PROVIDER*Update*

Health Net®

NEWS & ANNOUNCEMENTS | MARCH 29, 2018 | UPDATE 18-218 | 3 PAGES

Claims Receipt Date Format for Electronic and Paper Claim Forms for Individual Medicare Advantage and IFP Claims

As previously communicated over the past several months, effective January 1, 2018, Health Net migrated certain functions from the original Health Net provider portal at provider.healthnet.com to the new Health Net provider portal at provider.healthnetcalifornia.com for providers serving individual Medicare Advantage (MA) and Individual Family Plan (IFP) members. As part of this ongoing work, we have enhanced our medical claims intake system to track the initial claims receipt date on all claim forms received. This enhancement also satisfies the Centers for Medicare & Medicaid Services (CMS) requirements that all health plans and their delegated entities must track the initial claim receipt date on all claims, regardless of who received the medical claim first.

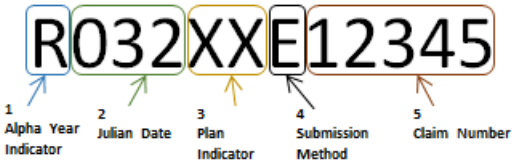
MEDICAL CLAIM NUMBER FORMAT

Effective immediately, upon receipt of a claim, the initial claim receipt date is included on all claim forms received by the Health Net Claims Department. The following outlines the format for tracking the initial claim receipt date on electronic and paper claims.

- Electronic claim forms – the complete claim number is included on all electronic claim forms. The complete claim number is a combination of an alpha year indicator, Julian date, plan indicator, submission method, and claim number.
- Paper claim forms – the Julian date is included on all paper claim forms. The initial receipt date is included in the Julian number.

Electronic Claim Number Breakdown

Refer to the screenshot below for a complete breakdown by position of the claim number for an electronic claim form.



1. Alpha year indicator (position 1) – Year of receipt indicator

   R = 2018

2. Julian date (positions 2-4) – Julian date of receipt by Health Net
3. Plan indicator (positions 5-6)

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

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Medicare (individual)
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MC – Medicare

CX – California IFP (on/off exchange)

4 Submission method (positon 7)

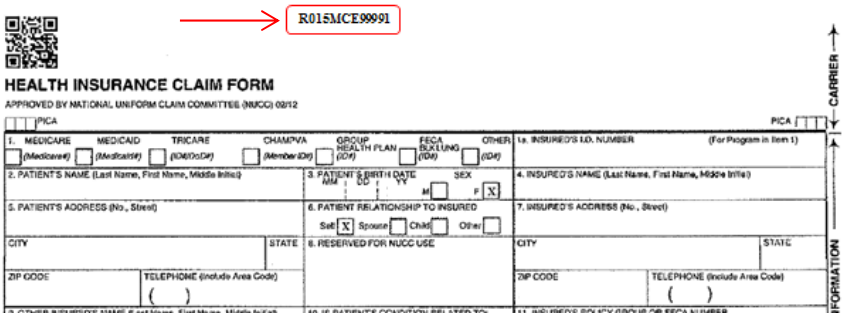
E – Electronic

P – Paper

5 Claim number (positions 8-12) – Unique claim identification (ID) number for this date, plan and submission method

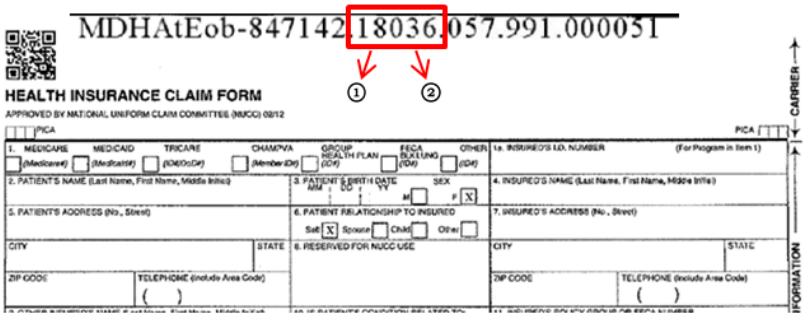
Example of a Claim Number on an Electronic Claim Form

Refer to the screenshot below for an example of a claim number included on an electronic claim form.



PAPER CLAIM FORM JULIAN DATE

Refer to the screenshot below for an example of a Julian date included on a paper claim form upon original receipt date of the claim. The 12-digit claim number is assigned once the paper claim has been officially processed through the system.



1 Received year (positions 1-2) – Year paper claim was received.

- 18 = 2018

2 Julian date (positions 3-5) – Julian date of receipt by Health Net (month/day). In this example, the claim receipt date is February 5, 2018.

CLAIMS DAILY LIABILITY REPORT FOR ELECTRONIC AND PAPER CLAIMS

Refer to the screenshot below for an example of a Claims Daily Liability Report, which includes the claim number for claim numbers and Julian dates for electronic and paper claims.

HEALTH NET
Claims Daily Liability Report for Medi-Cal/HMO/POS Claims
CLM_RPT: CSP_PPG_LIABILITY.RPT

Provider ID: M0001 Date: 16-Jan-18
PPG Page: 3

Inventory #	Form	SSN	Fed Tax ID	Billed Amount
R015MCE99991	P	123456789	987654321	466.00
R015MCP99996	P	123456789	987654321	21.00
R015MCE99998	P	123456789	987654321	571.83
Total:	3			1,004.83

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Provider Portal	Email Address
ENHANCEDCARE PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com	provider_services@healthnet.com
IFP (COMMUNITYCARE HMO, PPO, PURECARE HSP, PURECARE ONE EPO)	1-888-926-2164	provider.healthnetcalifornia.com	
MEDICARE (INDIVIDUAL)	1-800-929-9224	provider.healthnetcalifornia.com	
MEDICARE (EMPLOYER GROUP)	1-800-929-9224	provider.healthnet.com	