

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
MEDI-CAL PROVIDER MANUAL  
CLAIMS DEPARTMENT**

**II. Where to submit Medi-Cal claims:**

**1. Vision Services:**

Vision Service Plan  
3333 Quality Drive  
Rancho Cordova, CA 95670

**2. Kaiser – Claims Submissions: (End Dated 1/1/24)**

Kaiser Permanente  
P.O. Box 12923  
Oakland, CA 94604-2923

**Denied Claims Disputes (End Dated 1/1/24)**

Kaiser Foundation Health Plan  
California Claims Administration  
P.O. Box 23100  
Oakland, CA 94604

**3. Woodland Professional Fees:**

Claims Processing Unit  
Catholic Healthcare West  
3400 Data Drive, 1<sup>st</sup> Floor  
Rancho Cordova, CA 95670

**4. Woodland Facility Fees:**

Claims Processing Unit  
Catholic Healthcare West  
3400 Data Drive, 3<sup>rd</sup> Floor  
Rancho Cordova, CA 95670

**5. Mental Health Services:**

A. Claims for mild and moderate behavioral health services should be directed to Beacon Health Strategies. Effective 3/1/23, Beacon will do business under a new name, Carelon Behavioral Health.

Provider must have a signed contract or Letter of Agreement (LOA) with Beacon (Carelon, effective 3/1/23) to submit claims.

- EDI: Providers or their billing intermediaries should e-mail [edi.operations@beaconhs.com](mailto:edi.operations@beaconhs.com) for detailed information, to receive companion guides and begin testing 835/837 and 270/271 transactions.
- eServices: Contact [Providerinquiry@beaconhs.com](mailto:Providerinquiry@beaconhs.com) for easy and quick registration process.

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Beacon (Carelon, effective 3/1/23) prefers to receive claims electronically. However, if you need to submit a paper claim, send to:

Beacon Health Strategies (Carelon Behavioral Health, effective 3/1/23)  
Cypress Service Center / Partnership HealthPlan Claims  
5665 Plaza Drive, Suite 400  
Cypress, CA 90630-5023

B. Claims for severe and persistent mental health services should continue to be directed to the County mental health department.

**6. Wellness and Recovery (Drug Medi-Cal) Effective 7/1/20:**

A. Claims for Wellness and Recovery (Drug Medi-Cal) services should be sent to:

- EDI: Providers or their billing intermediaries should e-mail [www.partnershiphp.org](http://www.partnershiphp.org) for detailed information, to receive companion guides and begin testing 835/837 and 270/271 transactions. See PHC Medi-Cal Provider Manual, Claims Section – IV. Electronic Medi-Cal Claims Submissions.
- eServices: Contact the PHC Provider Relations Department at (707) 863-4100 for easy and quick registration process.
- Paper claims: For physical delivery:  
Partnership Health of California  
Attn: Wellness and Recovery  
4665 Business Center Drive  
Fairfield, Ca 94534  
  
Paper claims **with attachments**:  
Partnership Healthplan of California  
P.O. Box 1368  
Suisun City, Ca 94585

**7. ALL OTHER PHC MEDI-CAL CLAIMS:**

**A. Electronic Claims:** [www.partnershiphp.org](http://www.partnershiphp.org)

See PHC Medi-Cal Provider Manual, Claims Section – IV. Electronic Medi-Cal Claims Submissions.

**B. Paper Claims**

Physical Delivery: Partnership HealthPlan of California  
Attn: Medi-Cal Claims Dept.  
4665 Business Center Drive

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
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CLAIMS DEPARTMENT  
Fairfield, CA 94534**

**C. Paper Claims with attachments can be mailed to:**

Partnership HealthPlan of California  
Attn: Medi-Cal Claims Dept.  
P.O. Box 1368  
Suisun City, CA 94585-1368

**Note: PHC DOES NOT ACCEPT FAXED CLAIMS**