special character. Special characters allowed include (-_!@#\$\$%^&*?)

Example password: Abcde123!

Don't have an email account?

This site requires a valid email address. If you do not have an email address, you may create a FREE Email account with one of these popular providers:

- [Gmail](#)
- [Yahoo!](#)

Register for an account

Step 4: Complete registration

Step 4 of 4: Confirm Your Information

Please review to confirm the login information is correct. Click "Finish".

Username:

First Name:

Last Name:

E-Mail Address:

Address:

Contact:

TIN:

NPI(s):

[PREVIOUS](#) [FINISH](#) [Cancel](#)

Home Screen



You are currently logged in as:
[Messages \(0\)](#) [Profile](#) [Logout](#)

[Home](#) [Eligibility](#) [Claims](#) [Authorizations](#) [Pharmacy](#) [Resources](#) [Provider Directory](#) [Update Provider Information ▼](#)

Welcome to the SCFHP Provider Link

Welcome to the SCFHP Provider Link! This site provides quick access to member eligibility, claims payment details, prior authorization information, and more.

Affected by PG&E's Public Safety Power Shutoff?

If you are having problems submitting prior authorization requests due to the PG&E Power Outages, you may provide the service(s) without authorization. Once power is restored, submit the Prior Authorization Requests with a note that the delay in submission was caused by the outage. SCFHP will accept these delayed requests and process them accordingly. [Read the memo](#)

Quick Links

[ECHO Provider Portal](#)

[Ask a Question](#)

[Find a Provider or Pharmacy](#)

[How-to Submit Appeal for Member](#)

[Validate Provider Information](#)

[How-to Submit Claim or Dispute](#)

[Refer Patient to Health Education](#)

[Read the Latest Provider e-News](#)

Contact Us

Online: www.scfhp.com

Providers or provider office staff call:

Phone: [1-408-874-1788](tel:1-408-874-1788)

Hours: 8:30 a.m. to 5:00 p.m., Monday - Friday.

Email: ProviderServices@scfhp.com

SCFHP Mailing Address:

P.O.Box 18880

San Jose, CA 95158

Phone: [1-408-376-2000](tel:1-408-376-2000)

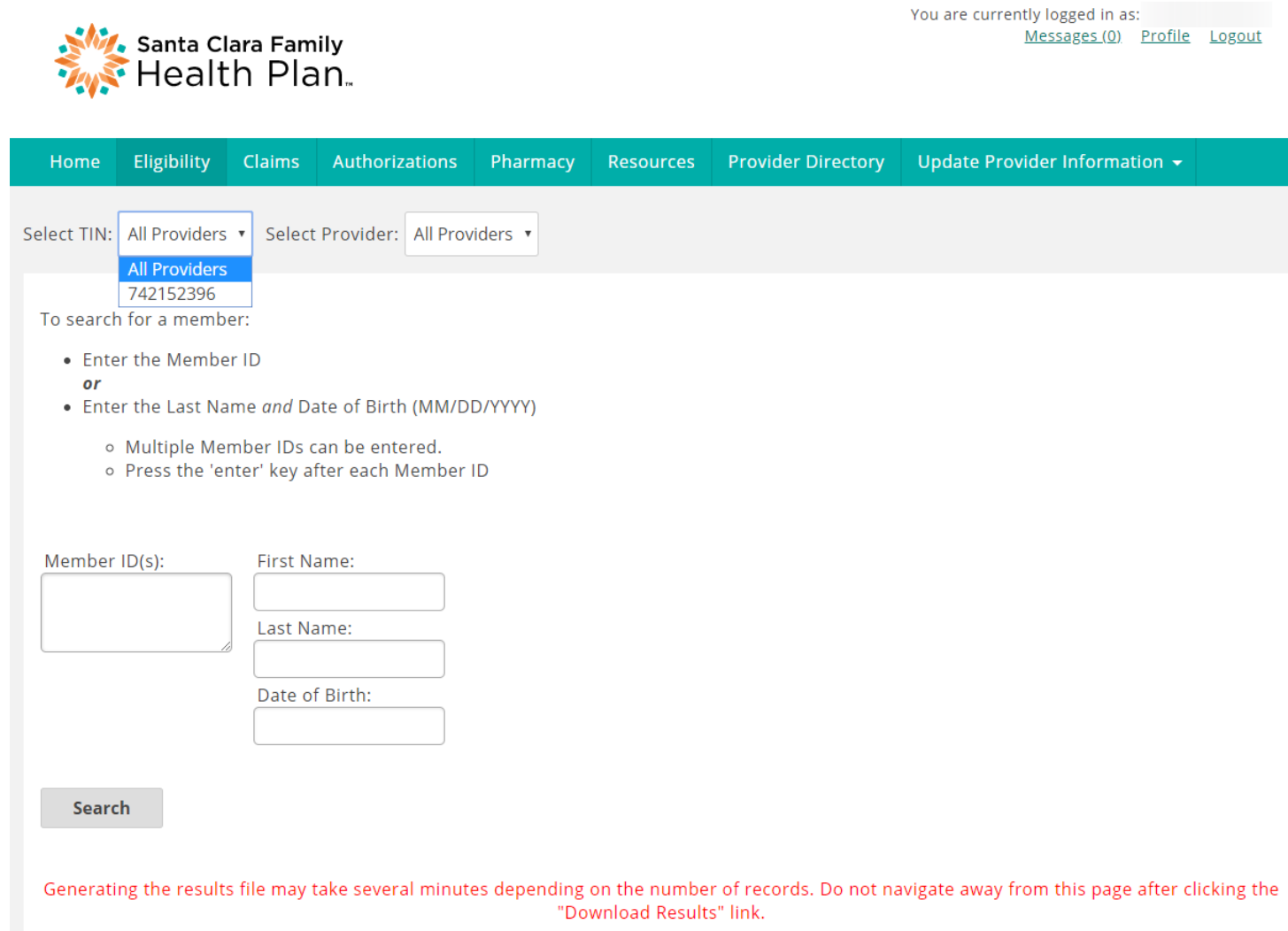
Check member eligibility

Navigate to Eligibility tab

Select provider TIN to see a list of members assigned to the provider TIN.

To look up any member's eligibility:

1. Select TIN: All Providers
2. enter the Member ID OR last name and date of birth.



The screenshot shows the Santa Clara Family Health Plan website interface. At the top right, it says "You are currently logged in as:" with links for "Messages (0)", "Profile", and "Logout". The main navigation bar includes tabs for Home, Eligibility, Claims, Authorizations, Pharmacy, Resources, Provider Directory, and Update Provider Information. The "Eligibility" tab is selected. Below the navigation bar, there are two dropdown menus: "Select TIN:" and "Select Provider:". The "Select TIN:" dropdown is open, showing "All Providers" and "742152396". Below these, there is a section titled "To search for a member:" with two options: "Enter the Member ID" and "Enter the Last Name and Date of Birth (MM/DD/YYYY)". There are also instructions: "Multiple Member IDs can be entered." and "Press the 'enter' key after each Member ID". Below this, there are input fields for "Member ID(s)", "First Name", "Last Name", and "Date of Birth". A "Search" button is located at the bottom left of the form. At the bottom of the page, a red message states: "Generating the results file may take several minutes depending on the number of records. Do not navigate away from this page after clicking the 'Download Results' link."

Santa Clara Family Health Plan™

You are currently logged in as: [Messages \(0\)](#) [Profile](#) [Logout](#)

Home Eligibility Claims Authorizations Pharmacy Resources Provider Directory Update Provider Information ▾

Select TIN: All Providers ▾ Select Provider: All Providers ▾

All Providers
742152396

To search for a member:

- Enter the Member ID
- or
- Enter the Last Name *and* Date of Birth (MM/DD/YYYY)
 - Multiple Member IDs can be entered.
 - Press the 'enter' key after each Member ID

Member ID(s): First Name:

Last Name:

Date of Birth:

Search

Generating the results file may take several minutes depending on the number of records. Do not navigate away from this page after clicking the "Download Results" link.

Check member eligibility

To search for a member:

- Enter the Member ID
- **or**
- Enter the Last Name *and* Date of Birth (MM/DD/YYYY)
 - Multiple Member IDs can be entered.
 - Press the 'enter' key after each Member ID

[Show/Hide Search](#)

Member ID(s):

First Name:

Last Name:

Date of Birth:

Search

<u>Name</u> ▼	<u>MemberID</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Benefit Plan</u>	<u>PCP</u>
			M	Medi-Cal	CARRILLO, JUAN C

◀◀ ◀ Page 1 of 1 ▶ ▶▶

[Print Results](#) [Download Results](#)

Click on the patient name to
see more details

More member eligibility details

Current Patient:

[Show/Hide Search](#)

First Name:

Last Name:

Member ID(s):

Date of Birth:

Group:

[Search](#)

Subscriber

Member:

Member ID:

Address:

City:

State & Zip:

Phone:

Birth Date:

Group Name: Medi-Cal

Network: PHYSICIANS MEDICAL GROUP

PCP Name: CARRILLO, JUAN C

PCP Phone: 408-929-5439

PCP Effective Date: 04/01/2017

Status: Terminated

Aid Code: T1

Coverages

Plan	Effective Date	Termination Date
Medi-Cal	04/01/2017	09/30/2018
Medi-Cal	06/01/2016	03/31/2017
Medi-Cal	04/01/2016	04/30/2016
Medi-Cal	07/01/2015	02/29/2016

[Back to Search Results](#) | [Print View](#)

Check claims

Provider Link only displays claims processed by SCFHP

[Home](#) [Eligibility](#) [Claims](#) [Authorizations](#) [Pharmacy](#) [Resources](#) [Provider Directory](#) [Update Provider Information](#) ▼

Select TIN:

SCFHP's provider portal only displays authorizations and claims that are processed by SCFHP.

- All authorizations and claims for Cal MediConnect (Medicare and Medi-Cal plan) members are processed by SCFHP, and can be viewed below.
- SCFHP delegates some functions to medical groups. For SCFHP Medi-Cal and Healthy Kids members affiliated with a delegated medical group, please contact the delegated medical group as they are responsible for authorizations and claims.
 - You can find updated contact information for all of SCFHP's delegated medical groups on our website at www.scfhp.com or in our Quick Reference Guide [\[click here\]](#).
- For Medi-Cal and Healthy Kids members, claims older than July 2015 may (1) not appear in the search listing, or (2) appear with limited or missing data (e.g., missing Paid Date).

To search for a patient claim:

- Enter the Patient ID
or
- Date of Birth (MM/DD/YYYY) and the Service Range Begin/End Date
or
- Enter a Claim Number
 - Multiple Claim Numbers can be entered
 - Press the 'enter' key after each Claim Number

[Show/Hide Search](#)

Scroll down Claims page

Claim Number(s):
 Patient ID:
 Begin Date:
 Check #:
 Date of Birth:
 End Date:

Click claim
number to see
more details

[Search](#)
[View All Claims](#)

Claim Number	Member	Service Date	Total Charge	Claim Status	Paid Date	Paid Amount	Primary Claim
19311E00851		10/23/2019	\$3,628.00	PAID	11/15/2019	\$476.14	
19297E00949		10/2/2019	\$12,860.00	PAID	11/1/2019	\$38.07	
19252E00432R1		8/30/2019	(\$11,873.66)	REVERSED	11/8/2019	(\$1,275.00)	
19252E00432		8/30/2019	\$11,873.66	PAID	9/13/2019	\$1,275.00	
19252E00432A1		8/30/2019	\$13,038.66	PAID	11/8/2019	\$1,275.00	
19303E00508		10/24/2019	\$6,531.00	PAID	11/8/2019	\$295.00	
19312E00287		10/15/2019	\$159,471.00	In Process		\$0.00	
19303E00291		10/7/2019	\$2,374.00	PAID	11/8/2019	\$37.62	
19295E02058		10/7/2019	\$19,867.00	PAID	11/1/2019	\$295.00	
19256E00884		9/6/2019	\$2,176.00	PAID	9/20/2019	\$295.00	

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[Download Results](#)

Generating the results file may take several minutes depending on the number of records. Do not navigate away from this page after clicking the "Download Results" link.

[How to download Claim file](#)

More claims details

Payment Details

Claim Received	Pay To	Type	Amount	Date Paid
11/06/2019	GOOD SAMARITAN HOSPITAL	EFT	\$0.00	11/15/2019

Claim Comments

Claim Details

Description	CPT	Charges	Status	Reason Code	Copay/Coinsurance/Deductible	Plan Paid
Iodine I-123 sodium iodide microcuries	A9516	\$1,122.00	DENY	DC026	\$0.00 / \$0.00 / \$0.00	\$0.00
thyroid uptake w/blood flow single/mult quan meas	78014	\$2,506.00	OKAY		\$0.00 / \$0.00 / \$0.00	\$476.14
Total		\$3,628.00			\$0.00	\$476.14

Denial Reason Description(s)

DC026 - Invalid or Missing NDC Number for Service Billed

Disclaimer

THIS IS NOT A BILL

Check authorizations

Provider Link only displays authorizations processed by SCFHP

[Home](#) [Eligibility](#) [Claims](#) [Authorizations](#) [Pharmacy](#) [Resources](#) [Provider Directory](#) [Update Provider Information](#) ▼

Search Authorizations

SCFHP's provider portal only displays authorizations and claims that are processed by SCFHP.

- All authorizations and claims for Cal MediConnect (Medicare and Medi-Cal plan) members are processed by SCFHP, and can be viewed below. [Frequent Asked Questions from Submission](#)
- SCFHP delegates some functions to medical groups. For SCFHP Medi-Cal and Healthy Kids members affiliated with a delegated medical group, please contact the delegated medical group as they are responsible for authorizations and claims.

You can find updated contact information for all of SCFHP's delegated medical groups on our website at www.scfhp.com or in our Quick Reference Guide [\[click here\]](#).

Search Authorizations By:

☒ Authorization responses ☐ Submitted requests

Authorization Types:

☒ All authorization types ☐ Inpatient ☐ Outpatient ☐ LTC/Custodial ☐ Ambulance ☐ Other

Authorization Status:

☒ Any authorization status ☐ Pending ☐ Approved ☐ Denied ☐ Cancelled

Search All Data Or By ID:

☒ All ☐ Authorization ID ☐ Member ID

Authorization date **From*** **To***

Date of Service ▼ 08/19/2019 11/19/2019

[Search](#)

Scroll down Authorizations page

Click auth
number to see
more details

Authorization date: From*: To*:

[Search](#)


Auth Number	Patient	Provider	Start Date	End Date
A0084306		GOOD SAMARITAN HOSPITAL	11/13/2019	11/14/2019
A0083179A		GOOD SAMARITAN HOSPITAL	11/13/2019	11/14/2019
A0084044		GOOD SAMARITAN HOSPITAL	11/12/2019	11/13/2019
A0084073		GOOD SAMARITAN HOSPITAL	11/12/2019	11/13/2019
A0084075		GOOD SAMARITAN HOSPITAL	11/12/2019	11/15/2019
A0084078		GOOD SAMARITAN HOSPITAL	11/12/2019	11/15/2019
A0083742		GOOD SAMARITAN HOSPITAL	11/11/2019	2/11/2020
A0083985		GOOD SAMARITAN HOSPITAL	11/11/2019	11/14/2019
A0083675		GOOD SAMARITAN HOSPITAL	11/8/2019	2/29/2020
A0083788		GOOD SAMARITAN HOSPITAL	11/8/2019	11/11/2019

1 2 3 4 10 12 »

More authorizations details

View Authorization

Home / Search Authorizations / View Authorization

 Print

Authorization #A0084306

Authorization #	A0084306	Status:	INPROCESS	Type:	Inpatient	Date of Request:	11/18/2019
Requesting Provider:	KHOO, MAUREEN O	Servicing Provider:	GOOD SAMARITAN HOSPITAL				
Member Name:		Member ID:		Date of Birth:			
Diagnosis Code:	R69	Description:	Illness, unspecified			Diagnosis Date:	11/13/2019

Service Details

Service 1

Status:	INPROCESS
Dates of Service:	11/13/2019 - 11/14/2019
Units/Days:	1

Procedure/Service Requested	Description
MSC00005	Inpatient (non-SNF or LTC)

Scroll down authorizations details page

Providers

Servicing Provider

Provider:	GOOD SAMARITAN HOSPITAL
Phone Number:	(408) 559-2011
Servicing Provider TIN:	621763090
Servicing Provider NPI:	1639123607
ID:	P0008021
Address:	PO BOX 402192 ATLANTA, GA 30384-2192

Requesting Provider

Provider:	KHOO, MAUREEN O
Phone:	(408) 364-2400
Referring Provider TIN:	710898957
Referring Provider NPI:	1932293560
ID:	CnvPrv00018869
Address:	320 Dardanelli Ln #20B Los Gatos, CA 95032

Servicing Facility

Facility Name:	GOOD SAMARITAN HOSPITAL
Contact Name:	KHOO, MAUREEN O
Phone Number:	(408) 559-2011
Facility TIN:	621763090
Servicing Provider NPI:	1639123607
Address:	PO BOX 402192 PO BOX 402192 ATLANTA, GA 30384-2192



**Santa Clara Family
Health Plan™**

Questions?

Contact Provider Services at providerservices@scfhp.com or 1-408-874-1788