



# PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

## Reminder: Mailing Address for USFHP Paper Claims, Documents

**Effective Date:** Immediately

**Health Plan(s) Affected:** US Family Health Plan (USFHP)

**Explanation of Change:**

The mailing address for USFHP paper claims changed as of Aug. 1, 2024. Please make sure you are using the correct address for your paper claims. **NOTE:** There is **no change** to the payer ID# and process for electronic submission of USFHP claims.

**Mailing address for USFHP paper claims only:**

P.O. Box 219960  
Kansas City, MO 64121-9960

**Claims Overnight Mail Address**

801 Pennsylvania Avenue  
Suite 219960  
Kansas City, MO 64105-1307

**Reminder:** Please do not send anything other than USFHP paper claims to the above addresses.

**Mailing address for appeals, payment disputes and other USFHP correspondence:**

Johns Hopkins Health Plans - USFHP  
7231 Parkway Drive, Suite 100  
Hanover, MD 21076

**Mailing address for USFHP refund checks:**

Johns Hopkins Health Plans  
P.O. Box 412856  
Boston, MA 02241-2856