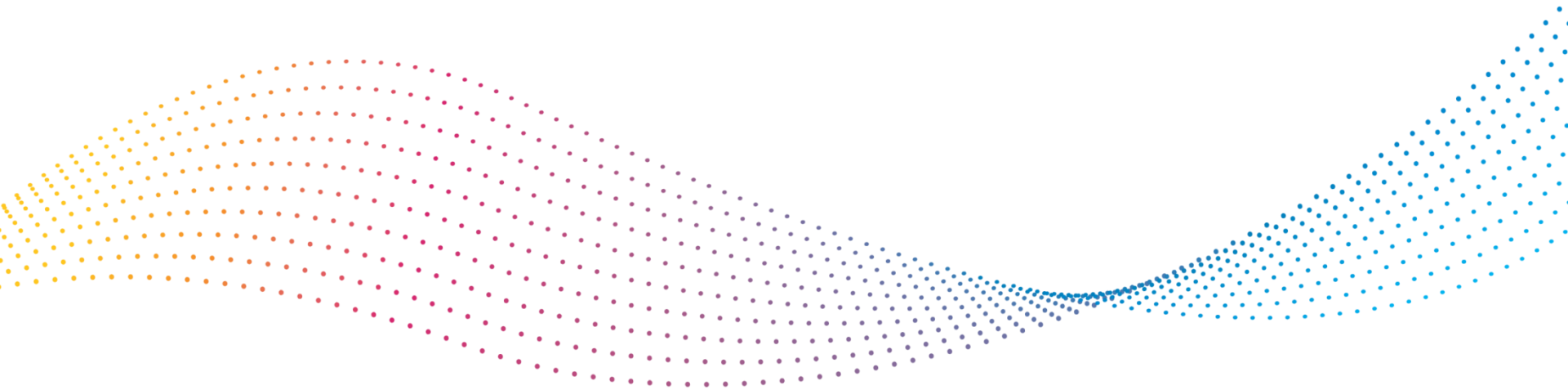


# NEW Provider Training Health Net



# 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 Medi-Cal members.

## Topics Included:

- Provider Support
- Medi-Cal Eligibility and Benefits
- Resources and Contacts

In addition, we've also included other resources:

- Medi-Cal Operations Guide
- ICE Cultural and Linguistic Toolkit *Better Communication, Better Care; Provider Tools to Care for Diverse Populations*
- Training Attestation Form *that confirms provider received the training and signs*

\*If you are a provider contracted with **Health Net** 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.

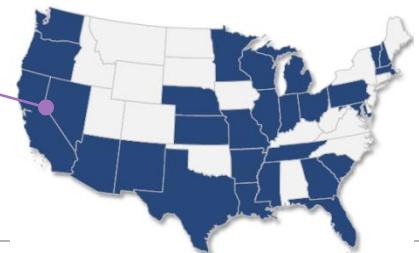
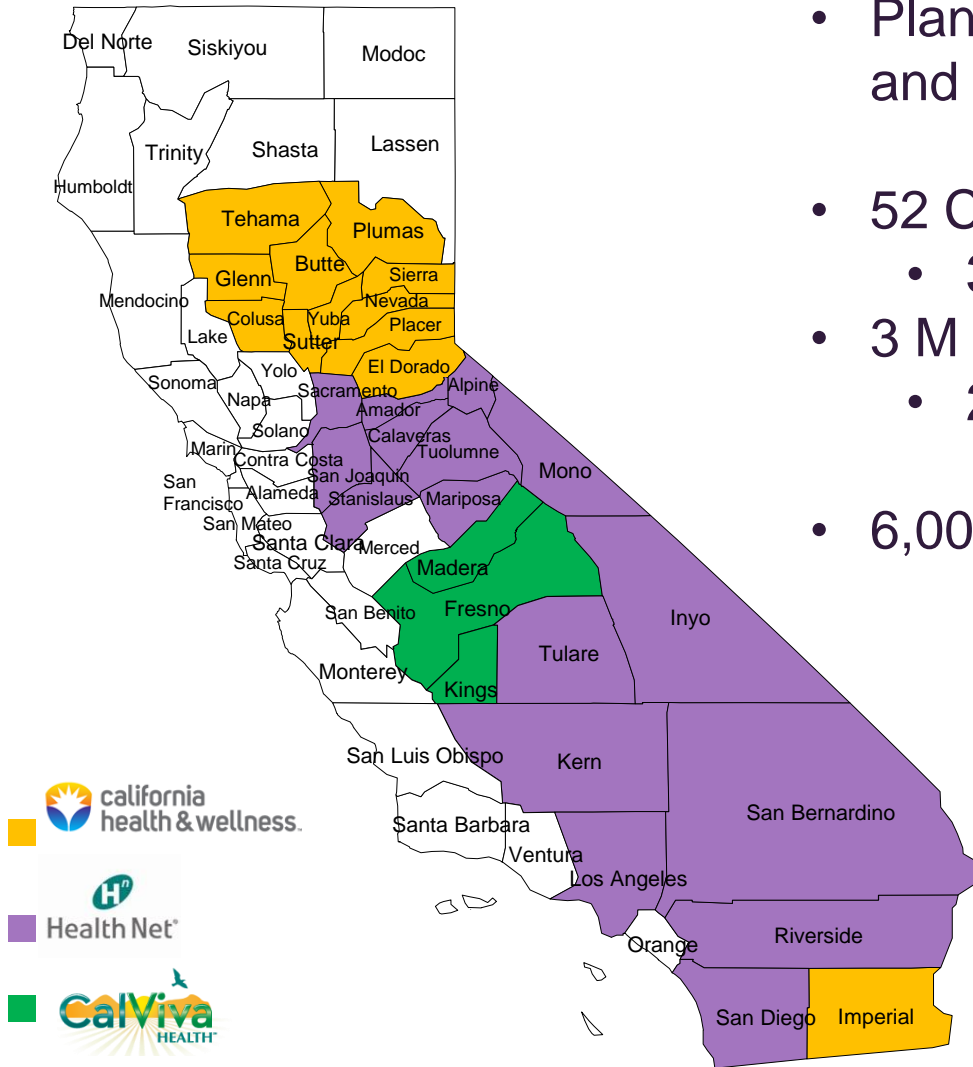
If you have questions please reach out to your Medical Group Provider Contact.

# Health Net and Our Partners:

## Local Accountability with National Capability

- Plans: Health Net, CalViva Health and 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*



# 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 encourage you to register on our Provider Portal

***Provider Web Site [www.healthnet.com](http://www.healthnet.com)***

[Link registration page](#)

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](#)

▪ GRAPHIC OF MED/PT INTERACTION

▪ 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 1-866-458-1047***

# Keeping You Informed ....

## Medi-Cal Operations Guide

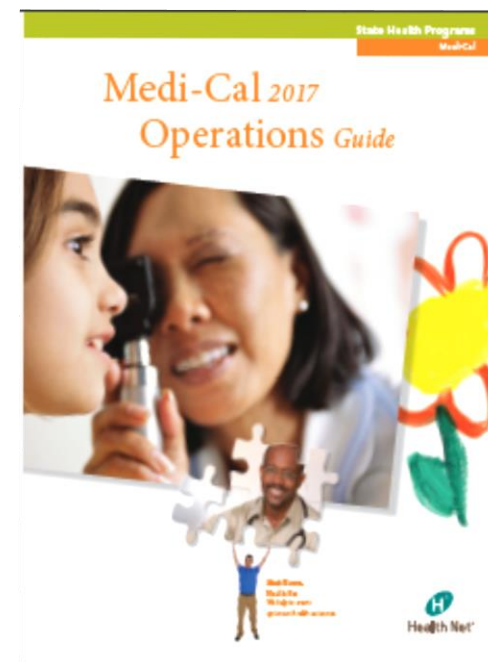
- Hard Copy and electronic version distributed annually or by request
- Also accessible on [www.healthnet.com](http://www.healthnet.com)

## 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
- Also available on-line at [www.healthnet.com](http://www.healthnet.com)



# Support from Health Net's Provider Relations Team



Help people be healthy,  
secure and comfortable

*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*



**CENTENE**  
Corporation

Better health outcomes  
at lower costs


# Medi-Cal Enrollment 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 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.healthnet.com](http://www.healthnet.com)
- [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- Health Net Provider Services (800) 675-6110
- Medi-Cal AEVS (800)456-2387
- EDS Point of Service Device

## Sample Health Net Medi-Cal Mainstream Member ID Card

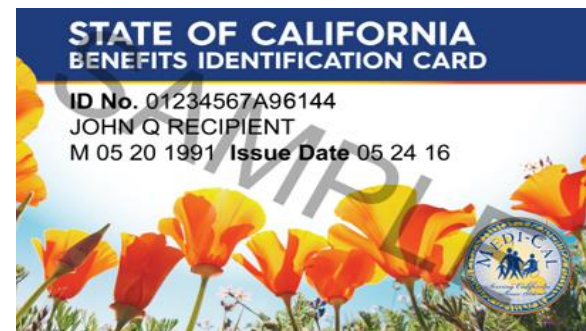
		You have selected the following medical group for your care. In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by:	
1 Group Name XYZ, INC.	Issue Date 06/10/2006	10 PPG NAME	
2 Member Name JOHN SAMPLE	Enrollment Date 05/01/2004	11 PCP NAME: JOHN DOCTOR	
3 Member ID # 01234567A	Group # 0005900	12 PCP ADDRESS: 123 MAIN STREET ANY CITY, CA 12345-6789	
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 Rx BIN #004336 Rx PCN 'HNSMC' Rx AdvancePCS	HPC XXXX	13 PCP PHONE: (123) 456-7891	
		14 Effective Date with PCP 06/01/2006	
		15 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 for 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.	
MEM 2698 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.	
Out of area/Emergency Providers Call: 1-800-675-6110 for authorization. Mail all claims to: P.O. Box 14598, 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.	
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.medi-cal.com](http://www.medi-cal.com) and [www.healthnet.com](http://www.healthnet.com) will result in proper and timely payment. Eligibility can also be verified by calling our:

Customer Service line at  
1-800-675-6110





# 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 [www.healthnet.com](http://www.healthnet.com) or on [dhcs.ca.gov](http://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 <input type="checkbox"/> Other (Specify)			School Attendance Regular? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Self				
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
				<b>Clinic Use Only:</b>
				<b>Nutrition</b>
1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu? (Drinks/eats 3 servings of calcium-rich foods daily)	Yes	No	Skip
2	Do you eat fruits and vegetables at least 2 times per day? (Eats fruits and vegetables at least 2 times per day?)	Yes	No	Skip
3	Do you eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week? (Eats high fat foods more than once per week?)	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? (Drinks more than 12 oz. per day of juice/sports/energy drink, or sweetened coffee drink?)	No	Yes	Skip
5	Do you exercise or play sports most days of the week? (Exercises or plays sports most days of the week?)	Yes	No	Skip
				<b>Physical Activity</b>

# 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 <b>Mild to Moderate Services</b> <b>Call MHN 1-800-289-2040 for more details</b>
Dental Services (limited to certain counties)	<ul style="list-style-type: none"> <li>• Attention Deficient Disorder and Autism testing</li> </ul>
DME	<ul style="list-style-type: none"> <li>• Individual/group evaluations and treatment (psychotherapy)</li> </ul>
Emergency Ambulance	<ul style="list-style-type: none"> <li>• Outpatient services (labs, medication and supplies)</li> </ul>
Emergency Care	<ul style="list-style-type: none"> <li>• Outpatient services to monitor medication therapy</li> </ul>
Family Planning, incl Therapeutic and elective pregnancy termination	<ul style="list-style-type: none"> <li>• Psychiatric services</li> </ul>
Gender Alignment	<ul style="list-style-type: none"> <li>• Psychological testing</li> </ul>
Health Education Material/Education	<b>Moderate to Severe Services are provided by the County</b>
Home Health Care/Hospice	<b>Services Provided by County Agencies</b>
Hospitalization	CCS-eligible conditions
Interpreter Services	Moderate to Severe Behavioral Health Services
Maternity and Newborn Care	Services provided at Regional Health Centers
Mental Health Services	<b>Non-Covered Services</b>
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	

# 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](mailto:@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 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 [www.healthnet.com](http://www.healthnet.com) or by calling our *Cultural & Linguistic Services Department (800) 977-6750***

# Health Net offers support for your complex or challenging patients

## 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 1-866-581-0450 or email CASHP.ACM.CMA@healthnet.com**

**Members can request assistance:**

**1-800-675-6110**

## 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) \_\_\_\_\_

# 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 1-855-253-6863***

- 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



# Recommended Drug List & Medication Prior Authorization

Page 1 of 2

- *Health Net Recommended Drug List can be accessed in full version on line*
- *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 Auth Evolve 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#: (_____) _____			
<small>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.</small>			
<b>Patient Information: This must be filled out completely to ensure HIPAA compliance</b>			
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: _____	
<b>Insurance Information</b>			
Primary Insurance Name: _____		Patient ID Number: _____	
Secondary Insurance Name: _____		Patient ID Number: _____	
<b>Prescriber Information</b>			
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: _____			
<b>Medication / Medical and Dispensing Information</b>			
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"/> Physician's Office <input type="checkbox"/> Ambulatory Infusion Center		<input type="checkbox"/> Patient's Home <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Outpatient Hospital Care	
		<input type="checkbox"/> Long Term Care <input type="checkbox"/> Other (explain): _____	

New 08/13



# PCP Change Form

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

<b>New PCP Name:</b>			
<b>Location:</b>			
<b>License/ Clinic#:</b>			
<b>PPG Name:</b>			
<b>Reason For request:</b>			
	<b>Member's Name</b>	<b>Date of Birth</b>	<b>CIN#</b>
1			
2			
3			
<b>Please check Yes or No:</b>			
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 (surgerv, 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?			
<b>Please read Disclaimer:</b> 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).			
Member's Signature: _____			
Member's Address: _____			
Member's Phone #: _____			
Name of Staff Member Completing Transfer: _____			
Staff Member's Phone #: _____ Ext. #: _____ Fax #: _____			
Additional Information: _____			
(Please check none)			
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



# 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  
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



## 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)]

_____ Marketing	_____ Difficulty disenrolling	_____ Member billing
_____ Quality	_____ Transportation	_____ Accessibility to care
_____ Emergency care	_____ Staff attitude	_____ 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  
(or signature of parent where member is a minor or incapacitated)

\_\_\_\_\_  
Date

# Medi-Cal Claims Submission

## **Paper claims submission**

Claims, tracers, adjustment request, and denial reconsideration

Medi-Cal Claims

P.O. Box 9020

Farmington, MO 63640-9020

Billing Questions:

Provider Services  
**1-800-675-6110**

**[www.healthnet.com](http://www.healthnet.com)**

**[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)**

## **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

# Resources:



## Telephone Services

**Customer Services: 1-800-675-6110 to request the following:**

**Interpreter Services, Transportation, Eligibility, claims issues, Case Management, Pharmacy Services**

- **Web Portal Support: 1-866-458-1047**
- **Enrollment Service Line: 1-800-327-0502**
- **Cultural & Linguistic Services: 1-800-977-6750**
- **Pharmacist/Physician Services: 1-800- 548-5524**
- **Transportation:1-855-253-6863**

## Internet Access:

- **Provider Portal: [www.healthnet.com](http://www.healthnet.com)**
- **Provider Relations:  
[HN\\_Provider\\_Relations@healthnet.com](mailto:HN_Provider_Relations@healthnet.com)**
- **[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)**