

Claims Resource

Providers may submit claims to:

Paper

PO Box 7280
Los Angeles CA 90022-0980

Electronic

Office Ally Payer ID Altamed: **ALTAM**
Omnicare: **OMN02**
Change Health (Emdeon) Payer ID: 95712

Claims must be received within 365 days from the Date of Service.

1st Level Provider Disputes

Attn: Provider Dispute Unit
PO Box 7280
Los Angeles CA 90022-0980

2nd Level Provider Disputes

Please submit your dispute directly to the
Health Plan

1st Level Provider Disputes must be received within 365 calendar days of the payment/denial.

Claim Inquiries

Via web portal: <https://connect.alturamso.com>

Customer Support Center: (855) 848-5252 Monday – Friday 8:00 am to 6:00 pm

Claims Payment Methodologies for Non-Contracted Providers

Claims reimbursement is based on the Medi-Cal Fee schedule which is updated every 15th of the month. To view the Medi-Cal rates, please visit:

[Rates \(ca.gov\)](https://www.cdc.ca.gov)

Pursuant to *California Welfare and Institutions Code § 14115 (c)(1)*, a claims payment reduction may apply if a claim is not received within 180 days from the date of service.

Non-Contracted Providers

- Outpatient Services are reimbursed at Medi-Cal Rates/Augmented Rates
- Inpatient Services are reimbursed at APR-DRG

As a reminder, pursuant to *CCR Title 22 § 51002*, a provider of service under the Medi-Cal program shall not collect reimbursement from a Medi-Cal beneficiary except:

- (1) Collect payments due under a contractual or legal entitlement pursuant to *Section 14000 (b) of the Welfare and Institutions Code*,
- (2) Bill a long-term care patient for the amount of his liability, or
- (3) Collect copayment pursuant to Welfare and Institutions Code Section 14134.