

NEW Provider Training Health Net Medi-Cal

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

Welcome to Health Net!



UC Davis Health and Health Net have partnered to pilot an Accountable Care Organization (ACO) program that will improve the system of care for the community surrounding UC Davis Medical Center. The program objectives include: improving outcomes, delivering care in the most appropriate settings, leveraging community programs to address social determinants of health and improving the member's experience through a personalized approach to care.

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

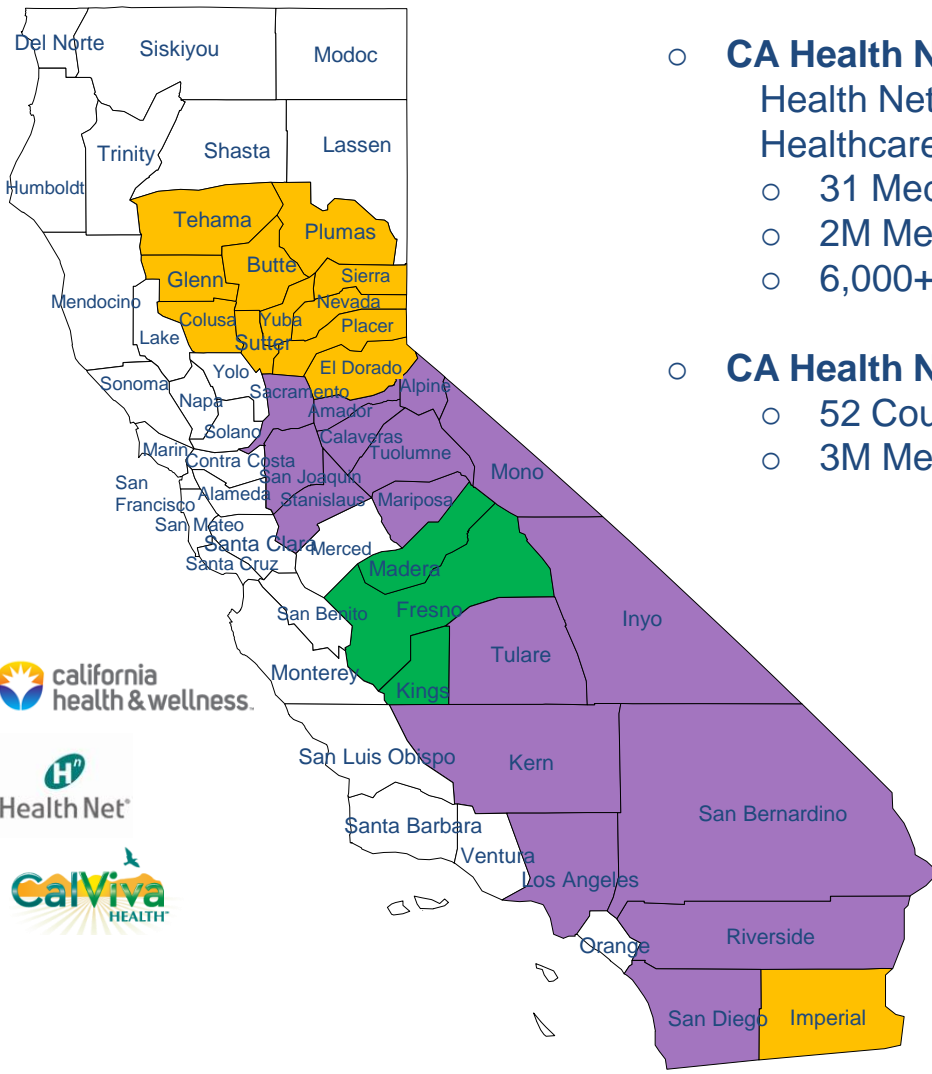
Topics Included:

- About 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
- Transportation Benefits
- Recommended Drug List
- HEDIS Incentives
- Health Education and Cultural and Linguistic Services
- Care Management - support for your complex or challenging patients
- Member Grievances
- Medi-Cal Claims Submission
- Resources and Contacts

Health Net and Our Partners



Local Accountability with National Capability



- **CA Health Net Medi-Cal Plans & Partners:**
 - Health Net Community Solutions, CalViva Health and Molina Healthcare *
 - 31 Medi-Cal Counties
 - 2M Medi-Cal Members
 - 6,000+ Primary Care Providers

- **CA Health Net (Medi-Cal, Commercial, Medicare)**
 - 52 Counties
 - 3M Members



1 of 31 States in Centene's National Network



As of June 30, 2018

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

Health Net's Provider Relations Team



Our goal is to deliver personalized and effective training, tools and other support to assist you in providing care to our 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:

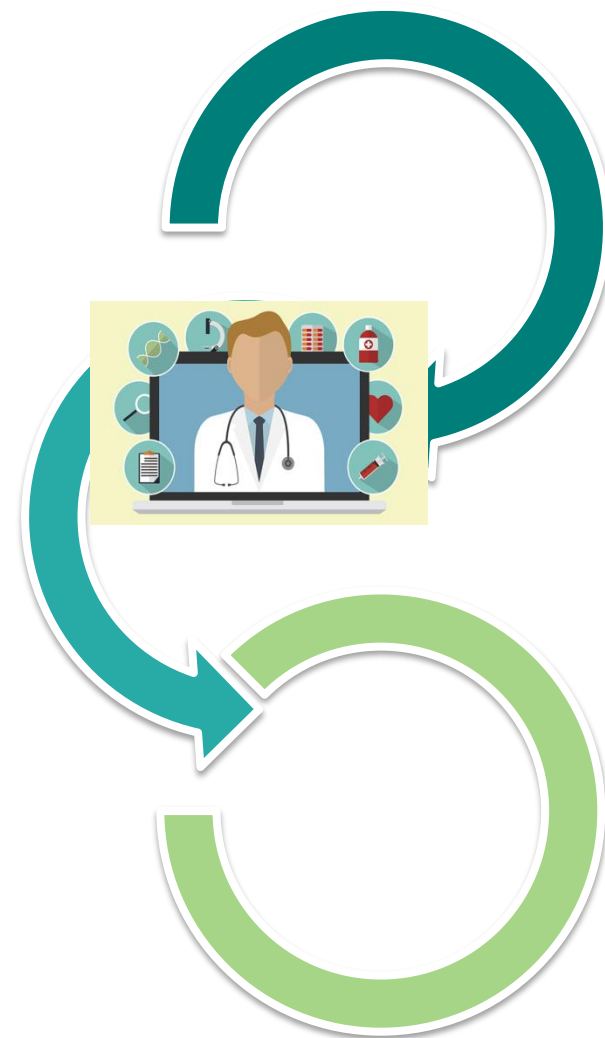
Medi-Cal, Medicare, Commercial (On and Off Exchange)

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 webinar*
- *Reference Materials and Tools*

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

You can reach our team @ HN_Provider_Relations@healthnet.com



Provider and Member Services



Customer Service Center
(800) 675-6110

Available 24 hrs. per day, 7 days a week
Providers and Members can call

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



We encourage you to register on our Provider Portal
<https://healthnet.com/portal/provider/home.ndo>

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

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 portal

Medi-Cal Provider Toolkit

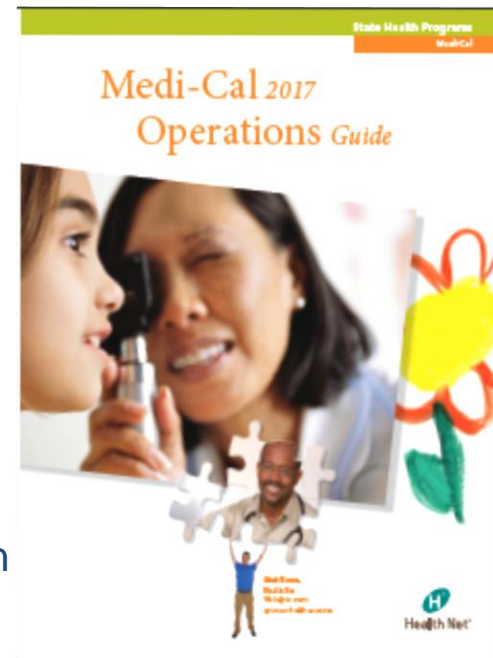
- Education and Operational Tools
- Medi-Cal Contacts and Resources

Provider Communications

- Provider Updates are sent via fax or mail to inform you of important operational changes, regulatory legislative or contractual information

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 are assigned by DHCS to Health Net, but neglected to select a PCP will be assigned a PCP (auto-assignment). Health Net 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 for those patients wanting to enroll in Health Net please call our **enrollment service line (800) 327-0502**

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

- www.provider.healthnet.com
- www.medi-cal.ca.gov
- Health Net Provider Services (800) 675-6110
- Medi-Cal AEVS (800) 456-2387
- EDS Point of Service Device

		Issue Date: 06/10/2006	
1 Group Name: XYZ, INC.		6	10
2 Member Name: JOHN SAMPLE	Enrollment Date: 05/01/2004	7	
3 Member ID #: 01234567A	Group #: 0005900	8	
4 Health Net Member Services, 24 Hours Member Inquiries and Provider Inquiries (800) 675-6110 Pharmacist: For assistance, call Pharmacy Help Line at 1-800-600-0180	HPC:XXX Rx BIN #004336 Rx PCN "HNMC" Rx AdvancePCS	9	

You have selected the following medical group for your care. In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by:

11 PPG NAME

12 PCP NAME: JOHN DOCTOR

13 PCP ADDRESS: 123 MAIN STREET
ANY CITY, CA 12345-6789

PCP PHONE: (123) 456-7891

Effective Date with PCP: 06/01/2006

Office Copay: \$0 RX

TO THE HEALTH NET MEMBER

This is your current Health Net identification card. Carry it with you at all times and present it to your Provider when you receive services. See your Evidence of Coverage or a description of your benefits.

IF AN EMERGENCY ARISES

14 Immediately telephone your Participating Provider Group and follow instructions given. If you are outside of the Health Net service area as defined in your Evidence of Coverage or Member Handbook, go directly to the nearest hospital emergency room for treatment and notify your Primary Care Physician as soon as possible.

MIM 2008 Medi-Cal MAINSTREAM

Participating Physicians/Providers Call 1-800-554-1444 for eligibility verification. This card is for identification only. It does not verify eligibility.

15 Out-of-area/Emergency Providers Call: 1-800-675-6110 for authorization. Mail all claims to: P. O. Box 14998, Lexington, KY 40512. Emergency services rendered to the member by non-HealthNet providers are reimbursable by Health Net without prior authorization.

Prior Authorization - Primary Care Physician referral in advance is required for all non-emergency services by contracting providers.

17 MEMBERSHIP AND PROVIDER SERVICES
(800) 675-6110



Identification (ID) Card Components

- Group Name – "Mainstream" for Kern, Los Angeles, Stanislaus, and Tulare counties; "GMC" for Sacramento and San Diego counties
- Member Name – Name of the member
- Member ID – State-assigned Client Index Number (CIN)
- Important Telephone Numbers – Health Net contact telephone numbers
- Pharmacy Information – Contact and claims information for prescription medication processing vendor
- Issue Date – Date the ID card was issued
- Enrollment Date – Date the member was enrolled with Health Net Medi-Cal
- Group # – Group number under which the member is enrolled. For Medi-Cal members, this number is always 0005900
- Health Plan Code – Also known as the prepaid project code, used for PM 160 INF form completion
- PPG Name - Name and telephone number of the participating physician group (PPG) to which the member is assigned, if applicable
- 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
- Effective Date with PCP – Date the member was assigned to the PCP or FQHC/RHC, if applicable
- Copayments – Out-of-pocket expense the member is required to pay for covered services (vary by plan)
- Emergency Information – Instructions to members on what to do for an urgent or emergency health problem
- Eligibility Verification – Contact information for member eligibility verification
- Out-of-Area/Emergency Contacts – Provider contact and claims information for out-of-area and emergency services
- Prior Authorization – Important information regarding prior authorization requirements



Standard practice is for all members being seen at your practice to have eligibility reviewed at each visit. Verifying eligibility on both www.dhcs.ca.gov and www.provider.healthnet.com will result in proper and timely payment.

Eligibility can also be verified by calling our:

Customer Service line at
(800) 675-6110

Request for PCP/PPG Change



Members have the right to change PCP's every 30 days, though it is not encouraged. If a PCP is affiliated with a participating provider group (PPG), then the PCP should follow the PPG policies as well

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 complete and sign a Request for PCP/PPG Change Form. If all responses are "NO", then the PCP change can be made. If member has received services by another provider, then the PCP change may not 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:

Health Net Member Services
(800) 675-6110



Request for PCP/PPG Change Form

Health Net Molina BND

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:			Yes	No
Is the member currently hospitalized?				
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 authorizations 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: Health Net
Medi-Cal Member Services
(800) 281-2999
(818) 676-5161 or (818) 676-5494
Email request to
SHPPROVIDERREQUEST@healthnet.com

Staying Healthy Assessment



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 at the DHCS website at <https://www.dhcs.ca.gov>
- **All 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)	Date of Birth	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Today's Date	Grade in School:
Jane Doe	04-01-99		9-10-13	9
Person Completing Form	<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardian			School Attendance Regular? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Self	<input type="checkbox"/> Other (Specify)			
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
				<i>Clinic Use Only:</i>
				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>	Yes	No	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>	Yes	No	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>	No	Yes	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>	No	Yes	Skip
5	Do you exercise or play sports most days of the week? <i>(Exercises or plays sports most days of the week?)</i>	Yes	No	Skip
				Physical Activity

Common Benefit Offerings



Consult the Provider Operations Manual for more specifics

Medical Services Offered by Health Net	Behavioral Health Services
Care Management Services	MHN is responsible for Mild to Moderate Services Call MHN (800) 289-2040 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, including 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 (exams every 2 years)	

Free Transportation for Health Net 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, and more

To request call (855) 253-6863

- 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



Health Net's Recommended Drug List



- Accessible in full version online
- Updated quarterly
- Select 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 Envoke Pharmacy Services
(800) 867-6564 option 2

Prior Authorization Fax Form
(800) 977-8226

After-hours urgent request
(800) 600-0180

Medication Prior Authorization Form

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



Health Net believes 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 & 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 Matters
- Preventative Screening Guidelines
- Quit for life Program
- Fit Families for Life-Be in Charge
- My Strength Program-Online Mental Wellness
- 2TX- Health texting reminders for teens and young adults

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 (800) 675-6110
- 24-hour access at no cost
- 72-hour notice for in person interpreter service request
- Qualified interpreters trained on health care terminology

Order forms for education materials are available on the Health Net provider portal or by calling our *Cultural & Linguistic Services Department (800) 977-6750*

Health Net offers 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
- Coordinate needs for high acuity patients

**Providers submit referrals via:
FAX CCM Referrals to (866) 581-0450 or email
CASHP.ACM.CMA@healthnet.com**

**Members can request assistance:
(800) 675-6110**

Care Management Referral Form



DIRECTIONS: To refer a Health Net Community Solutions Member to any of our care management programs or services (case management or disease management), please fax this completed form to 1-866-581-0540 or email the completed form to CASHP.ACM.CMA@healthnet.com. If you have questions about how to complete this form, please call the Health Net State Health Program's Care Management Department at **1-866-801-6294**.

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.
- Concerned about high emergency room utilization or frequent hospitalizations.
- Member needs transportation to medical appointments.
- Member needs assistance with medical equipment.
- Member needs assistance with behavioral health services.
- Other (specify) _____

Medi-Cal Claims Submission



Billing Questions?

Provider Services
(800) 675-6110

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

www.medi-cal.ca.gov

Paper claims submission

Claims, tracers, adjustment request, and denial reconsideration

Medi-Cal Claims

P.O. Box 9020

Farmington, MO 63640-9020

Electronic claims submission information

Electronic Data Interchange (EDI) (800) 977-3568
Clearinghouse: Caprio, HERAE and MD on-line


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

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 (800) 675-6110
- Call the California Department of Social Services- Fair Hearing Dept. (800) 952-5253 or (800) 952-8349 TDD
- Contact the Ombudsman Program (888) 452-8609

Health Net has 30 calendar 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 Telephone Number Home Telephone Number

 Address City State Zip Code

Name of person(s) related to complainant:

 Name #:
ID Number

 Name #:
ID Number

 Name #:
ID Number

Nature of complaint: [Check appropriate box(es)]

<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: _____
 Provider Name: _____

Describe the problem/complaint in detail:

Use the back of this form if additional space is needed.

Signature of Member Date
 (or signature of parent where member is a minor or incapacitated)



Telephone Services

- Health Net Provider Services (800) 675-6110
- Web Portal Support: (866) 458-1047
- Enrollment Service Line: (800) 327-0502
- Cultural & Linguistic Services: (800) 977-6750
- Pharmacist/Physician Services: (800) 548-5524
- Transportation: (855) 253-6863
- Care Management Services (866) 801-6291
- MHN (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
- CASHP.ACM.CMA@healthnet.com