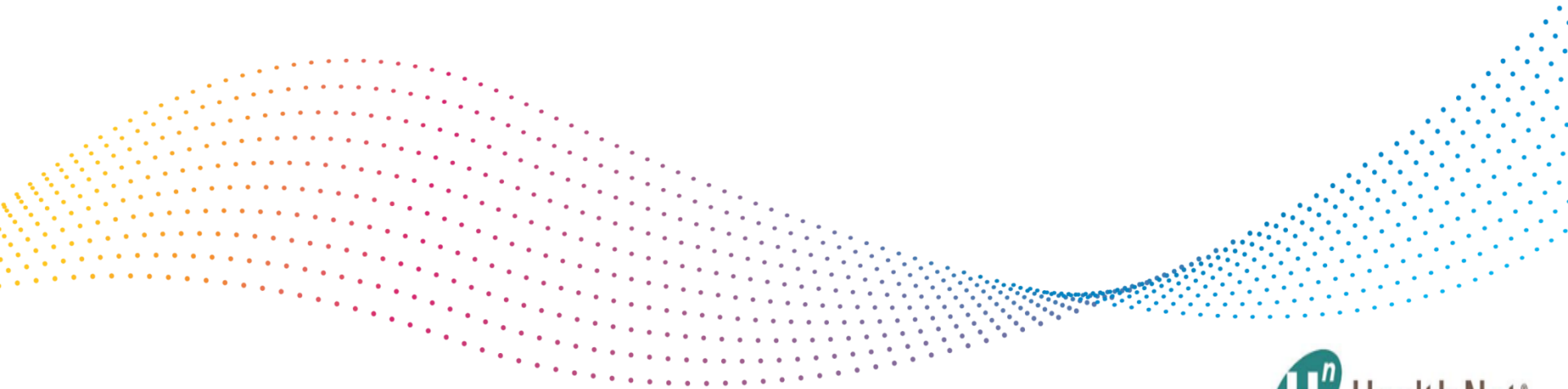




NEW Provider Training



Transforming the health of the community, one person at a time

Welcome to CalViva Health!



We are pleased to provide this orientation that includes tools and resources to assist you and your staff in caring for our Medi-Cal members.

Topics Included:

- About CalViva Health & Our Role
- About Health Net & Centene
- Provider Relations Team
- Provider and Member Support Services
- Medi-Cal Operations Guide, Provider Toolkit, Provider Communications
- Medi-Cal Enrollment and Eligibility Process
- Medi-Cal Sample ID Card
- Request for PCP/PPG Change
- Staying Healthy Assessment
- Medi-Cal Benefits
- Preferred Drug List (PDL) / Formulary
- HEDIS Incentives
- Health Education and Cultural and Linguistic Services
- Care Management-support for your complex and serious chronic conditions
- Member Grievances
- Medi-Cal Claims Submission
- Resources and Contacts

About CalViva Health



Who are we:

- CalViva Health is the local health initiative health plan for the Medi-Cal program in Fresno, Kings and Madera counties. CalViva Health partners with Health Net Community Solutions, Inc. (Heath Net) to serve Medi-Cal beneficiaries in these counties.

Our Mission Statement:

- To provide access to quality healthcare and promote the health and well - being of the communities we serve in partnership with health care providers and our community partners. CalViva Health is committed to protecting local healthcare, with an organized system to care for Medi-Cal beneficiaries within our region.

CalViva Health's Role



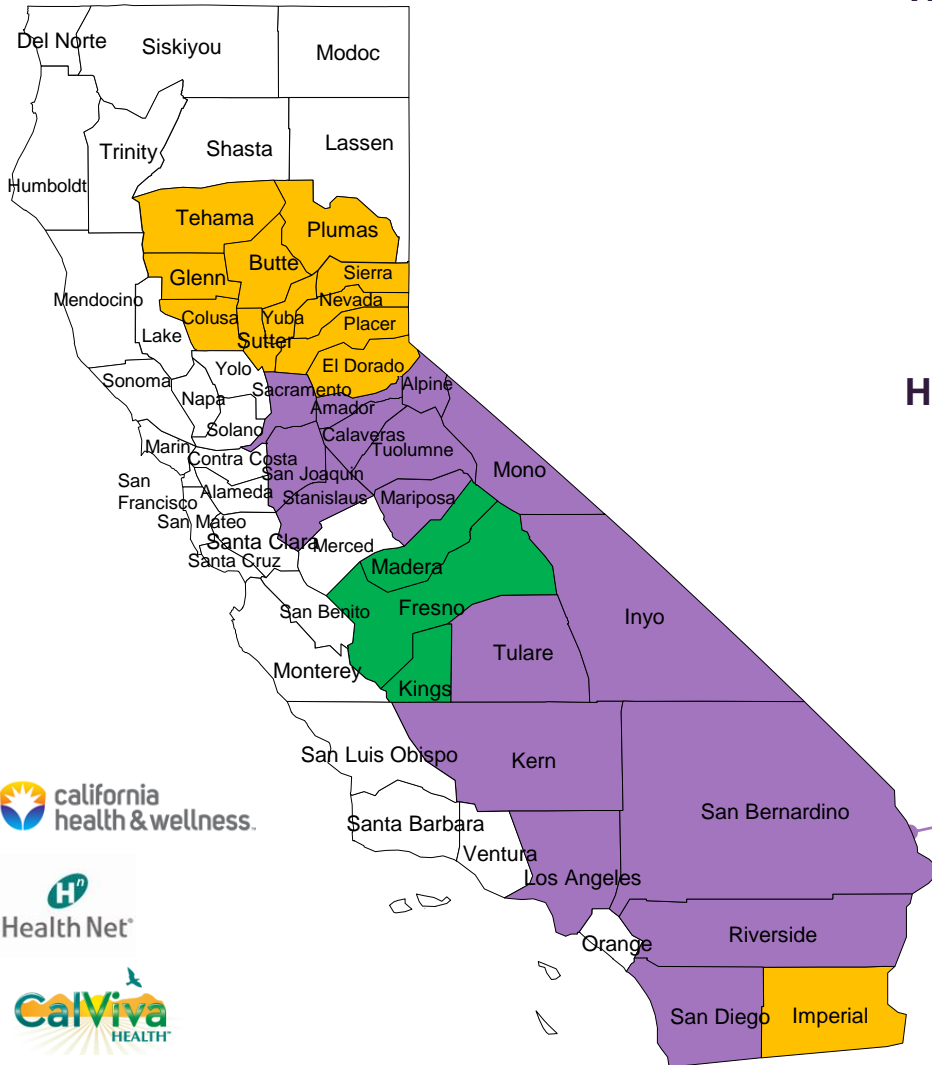
- Provides oversight of delegated and administrative functions
- Ensures standards and regulations are met
- Performs annual audit and on-going monitoring
- Reviews periodic reports
- Holds monthly management oversight meeting
- Regulatory agency liaison
- Provide a forum for member participation and engages with and supports the community

CalViva Health contracts with Health Net Community Solutions (“Health Net”) to provide administrative and health care services to Medi-Cal members on CalViva Health’s behalf

*If you are a provider contracted with **CalViva Health** through a delegated medical group, please note:

Providers contracted with delegated medical groups must follow the medical group’s policies and procedures for claims, authorizations, appeals, and referring patients for case management. If you have questions please reach out to your Medical Group Provider Contact.

Health Net : Local Accountability with National Capability



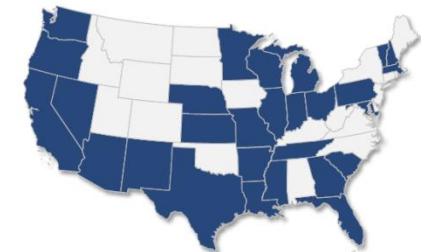
Health Net Medi-Cal Plans and Partners:
 Health Net Community Solutions
 California Health and Wellness
 CalViva Health and Molina HealthCare*

31 Counties
 2M Medi-Cal Members
 6,000+ Primary Care Providers

**Health Net Covers All Lines of Business:
 Medi-Cal, Commercial & Medicare)**

52 counties
 3M+ Members

*CA is 1 of 31 States in
 Centene's National Network*



*Health Net is a contracted partner to Molina Healthcare in San Bernardino and Riverside counties

Health Net's Provider Relations Offers Support to CalViva Health



We believe in transforming the health of the community one person at a time by offering unique, cost-effective coverage solutions for low-income populations through locally based health plans and a wide range of specialty services

Our goal is to deliver personalized and effective training, tools and other support to assist you in providing care to CalViva Health members in the most efficient and satisfying manner possible

A vital part of our Provider Relations service philosophy centers on direct personal communication with Providers, and we welcome your feedback

Products we support:

Medi-Cal, Medicare, Commercial (On and Off Exchange)

Services we offer:

- In person Support
- Operational Support to resolve process or other issues
- Liaison to Internal Departments (ex. Claims, Eligibility)
- Training and Education – In person or webinars
- Reference Materials and Tools

Thank you for allowing us the opportunity to assist in making your experience with CalViva Health and Health Net a positive one

You can reach our team @HN_Provider_Relations@healthnet.com



Provider and Member Services



Customer Service Center **(888) 893-1569**

CalViva Health contracts with Health Net to manage CalViva Health members. CalViva Health has a dedicated call center available 24 hours per day, 7 days a week for Providers and Members.



CalViva Health contracts with Health Net to provide operational support. All provider needs are managed by Health Net and we encourage you to register on the Health Net Provider Portal at www.healthnet.com

Most operational needs can be handled on-line:

- Verify eligibility
- Check claims status
- Access the Medi-Cal Recommended Drug List
- Access our Provider Library:
 - Provider Operations Manual
 - Network Updates
 - Training Materials
 - Medical Contact and Resources

■ We are here to help answer your questions

Care Support

- Care Management Support (Chronic Disease/Case Management)
- Transportation
- Interpreter Services
- Gateway to Nurse Advice Line

Administrative Support

- Eligibility
- Benefits
- Claims
- PCP Change
- Grievances
- Disputes/Appeals

Provider Web Support
(866) 458-1047

Keeping You Informed



Medi-Cal Operations Guide

- Hard Copy distributed upon contracting with Health Net or by request
- Electronic version accessible through the Health Net provider portal

Medi-Cal Provider Toolkit

- Education and Operational Tools
- Medi-Cal Contacts and Resources

Provider Communications

- Provider Updates are sent via fax or mail to inform you of important operational, regulatory or contractual changes
- Also available on-line at www.healthnet.com



All Provider Communications, Tools and Resources can be found on our Provider Portal at

<https://healthnet.com/portal/provider/home.ndo>

Medi-Cal Enrollment and Eligibility Process



People who meet Medi-Cal eligibility requirements typically fall into two categories:

- Mandatory Enrollment Aid Categories (No Share of Cost)
- Voluntary Enrollment Aid Categories

Health Care Options (HCO) is the enrollment contractor that works with DHCS to manage the enrollment process. HCO helps people understand Medi-Cal benefits and the different managed care options available to them.

- Beneficiaries who do not choose a health plan on the Medi-Cal Choice Form are assigned to Health Plans by the HCO based on DHCS criteria (“default” membership)
- Beneficiaries who have selected or been assigned by DHCS to CalViva Health, but neglected to select a PCP will be assigned a PCP (auto-assignment). CalViva Health uses member’s zip code, language preferences and other criteria to try and make the best selection on behalf of the member

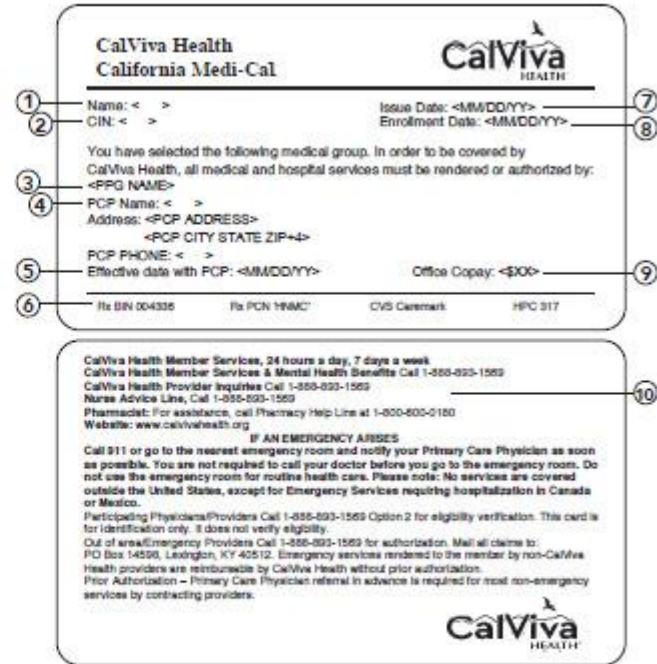
The process to determine eligibility and complete assignments typically takes between 15-45 days. Patients who want to enroll in CalViva Health can call our **enrollment service line at (877) 618-0903**

There are multiple ways to check a members’ eligibility status:

- www.provider.healthnet.com
- www.dhcs.ca.gov
- **CalViva Health Provider Services (888) 893-1569**
- **Medi-Cal AEVS (800) 456-2387**
- **EDS Point of Service Device**

Medi-Cal Member Identification Card

1. Name – Name of member.
2. CIN – State-assigned Client Index Number (CIN).
3. PPG Name – Name and telephone number of the participating physician group (PPG) to which the member is assigned, if applicable.
4. PCP Information – Name, address and telephone number of the member’s assigned primary care physician (PCP) or federally qualified health center (FQHC)/rural health clinic (RHC), if applicable.
5. Effective Date with PCP – Date the member was assigned to the PCP or FQHC/RHC, if applicable.
6. Pharmacy Information – Contact and claims information for prescription medication processing vendor.
7. Issue Date – Date the ID card was issued.
8. Enrollment Date – Date the member was enrolled with CalViva Health.
9. Copayment – Out-of-pocket expense the member is required to pay for covered services (varies by plan).
10. Important Telephone Numbers – CalViva Health contact telephone numbers.



- Standard practice is for all members being seen at your practice to have eligibility reviewed at each visit
- Verifying eligibility on both www.medi-cal.com and www.healthnet.com will result in proper and timely payment
- Eligibility can also be verified by calling **Customer Service at (888) 893-1569**



Request for PCP/PPG Change



Members have the right to change PCP's every 30 days, though it is not encouraged. PCP changes vary by PPG policy. Please check with your assigned PPG. If a member presents in your office and your name does not appear on their ID Card, you can have a member complete a Request Form to have the member re-assigned to your practice. Members must attest to the questions on the Request form. If all are answered NO then a PCP change can be made. If member has received services by another provider the change will become effective the following month.

Request for PCP Change Form

If faxed on Date of Service:

- Requires Member Signature
- Requires Member ID#
- Member must answer NO to all questions regarding prior services rendered
- Takes up to six days to update in the Health Net system

Members can request PCP change prior to their visit by calling:

CalViva Health Member Services
(888) 893-1569



Request for PCP/PPG Change Form

New PCP Name:			
Location:			
License/ Clinic#:			
PPG Name:			
Reason For request:			
	Member's Name	Date of Birth	CIN#
1			
2			
3			
Please check Yes or No:			
Is the member currently hospitalized?			Yes No
Is the member in her 3rd trimester of pregnancy?			
Did the member receive any services with the assigned PCP/PPG?			
Is the member currently receiving treatment?			
Is the member scheduled to receive future treatment (surgery, specialist care, etc.)?			
Has the member recently delivered a baby within the past 60 days?			
Does the member have an infant less than 60 days old who is currently in the hospital?			
Did the member receive any services in the emergency room?			
<small>Please read Disclaimer: Any prior authorization submitted to or approved by the existing PCP/PPG will no longer be valid with the new PCP/PPG. If a member becomes hospitalized prior to the effective date of change, the member will be changed back to existing PCP/PPG until the episode of care is complete. If the mother of a newborn request a PCP/PPG change prior to her first post-partum visit, (which usually occurs within 40 days of delivery), the change cannot be processed. (Only exception is if the requested PCP is in the same PPG).</small>			
Member's Signature: _____			
Member's Address: _____			
Member's Phone #: _____			
Name of Staff Member Completing Transfer: _____			
Staff Member's Phone #: _____ Ext. #: _____ Fax #: _____			
Additional Information: _____			
<small>(Please check none)</small>			
Today's Date: ___/___/___		<input type="checkbox"/> Fax <input type="checkbox"/> E-mail Effective Date: ___/___/___	
OFFICE USE: Date change entered: ___/___/___		Rep's Name: _____	

Fax request to: Calviva Health
 Medi-Cal Member Services
 (818) 676-5161 or (818) 676-5494
 (800) 281-2999
 Email request to:
 SHPPROVIDERREQUEST@healthnet.com

DHCS Staying Healthy Assessments



Primary Care Physicians should reach out and establish a relationship with all newly assigned Members. All new members must receive an Initial Health Assessment within 120 days of enrollment per DHCS guidelines

- New members should receive an IHA (Initial Health Assessment) within 120 days of enrollment in Medi-Cal or upon assignment to your practice
- DHCS requires that Medi-Cal providers use the applicable Age-Group specific Staying Health Assessment (SHA) form (including senior members) to document annual visit assessments
- IHA and SHA forms can be downloaded at <https://healthnet.com/portal/provider/home.ndo> or on the DHCS website at: <https://www.dhcs.ca.gov>
- **All completed forms must be placed in the member's medical record**
- For any members with mild to moderate substance use disorders, the provider should also complete an SBIRT (Screening, Brief Intervention for Alcohol and Referral for Treatment) to address specific conditions and future treatment recommendations

Staying Healthy Assessment

(Staying Healthy Assessment)

12 - 17 Years (12-17 Years)

Name (first & last) <i>Jane Doe</i>	Date of Birth <i>04-01-99</i>	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Today's Date <i>9-10-13</i>	Grade in School: <i>9</i>
Person Completing Form <i>Self</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardian	<input type="checkbox"/> Other (Specify)		School Attendance Regular? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

				Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Clinic Use Only:
				Nutrition
1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu? <i>(Drinks/eats 3 servings of calcium-rich foods daily)</i>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Skip
2	Do you eat fruits and vegetables at least 2 times per day? <i>(Eats fruits and vegetables at least 2 times per day?)</i>	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Skip
3	Do you eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week? <i>(Eats high fat foods more than once per week?)</i>	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Skip
4	Do you drink more than 12 oz. (1 soda can) per day of juice drink, sports drink, energy drink, or sweetened coffee drink? <i>(Drinks more than 12 oz. per day of juice/sports/energy drink, or sweetened coffee drink?)</i>	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Skip
5	Do you exercise or play sports most days of the week? <i>(Exercises or plays sports most days of the week?)</i>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Skip
				Physical Activity

Common Benefit Offerings



Consult the Provider Operations Manual for more specifics

Medical Services Offered by CalViva Health	Behavioral Health Services
Care Management Services	MHN is responsible for Mild to Moderate Services Call MHN 1-888-935-5966 for more details
Dental Services (limited to certain counties)	<ul style="list-style-type: none"> • Attention Deficient Disorder and Autism testing
Durable Medical Equipment	<ul style="list-style-type: none"> • Individual/group evaluations and treatment (psychotherapy)
Emergency Ambulance	<ul style="list-style-type: none"> • Outpatient services (labs, medication and supplies)
Emergency Care	<ul style="list-style-type: none"> • Outpatient services to monitor medication therapy
Family Planning, incl Therapeutic and elective pregnancy termination	<ul style="list-style-type: none"> • Psychiatric services
Gender Alignment	<ul style="list-style-type: none"> • Psychological testing
Health Education Material/Education	Moderate to Severe Services are provided by the County
Home Health Care/Hospice	Services Provided by County Agencies
Hospitalization	CCS-eligible conditions
Interpreter Services	Moderate to Severe Behavioral Health Services
Maternity and Newborn Care	Services provided at Regional Health Centers
Acupuncture	Non-Covered Services
Podiatry Services	Cosmetic Surgery
Prescription/over the counter drugs	Routine Circumcisions
Routine adult and pediatric examinations	Services to reverse surgically-induced infertility
Skilled Nursing Facility	Services provided outside of the United States, except for emergency services requiring hospitalization in Canada or Mexico
Specialist Consultations	
Transportation, Non-medical, authorized	
Vision services	

Free Transportation for CalViva Health Members



Benefits available:

- Rides to and from medical appointments
- Picking up drug prescriptions, medical supplies, prosthetics and orthotics
- No trip limits
- Curb to curb services
- Unlimited miles
- Travel by car, van, taxi, mass transit & more

To request call (855) 253-6864

- At least 5 days in advance
- Provide member ID#, name, address, appointment date/time and pick-up time/place
- Request can be made by providers and members

A promotional flyer for CalViva Health's free medical transportation benefit. The flyer has a green header with the text "CalViva Health Is Making Lives Better with Free Rides to and from Your Health Care Appointments!". Below the header is a photo of a doctor in a white coat smiling at an elderly woman. To the right of the photo is a green box with the text "Free rides to and from health care visits! Please call 1-855-253-6864." Below the photo and green box is the CalViva Health logo. The bottom section of the flyer is white with a green border and contains the following text: "Members can now manage their health with a free medical transportation benefit." followed by a list of benefits: "Our free ride benefit includes: • Rides to and from your medical appointments. • Picking up drug prescriptions, medical supplies, prosthetics, and orthotics. • No trip limits. • Curb-to-curb service. • Unlimited miles. • Travel by car, van, taxi, mass transit, and more!" To the right of this list is a steering wheel icon. At the bottom of the flyer is an orange box with the text: "To reserve your ride, call 1-855-253-6864 at least five days before your office visit."

Preferred Drug List (PDL) / Formulary



- Accessible in full version on the provider portal
- Updated monthly
- Certain over the counter medications may be covered with prescription
- Certain prescriptions may require authorization
- Refer to the Provider Operations Manual for more specifics

HN Pharmacist & Physician Services
(800) 548-5524

Prior Authorization Envolv Services
(800) 867-6564 option 2

Prior Authorization Fax Form
(800) 977-8226

After-hours Urgent Request
(800) 600-0180

PRESCRIPTION DRUG PRIOR AUTHORIZATION REQUEST FORM

Plan/Medical Group Name: _____ Plan/Medical Group Phone#: (____) _____
Plan/Medical Group Fax#: (____) _____

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization request.

Patient Information: This must be filled out completely to ensure HIPAA compliance

First Name:	Last Name:	MI:	Phone Number:
Address:		City:	State: Zip Code:
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Circle unit of measure Height (in/cm): _____ Weight (lb/kg): _____	Allergies:
Patient's Authorized Representative (if applicable):		Authorized Representative Phone Number:	
Insurance Information			
Primary Insurance Name:		Patient ID Number:	
Secondary Insurance Name:		Patient ID Number:	
Prescriber Information			
First Name:	Last Name:	Specialty:	
Address:		City:	State: Zip Code:
Requestor (if different than prescriber):		Office Contact Person:	
NPI Number (individual):		Phone Number:	
DEA Number (if required):		Fax Number (in HIPAA compliant area):	
Email Address:			
Medication / Medical and Dispensing Information			
Medication Name:			
<input type="checkbox"/> New Therapy <input type="checkbox"/> Renewal			
If Renewal: Date Therapy Initiated:		Duration of Therapy (specific dates):	
How did the patient receive the medication?			
<input type="checkbox"/> Paid under Insurance Name: _____		Prior Auth Number (if known): _____	
<input type="checkbox"/> Other (explain): _____			
Dose/Strength:	Frequency:	Length of Therapy/#Refills:	Quantity:
Administration: <input type="checkbox"/> Oral/SL <input type="checkbox"/> Topical <input type="checkbox"/> Injection <input type="checkbox"/> IV <input type="checkbox"/> Other: _____			
Administration Location:		<input type="checkbox"/> Patient's Home	<input type="checkbox"/> Long Term Care
<input type="checkbox"/> Physician's Office		<input type="checkbox"/> Home Care Agency	<input type="checkbox"/> Other (explain): _____
<input type="checkbox"/> Ambulatory Infusion Center		<input type="checkbox"/> Outpatient Hospital Care	_____

New 08/13

HEDIS Incentive Programs



CalViva Health and Health Net believe in improving the health of our members, one person at a time. We offer supplemental payments to providers in recognition for their efforts to improve quality outcomes of our members.

HEDIS Incentive Program (PCPs eligible)

- \$50-\$150 for completion of certain HEDIS services, as evidenced by claim or encounter submission
- Measures must be completed within the applicable measurement year
- Services must follow HEDIS measurement guidelines and requirements
- Care Gap reports showing members in need of services are delivered to providers on a routine basis

Please contact Provider Relations at @HN_Provider_Relations@healthnet.com for more information, request training, or have questions about forms or Care Gap Reports

****incentive Programs may vary by county and product, and additional eligibility requirements may apply.*

Health Education and Cultural and Linguistic Services



Health Education

Health Education department has free programs, services and resources for members and providers

- Free health education classes to provider groups, schools, hospitals and community based organizations
- Free health screenings at health fairs
- Member Newsletter
- Pregnancy Program
- Preventative Screening Guidelines
- California Smoker's Helpline
- Fit Families for Life-Be in Charge
- myStrength Program-Online Mental Wellness
- T2X- Health texting reminders for teens and young adults
- **Order forms for education materials are available by calling (800) 804-6704**

Cultural & Linguistic Services

Helps ensure that materials and interpreter services are available in member's language

Interpreter Services

- Free health education material in threshold languages
- Request interpreter service (888)893-1569
- 24-hour access at no cost
- 72-hour notice for in person interpreter service request
- Qualified interpreters trained on health care terminology

Interpreter education materials are available by calling our *Cultural & Linguistic Services Department (888) 893-1569*

Support for your members with complex or serious chronic conditions



Care Management Services

Any provider as well as a member or caregiver can request assistance

Our Care Management team can assist with specific health conditions as well as provide resources for support, such as:

- Pre-natal education and service directories
- Member education: disease specific, prescription compliance, etc.
- Referrals for housing, food or other needs
- Assistance to coordinate referrals, transportation, ancillary support services (such as DME or Home Health)
- Coordinate needs for frequent Inpatient or Emergency Dept. patients

Providers submit referrals via:
FAX CCM Referrals to (866) 581-0540
or email CASHP.ACM.CMA@healthnet.com

Members can request assistance directly
by calling (888) 893-1569

Care Management Referral Form



DIRECTIONS:
 For Medi-Cal members, email the completed form to CASHP.ACM.CMA@healthnet.com or fax it to 1-866-581-0540.

Part 1: Referring Source

First and last name:		Referral date:
Office contact person:	Telephone number:	Fax number:

For which care management program/service are you making a referral? (check all that apply)

Case Management Disease Management

Part 2: Member Information

Member first and last name:	Medi-Cal ID#:	Date of birth:
Member address:	City:	ZIP code:
Member telephone number:		

Member diagnosis/health condition:
 (Check all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Kidney disease
<input type="checkbox"/> Back pain	<input type="checkbox"/> Obesity-weight management
<input type="checkbox"/> Behavioral health	<input type="checkbox"/> High-risk pregnancy
<input type="checkbox"/> Depression	<input type="checkbox"/> Prematurity and/or developmental delays
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Sickle cell disease
<input type="checkbox"/> Autism	<input type="checkbox"/> Smoking cessation
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Congestive heart failure	<input type="checkbox"/> Transplant
<input type="checkbox"/> COPD	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Hemophilia	
<input type="checkbox"/> Cancer	
<input type="checkbox"/> HIV/AIDS	
<input type="checkbox"/> Hypertension	

Please check if any of the following referral reasons apply to the member:

Member needs prenatal care education and support services.
 Member needs disease management/health coaching for his/her illness or condition.
 Member needs referral for: housing/shelter, food, other (specify) _____
 Member needs education on prescriptions and compliance.

Member Grievances



In the event a member has a complaint and wishes to take action, members can:

- Ask to complete a Grievance Complaint Form while in your office. Providers must have these forms readily available
- Call Member Services and file a verbal grievance at (888) 893-1569
- Submit a grievance online at www.calvivahealth.org
- California Department of Social Services-fair Hearing Dept. (800) 952-5253 or (800) 952-8349 TDD
- Contact the Ombudsman Program (888) 452-8609

The Health Plan has 30 calendar (or within 72 hours if this is an urgent issue) days from the receipt of the grievance to investigate and respond to the member



Member Grievance/Complaint Form			
Date: _____			
Please print all information.			
Complainant information:			
Name _____	() Work Phone Number _____	() Home Phone Number _____	
Address _____	City _____	State _____	Zip Code _____
Name of person(s) related to complainant:			
Name _____		# _____	
Name _____		# _____	
Name _____		# _____	
Nature of complaint: [Check all that apply]			
<input type="checkbox"/> Marketing	<input type="checkbox"/> Difficulty disenrolling	<input type="checkbox"/> Member billing	
<input type="checkbox"/> Quality	<input type="checkbox"/> Transportation	<input type="checkbox"/> Accessibility to care	
<input type="checkbox"/> Emergency care	<input type="checkbox"/> Staff attitude	<input type="checkbox"/> Authorization	
Other: _____			
Problem statement: Date of Occurrence: _____ Location: _____			
Describe the problem/complaint in detail:			

I have received a denial for coverage for treatment, services, or supplies deemed experimental and have an incurable or irreversible condition that has a high probability of causing death within one year or less.			
Yes, I am requesting a conference: _____			
Use the back of this form if additional space is needed.			

Medi-Cal Claims Submission



Paper claims submission

Claims, tracers, adjustment request, and denial reconsideration

Health Net Community Solutions, Inc. or CalViva Health

Medi-Cal Claims

P.O. Box 9020

Farmington, MO 63640-9020

- Claims must be submitted within 180 days from date of service
- Claims processed within 30-45 days from date of receipt
- Providers have 1 year from date of payment/denial to appeal, contest or resubmit

Electronic claims submission information

Electronic Data Interchange (EDI) (800) 977-3568

Clearinghouse: Caprio, HERAE and MD on-line

Billing Questions?

**Provider Services
(888) 893-1569**

**<https://healthnet.com/portal/provider/home.ndo>
or
www.dhcs.ca.gov**

Resources



Telephone Services

- CalViva Customer Services 1-888-893-1569
- Web Portal Support: 1-866-458-1047
- Enrollment Service Line: 1-877-618-0903
- Cultural & Linguistic Services: 1-800-977-6750
- Pharmacist/Physician Services: 1-800-548-5524
- Transportation: 1-855-253-6863
- Care Management Services 1-866-801-6291
- Behavioral Health Services 1-800-289-2040



Internet Access

All forms, tools and resources can be found on the Health Net Provider Portal at:

- <https://healthnet.com/portal/provider/home.ndo>
- All state Medi-Cal specific information can be found at www.medi-cal.ca.gov
- Provider Relations:
HN_Provider_Relations@healthnet.com
- Case Management:
CASHP.ACM.CMA@healthnet.com