



Provider Responsibility for Verifying Eligibility for IFP Members in Grace Period for Nonpayment of Premium

Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) suspend members' eligibility during months two and three of the three-month federal premium delinquency grace period if members are delinquent on premium payments. This update contains information specific to providers who are providing services to Health Net Individual and Family Plan (IFP) members who receive Advance Premium Tax Credits (APTCs) and whose premiums are delinquent, and the steps providers are responsible for taking to verify benefits, eligibility and cost shares each time a member is scheduled to receive services.

PREMIUM GRACE PERIOD FOR MEMBERS RECEIVING ADVANCED PREMIUM TAX CREDITS

A provision of the Affordable Care Act requires that Health Net allow members receiving APTCs a three-month grace period to pay premiums before coverage is terminated.

Members who are not receiving APTCs will have a grace period of 30 days, and members receiving APTCs will have a federally mandated grace period of 90 days in which to make payment for their portion of the premium.

When providers are verifying eligibility through the secure provider portal during the first month of nonpayment of premium, the provider will receive a message that the member is delinquent due to nonpayment of premium; however, claims may be submitted and paid for services rendered during the first month of the grace period. During months two and three of the nonpayment of premium period, the provider will receive a message that the member is in a suspended status, which means claims may be denied. If payment of all premiums due is not received from the member by the end of the grace period, the member policy will automatically terminate to the last day of the first month of the grace period. The member will be held liable for the cost of covered services received during the second and third months of the grace period, as well as any unpaid premium. In no event shall coverage extend beyond the date the member policy terminates.

Note the following:

- 1 Premiums are billed and paid at the subscriber level; therefore, the grace period is applied at the subscriber level.
- 2 All members associated with the subscriber will inherit the enrollment status of the subscriber.
- 3 After the initial premium is paid, a grace period of three months from the premium due date is given for the payment of premium.
- 4 Coverage will remain in force during the grace period.
- 5 If the premium payment is not received within the grace period of three months, coverage will be terminated as of the last day of the first month of the grace period.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/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

EnhancedCare PPO (IFP)

1-844-463-8188

provider.healthnetcalifornia.com

IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO

1-888-926-2164

provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS

provider.communications@

healthnet.com

fax 1-800-937-6086

The member will be held liable for the cost of covered services received during the second and third months of the grace period, as well as any unpaid premium.

- 6 During months two and three of the grace period, claims will be pended. The EX code on the explanation of payment will state: "LZ – Pend: Non-Payment of Premium." During month one, claims may be submitted and paid.

BILLING COVERED SERVICES FOR MEMBERS IN SUSPENDED STATUS

For members who are in a suspended status and seeking services from providers:

- 1 Providers may advise the member that services may not be delivered due to the fact that the member is in a suspended status. (Status must be verified through our secure provider portal or by calling Provider Services. Providers should follow their internal policies and procedures regarding this situation.)
- 2 Should a provider make the decision to render services, the provider may collect from the member. Providers must submit a claim to Health Net.
- 3 If the member subsequently pays his or her premium and is removed from a suspended status, claims will be adjudicated by Health Net. The provider would then be responsible for reconciling the payment received from the member and the payment received from Health Net. The provider may then bill the member for an underpayment or return any overpayment to the member.
- 4 If the member does not pay his or her premium and is terminated from the Health Net plan, providers may bill the member for the full billed charges.

PREMIUM GRACE PERIOD FOR MEMBERS NOT RECEIVING ADVANCED PREMIUM TAX CREDITS

For members not receiving APTCs, note:

- Premium payments are due in advance on a calendar month basis.
- Monthly payments are due on or before the first day of each month for coverage effective during such month.
- There is a one-month grace period. If any required premium is not paid before the date it is due, it may be paid during the grace period.
- During the grace period, coverage will remain in force.

VERIFYING ELIGIBILITY FOR IFP MEMBERS

Providers serving Health Net IFP members are responsible for verifying benefits, eligibility and cost shares each time a member is scheduled to receive services. Presentation of a member identification (ID) card is not a guarantee of eligibility. Providers must always verify eligibility on the same day services are required. Health Net no longer notifies providers in writing if an IFP member is in a delinquent status during the grace period. Member eligibility can be verified on the provider portal, as follows:

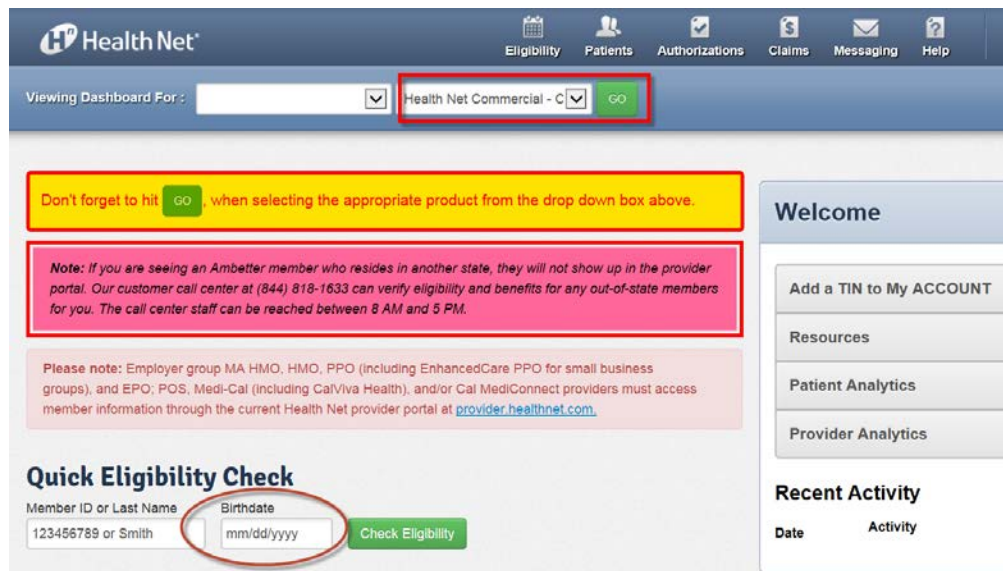
If the provider is serving:	Then the provider should:
<ul style="list-style-type: none">• IFP CommunityCare HMO• IFP EnhancedCare PPO• IFP PureCare HSP• PPO Individual and Family• IFP PureCare One EPO	Verify member eligibility for IFP members through the Health Net provider portal at: provider.healthnetcalifornia.com.

When verifying member eligibility on the Health Net provider portal, you must first select the appropriate product (for IFP members, select commercial) for each individual member or the member information will not be found. You must select the commercial product for commercial members (such as IFP members). If you do not select the appropriate product type for the specific member, the eligibility status will not display.

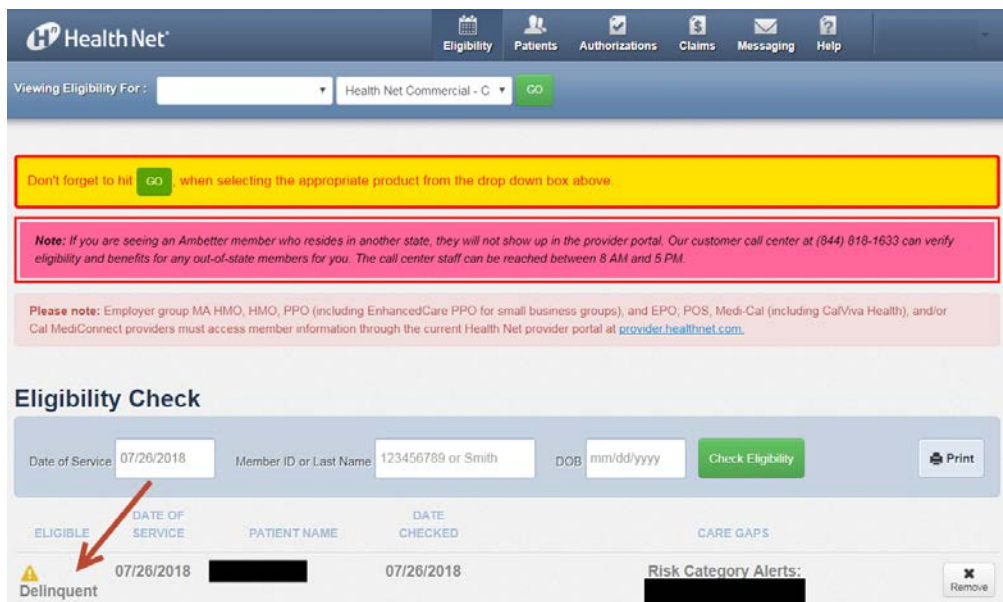
- 1 Log in to the new provider portal at **provider.healthnetcalifornia.com**. Select product type (use the drop-down menu on top of the screen to choose commercial for IFP members), then select **Go**.
- 2 Select the Eligibility tab or use Quick Eligibility Check on the main page.
- 3 Enter the date of service only if it is other than today's date (disregard this step if using Quick Eligibility Check).

- 4 Enter the complete member ID number as displayed on the member ID card or last name as displayed on the member ID card, and date of birth (DOB is required) in the applicable boxes for the specific member you are verifying. Points to be aware of on the member ID card:
 - Include the "R" ID number; use only the letter and numbers listed (R12345678) and do not use MM1 or FS1.
 - Include the full "C" or "U" ID number, as displayed with the first letter and all numbers listed (such as C1234567801, C1234567802, U1234567801, or U1234567802 as listed on the card).
 - If searching by last name, include the suffix, such as Jr., as listed on the member's ID card. Please remember to also include DOB if searching by last name.
- 5 Then select *Check Eligibility*. If the complete member ID and DOB were entered and this does not provide eligibility status for the specific member you are verifying, try using the last name and DOB instead.

If the member status is not found on the Health Net provider portal at provider.healthnetcalifornia.com, then confirm that the member has an IFP plan. If the member has an employer group or small business group commercial plan, then verify member eligibility through the Health Net provider portal at provider.healthnet.com.



Delinquency status displays as follows:



After clicking on the member's name, further detail displays:

When searching for eligibility on the secure provider portal, you will see one of the following statuses:

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	Member is eligible for services performed on this date of service.
	07/21/2016	JOHN DOE	07/21/2016	
INELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	Member is not eligible for services performed on this date of service.
	07/21/2016	JOHN DOE	07/21/2016	
DELINQUENT	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	Members premium payment is in delinquent status . Claims will be processed.
	07/21/2017	JOHN DOE	07/21/2017	
SUSPENDED	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	Members premium payment is past due status. Claims may be denied .
	07/21/2016	JOHN DOE	07/21/2016	

If you have questions or cannot find the member information online, contact the Health Net Provider Services Center by email or telephone as listed below.

ADDITIONAL INFORMATION

Relevant sections of Health Net's provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on Health Net's provider website as listed in the table below. 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 Update



Health Net®

REGULATORY | AUGUST 22, 2018 | UPDATE 18- 589sum | 2 PAGES

Summary Update: Provider Responsibility for Verifying Eligibility for IFP Members in Grace Period for Nonpayment of Premium

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Comprehensive information about the following is available in the complete update, 18-589, *Provider Responsibility for Verifying Eligibility for IFP Members in Grace Period for Nonpayment of Premium*, including:

- Premium grace period for members receiving APTCs.
- Billing covered services for members in suspended status.
- Premium grace period for members not receiving APTCs.
- Verifying eligibility for IFP members.

A copy of the complete update is available on the Health Net provider website at provider.healthnetcalifornia.com in the Provider Library under *Updates and Letters > 2018*; search for provider update 18-589.

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If the provider is serving:	Then the provider should:
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- 6 Log in to the new provider portal at **provider.healthnetcalifornia.com**. Select product type (use the drop-down menu on top of the screen to choose commercial for IFP members), then select *Go*.
- 7 Select the Eligibility tab or use Quick Eligibility Check on the main page.
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When searching for eligibility on the secure provider portal, you will see one of the following statuses:

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ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	<i>Member is not eligible for services performed on this date of service.</i>
 Ineligible	07/21/2016	JOHN DOE	07/21/2016	
ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	<i>Members premium payment is in delinquent status. Claims will be processed.</i>
 Delinquent	07/21/2017	JOHN DOE	07/21/2017	
ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	<i>Members premium payment is past due status. Claims may be denied.</i>
 Suspended	07/21/2016	JOHN DOE	07/21/2016	

ADDITIONAL INFORMATION

The complete update, 18-589, is available on the Health Net provider website at provider.healthnetcalifornia.com in the Provider Library under *Updates and Letters > 2018*; search for provider update 18-589. Providers who do not have access to the Internet may request a print copy of update 18-589 by contacting the Health Net Provider Communications Department by fax at 1-800-937-6086 or by email at provider.communications@healthnet.com.

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