

PROVIDER Update



Health Net®

REGULATORY | JANUARY 29, 2018 | UPDATE 18-079 | 1 PAGE

Time Frames to Reply to Request for Records for Independent Medical Reviews

Health Net of California, Inc. and Health Net Community Solutions, Inc. (Health Net) are committed to providing timely independent medical reviews (IMRs) that meet regulatory and contractual requirements. This is to ensure Health Net members have access to medically necessary services and treatments.

The Knox Keene Act contains strict requirements to facilitate the timely completion of IMRs which are administered by the Department of Managed Health Care (DMHC) through a designated IMR organization (IMRO). Health Net requires the assistance of participating physician groups (PPGs), direct network physicians and hospitals in obtaining and delivering all requested medical records to Health Net in a timely manner.

When IMRO requests additional information or documentation, Health Net sends the participating provider a Provider Information Request fax (Request Fax) indicating the information and/or documentation needed. Providers must respond as indicated on the Request Fax to allow Health Net to respond to the IMR reviewer within the following mandatory time frames as outlined in the Request Fax:

- Within 24 hours for an expedited IMR.
- Within three business days for a standard IMR.

If for any reason it appears that the requested information or documentation cannot be produced in time to meet the above deadlines, contact the person at Health Net who sent the Request Fax. Health Net is required to notify the DMHC if Health Net is experiencing difficulty obtaining medical records from its participating providers.

Providers who fail to respond within the indicated time frames may violate Health and Safety Code, section 1374.31(a), rules 1300.74.30(j) and 1300.74.30(k), and the *Provider Participation Agreement (PPA)*. Failure to provide timely records can result in fines and penalties assessed against Health Net, PPGs and participating providers.

ADDITIONAL INFORMATION

Providers are encouraged to access Health Net's provider portal online, as listed in the right-hand column, for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at provider_services@healthnet.com within 60 days, or by telephone or through the Health Net provider website as listed in the right-hand column.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

Health Net Employer Group HMO, POS & HSP

1-800-641-7761

provider.healthnet.com

Individual Family Plan

1-888-926-2164

provider.healthnetcalifornia.com

Medi-Cal – 1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

healthnet.com

fax 1-800-937-6086