



Eligibility & Claims

Providers are responsible for verifying members' eligibility for all medical services rendered. Providers may verify eligibility in the following ways:

To Verify

- Access the member's health plan website or call the individual's health plan (Health Net or United Healthcare – see the member's ID card).
- Call Canopy Health Provider Services between 8:30am – 5:00pm (Pacific Time) Monday through Friday at 844.315.4645.
- Call Canopy Health's Contact Center between 7:00am – 5:30pm (Pacific Time) Monday through Friday at 888.822.6679.
- Canopy Health also distributes current eligibility lists to its participating Medical Groups on a monthly basis.

Filing a Claim

Providers are encouraged to file claims electronically whenever possible. Submitted claims should provide all required information; those submitted with missing data may result in processing or denial.

All Canopy Health facility claims are processed by Conifer Value-Based Care. Professional claims will continue to be processed by the participating Medical Groups and/or their respective vendors.

Electronic Claim Submissions

Clearinghouse	Phone Number	Payer ID
Office Ally	866.575.4120	CAPMN
Change Healthcare	877.363.3666	95399
MDX	562.256.3800	CAPMN

Paper Claim Submissions

P.O. Box 260890 Encino, CA 91426

Appeals & Provider Disputes

P.O. Box 261760 Encino, CA 91426

Claims Dept. Phone

844.315.4645 or 818.461.5055; IVR available 24/7

All Other Provider Inquiries

844.315.4645

Website Information

- For concerns about facility claims, member eligibility, contracted providers, contact: Conifer Value-Based Care: www.coniferhealth.com. Select Client Login, then select Cap Connect, or call 844.315.4645 for login assistance.
- For general information about Canopy Health and to search our directories of physicians, hospitals, and other providers: Canopy Health: www.canopyhealth.com or call 888.822.6679.

To file a grievance regarding Western Health Advantage or network providers, please visit <http://westernhealth.com/legal/grievance-form/>.