



To: Stanford Health Care Advantage Network Providers  
 From: Stanford Health Care Advantage – Provider Relations  
 Date: August 21, 2020

**Subject: Important Plan Changes Effective September 1<sup>st</sup>, 2020**

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Dear Valued Provider,

As indicated in our July 1, 2020 provider notice, Stanford Health Care Advantage has selected a new third-party administrator, Lumeris, to assume key plan operations effective September 1<sup>st</sup>, 2020. As we approach the transition day, we have prepared a quick reference guide to outline all the important changes that our providers would need to know.

<b>Eligibility and Enrollment</b>	There is no change to our Provider Service’s number. Please continue to use Stanford Health Care Advantage’s Provider Eligibility Verification line: 844-986-8422				
<b>Manual Claim Submission</b>	<p>For Offices who submit claims manually should mail their claims to the following address:</p> <p>Stanford Health Care Advantage          P.O. Box 5904          Troy, MI 48007</p> <p>If you need to contact Stanford Health Care Advantage directly regarding a claim that is the Health Plan’s responsibility, please call 844-986-8422.</p>				
<b>Electronic Claims Submission</b>	<p>Electronic claim submission – please use Stanford Health Care Advantage’s preferred clearinghouse:</p> <table border="1" data-bbox="420 1455 972 1535"> <thead> <tr> <th>Clearinghouse</th> <th>Payer Number</th> </tr> </thead> <tbody> <tr> <td>CHANGE HEALTHCARE</td> <td>46407</td> </tr> </tbody> </table> <p>If you need to contact Stanford Health Care Advantage directly regarding a claim that is the Health Plan’s responsibility, please call 844-986-8422.</p>	Clearinghouse	Payer Number	CHANGE HEALTHCARE	46407
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<b>Clinical Operations (Authorization)</b>	<p>As a reminder, Stanford Health Care Advantage members are assigned to a Primary Care Physician in one of our contracted medical groups. Authorizations for most services are issued by the medical group directly. This process will not change through this transition.</p> <p>For services that are not within the scope of the medical group’s authority to authorize such as transplant services or behavioral health, submit those authorization requests via fax to 833-955-2446.</p>				

<b>Appeals</b>	<p>As a reminder, participating Providers should direct members to call the Health Plan's Member Services department at 855-996-8422.</p> <p>Written requests transmitted via fax machine, should be directed to the Health Plan's Appeals Department.</p> <p>New Fax number: 833-955-2442  New Address: PO Box 5904, Troy, MI 48007</p>
<b>Grievances</b>	<p>As a reminder, participating Providers should direct members to call the Health Plan's Member Services department at 855-996-8422.</p> <p>Written requests transmitted via fax machine, should be directed to the Health Plan's Grievance Department.</p> <p>New Fax number: 833-407-0027  New Address: PO Box 5904, Troy, MI 48007</p>

Thank you for your continued support and participation in the Stanford Health Care Advantage network. If you have any questions, please contact us at (844) 986-8422 or email us at [Advantage@stanfordhealthcare.org](mailto:Advantage@stanfordhealthcare.org).