Agenda

About Health Net

Our Members

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• Health Education
• Member Grievances

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• Staying Healthy Assessments
• PCP Transfers
• Access to Care Standards
• HEDIS Improvement Incentive Program

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• Claims, Claim Disputes/Appeals

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• Case Management
• Continuity of Care

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• Secure Provider Portal
• Provider Engagement
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Welcome to Health Net

We are pleased to provide this orientation that includes tools and resources to assist you and your staff in caring for our members. We offer local accountability with national capability.

Some facts about Health Net and our partners:

Plans: Health Net, CalViva Health, WellCare, California Health & Wellness

- 52 Counties
- 31 Med-Cal Counties
- 3 M Members
- 2 M Medi-Cal Members
- 6,000+ Primary Care Providers
- 1 of 28 States in Centene’s National Network
Important to Note:

If you are a provider contracted with Health Net through a delegated medical group then you must follow the medical group’s policies and procedures for claims, authorizations, appeals, credentialing, referring members for case management, etc.

If you have questions, please reach out to your medical group provider contact.

Medical group is used for PPG and/or IPA
- PPG= Participating Provider Group
- IPA= Independent Physician Association
Health Net Medi-Cal Members
Member Eligibility

Standard practice is for all members being seen at your practice to have eligibility reviewed at each visit.

There are multiple ways to check member’s eligibility status:

- Medi-Cal AEVS
  (800)456-2387
  www. Medi-cal.ca.gov
- Health Net Provider Portal
  provider.healthnet.com
- Health Net Provider Services
  (800) 675- 6110
Identification Cards

Sample Health Net Medi-Cal Mainstream Member ID Card

MEDI-CAL Identification Card

STATE OF CALIFORNIA
BENEFITS IDENTIFICATION CARD

ID No. 01234567A96144
JOHN Q RECIPIENT
M 05 20 1991 Issue Date 05 24 16

Identification (ID) Card Components

1. Group Name – “Mainstream” for Kern, Los Angeles, Stanislaus, and Tulare counties; “GMC” for Sacramento and San Diego counties
2. Member Name – Name of the member
3. Member ID – State-assigned Client Index Number (CIN)
4. Important Telephone Numbers – Health Net contact telephone numbers
5. Pharmacy Information – Contact and claims information for prescription medication processing vendor
6. Issue Date – Date the ID card was issued
7. Enrollment Date – Date the member was enrolled with Health Net Medi-Cal
8. Group # – Group number under which the member is enrolled. For Medi-Cal members, this number is always 00000000
9. Health Plan Code – Also known as the prepaid project code, used for PNM 160 N form completion
10. PPO Name – Name and telephone number of the participating physician group (PPG) to which the member is assigned, if applicable

Confidential and Proprietary Information
## Common Benefit Offerings - Some Benefits Listed Below

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Effective January 1, 2022 pharmacy benefits and services will transition from managed care to State's responsibility under the Rx benefit program known as Medi-Cal Rx.

As a prescribing Medi-Cal Provider, registration for the Medi-Cal Rx web portal will be required to access pharmacy services tools, pharmacy claim submissions and status updates.

Visit the Medi-Cal Rx website for more information

https://medi-calrx.dhcs.ca.gov/home/
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 Matters
• Preventative Screening Guidelines
• Quit for life Program
• Fit Families for Life-Be in Charge
• My Strength Program-Online Mental Wellness
• And more

CULTURAL AND LINGUISTIC SERVICES

C&L Department ensures that materials and interpreter services are available in member’s language.

Interpreter Services

• Free health education material in threshold languages
• Request interpreter services (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 www.healthnet.com or by calling our Cultural & Linguistic Services Department (800) 977-6750
In the event a member has a complaint and wishes to take action, members can:

- Ask to complete a Grievance Form while in provider’s office. Providers must have these forms readily available in office. Forms are available in the following link [https://providerlibrary.healthnetcalifornia.com/medi-cal/forms.html](https://providerlibrary.healthnetcalifornia.com/medi-cal/forms.html)

- Call Member Services and file a verbal grievance at (800)-675-6110

- Call the California Department of Social Services- Fair Hearing Department 1-800-952-5253 or 1-800-952-8349 TDD

- Contact the Ombudsman Program 1-888-452-8609

Health Net has 30 calendar days from the receipt of the grievance to investigate and respond to the member.
Provider Responsibilities
Staying Healthy Assessments

- The Department of Health Care Services (DHCS) requires all new Medi-Cal members complete their comprehensive Initial Health Assessments with their primary care provider within 120 days from plan enrollment. The Initial Health Assessment (IHA) can be completed by a primary care physician (PCP), nurse practitioner, certified nurse midwife, or physician assistant.

- The Initial Health Assessment must include completion of the age-appropriate Staying Healthy Assessment (SHA) form or Department of Health Care Services (DHCS) approved Individual Health Education Behavioral Assessment (IHEBA).

- The IHA is required by DHCS for all newly enrolled patients, including those with disabilities. Providers must follow DHCS requirements for completing the IHA, in accordance with DHCS Plan Letters.

- All forms must be placed in the member’s medical record file.

- For any members with mild to moderate substance use disorders, the provider should also complete an SABIRT (Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment) to members ages 11 years and older, including pregnant women to address specific conditions and future treatment recommendations.

- All forms are available to download on DHCS website at the following link:
  https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx
Members have the right to change their primary care providers (PCP) every 30 days. If a PCP is affiliated with a participating provider group (PPG), then the PCP should follow the PPG policies as well.

Members can request PCP change prior to their visit by calling Health Net Member Services at (800)675—6110

Or the provider can have the member complete a PCP Change Request Form to have the member reassigned to a practice.

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
- If member has received services by another provider within the same month, then the PCP change may not become effective until the following month.
- Fax number is listed at the bottom of the form
Access to Care and Availability Standards

Health Net's appointment accessibility and provider availability policies, procedures and guidelines for providers and health care facilities providing primary care, specialty care (including seldom used or unusual specialty services), behavioral health care, urgent care, ancillary services, and emergency care, are in accordance with applicable federal and state regulations, contractual requirements and accreditation standards.

Health Net and its participating providers are required to demonstrate that, throughout the geographic regions of Health Net's service area, a comprehensive range of primary, specialty, institutional, and ancillary care services are readily available and accessible within reasonable timeframes. Additionally, Health Net and its participating providers are required to demonstrate that members have access to non-discriminatory and appropriate covered health care services within reasonable period of time appropriate for the nature of the member's condition and consistent with good professional practice. This includes, but is not limited to, provider availability, waiting time and appointment access with established time-elapsed standards.

For more information about Access to Care and Appointment Availability Standards please visit

Health Net offers incentive payments to qualifying primary care providers in recognition for their efforts to improve quality of care for Health Net Medi-Cal members

- PCPs are awarded for care gaps closed in various HEDIS measures
- FQHC/RHC/IHS providers are awarded for meeting the minimum performance level (MPL) and having a certain % of improvement (1% for providers meeting MPL and 2% for providers below MPL) in various HEDIS measures.
- All 12 counties statewide with active W-9 on file
- Other eligibility requirements exist!

A useful tool to maximize your HEDIS incentive is Cozeva Portal

Providers have support in the following areas when they sign up on Cozeva Portal

- Track measure rates using the Registries scorecard
- View patient-level detail on gaps in care
- Track estimated/potential incentive payments
- Print face sheets to facilitate pre-visit planning
- Close data gaps instantly by uploading records
- More frequent incentives (quarterly vs. semiannual)

More timely and secure e-payments through PayPal Hyperwallet®
Claims
Claims and Appeals

Paper claims submission address:
PO Box 9020, Farmington, MO 63640-9020

Appeals submission address:
PO Box 419086, Rancho Cordova, CA 95741-9086

Electronic claims submission information
Electronic Data Interchange (EDI) (800) 977-3568

• Claims must be submitted within 180 days from date of service

• Claims process within 30-45 days

• Providers have 1 year from date of payment/denial to appeal, contest or resubmit a corrected claim

• For more information about claims and billing please visit Provider Library on Health Net’s website https://providerlibrary.healthnetcalifornia.com/medi-cal.html

• Or contact Provider Services at 800-675-6110
Utilization Management
Utilization Management

Health Net's utilization management (UM) program is designed to ensure that members receive timely, medically necessary and cost-effective health care services at the correct level of care. The scope of the program includes all members and network providers.

Elements of UM process are as follows
- Prior authorization
- Concurrent review
- Discharge planning
- Care management
- Retrospective review
Prior Authorizations

Primary care physicians (PCPs) and specialists should follow the guidelines below when completing the Inpatient California Medi-Cal Prior Authorization Form or the Outpatient California Medi-Cal Prior Authorization Form to request prior authorization of services.

Providers are required to complete all fields on the form as follows
• If the number of units or visits is not indicated in the Professional field, only one visit is authorized by Health Net. That visit must take place within 60 days of the order date. If more than one consultation is required, another request must be submitted to Health Net for review
• Designate the type of request (urgent or elective)
• Designate service requested to determine prior authorization requirements
• ICD-10 codes and CPT codes and descriptions are required fields
• Providers must attach all pertinent medical information for the request to be reviewed for medical necessity

All Prior Authorization Request Forms can be located on Provider Library
Case Management

The Complex Case Management program identifies members as being at high risk for hospitalizations or poor outcomes and who have barriers to their health care.

Trained nurse care managers, in collaboration with a multidisciplinary team, provide coordination, education and support to the member in achieving optimal health, enhancing quality of life and accessing appropriate services. Once a member is selected to participate in the program, a case manager contacts the member's provider to coordinate care.

- Providers may refer members for complex case management and complete the Care Management Referral Form ([Health Net PDF](#)).
- Members may self-refer to the program by calling the member services telephone number on the back of their identification (ID) card.
Under Health Net’s continuity of care (COC) policy, there are two types of COC, non-clinical and clinical COC.

Medi Cal members, their authorized representatives on file with Medi-Cal or their providers may initiate a request for continuity of care directly from Health Net. Health Net accepts verbal or written COC requests. Refer to the Member Services Department (Medi-Cal) for assistance

Health Net completes continuity of care requests within:
- 30 calendar days from the date of receipt
- 15 calendar days if the member’s medical condition requires more immediate attention, or
- Three calendar days if there is risk of harm to the member. Risk of harm is defined as an imminent and serious threat to the member’s health.

Upon completion of the COC review, the provider and the member will be notified of decision within seven calendar days. A request for COC is complete when:
- The member is informed of their right to continued access.
- Health Net and the non-participating FFS provider are unable to agree to a compensation rate.
- Health Net has documented quality-of-care issues, or
- Health Net makes a good faith effort to contact the provider and the provider has not responded to Health Net within 30 calendar days of Health Net’s effort to contact the provider.
Provider Resources
Save time navigating Health Net provider portal on provider.healthnet.com

- Register for the secure portal
- Learn how to submit claims online
- Get pharmacy information
- View webinar calendars
- Get medical policies at your fingertips
- Find frequently asked questions (FAQs) and answers
- And more
Register for the secure portal on provider.healthnetcalifornia.com

The provider portal can help make your job easier
• Manage your account
• Look up a member’s eligibility
• Find a member’s Schedule of Benefits
• Get easy access to medical management (prior authorization requests, health risk assessments (HRAs), care plans, health records)
• Submit claims
• Other functions are also available on the provider website

Screen shots may not match the current look of the provider portal.

1Some features or functions may only be available based on provider type.
CalAIM (California Advancing and Innovating Medi-Cal) is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program.

We have developed a thorough optional training program designed to ensure the successful deployment of CalAIM. The trainings includes the following topic:

1. General managed care 101 overview and how it impacts CalAIM
2. Member engagement and data sharing process with our plan for Enhanced Care Management (ECM)
3. Referrals, Authorization, and Claims process for ECM and Community Supports (CS)
4. And more

You can access CalAIM Webinar Recordings in the following Link

Recordings
Instructions how to access recordings (PDF)
- Health Net and CalViva CalAIM Managed Care 101 recording
- Enhanced Care Management (ECM) Member Engagement and Data Sharing recording
- Health Net/CalViva ECM/Community Supports Overview for Existing Providers recording
- Health Net/CalViva Community Supports Referrals, Authorizations, and Claims recording
- Health Net/CalViva ECM Referrals, Authorizations, and Claims recording
- Find help overview for CalAIM providers
Provider Engagement team goal is to deliver personalized and effective training, tools and other support to assist providers in providing care to our members in the most efficient manner.

A vital part of our Provider Engagement service philosophy centers on direct personal communication with Providers.

Products we support:
Medi-Cal, Medicare, Commercial

Services we offer:
• In person Support
• Operational Support to resolve issues of highly escalated nature
• Provider Training and Education – In person or webinar
• Resources 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
Contact Resources

• Customer Services: 1-800-675-6110 to request the following:
  Interpreter Services, Transportation, Eligibility, claims issues, Case Management, etc.

• Enrollment Service Line:
  1-800-327-0502

• Cultural & Linguistic Services:
  1-800-977-6750

• Web and Secure Portal:
  ▪ provider.healthnet.com
  ▪ 1-866-458-1047
  ▪ provider.healthnetcalifornia.com

• Provider Engagement:
  HN_Provider_Relations@healthnet.com

• www.medi-cal.ca.gov
THANK YOU for reviewing this new provider training deck. For more detailed information about provider tools and resources available for newly contracted providers please visit provider.healthnet.com< Resources for you< New Provider Welcome Packets