



December 2, 2020

NOTICE: SUBMITTING ELECTRONIC MEDICAL CLAIMS

Dear Provider,

Effective immediately, due to the recent outbreak of the COVID-19 (Coronavirus), we are **no longer accepting paper/mailed claim submissions to Kalos Health MLTC**. We want to ensure the safety of our employees to try and prevent the spread of the virus in any way possible. We want to eliminate the volume of current paper/mail coming into our building and individual departments.

We have identified 3 options to submit claims electronically:

- **Option 1:** Clearinghouse Claim Submission (Primary Claims Only)
Clearinghouse: **CHANGE HEALTHCARE**
Payer Name: **Kalos Health**
Payer ID: **40137**
Authorization #: Provided on Authorization from Kalos Health
Participant Account #: Provided on Authorization from Kalos Health
- **Option 2:** Secure/Encrypted Email Claim Submission (Primary & Secondary Claims)
Email address: Claims@kaloshealth.org
Subject Line: Original/Corrected Claim Submission
- **Option 3:** Secure Fax Claim Submission (Primary & Secondary Claims)
Fax Number: 716-216-8462
Fax Cover Sheets **need** to include:
 - To: Kalos Health MLTC – Claims Dept.
 - From: Provider Name
 - Subject Line: Original/Corrected Claim Submission
 - Pages: Correct number of pages to ensure proper submission

We apologize for any inconvenience this may cause.

If you have any questions in regards to the notice above, please call 716-304-1212 and ask for the Kalos Health MLTC Claims Department.

Thank you and stay safe.

Kalos MLTC Claims Department