# **PROVIDER***Update*

**NEWS & ANNOUNCEMENTS** 

AUGUST 21, 2018

UPDATE 18-615

# Health Net®

## Explanation of Payment/Remittance Advice Challenges and Suggested Solutions

This provider update applies only to Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) providers serving Individual Family Plan (IFP) members who receive printed paper versions of an explanation of payment (EOP), also known as a remittance advice (RA). Please note that this communication does not apply to IFP providers receiving electronic funds transfers (EFTs) and electronic remittance advices (ERAs) via Payspan<sup>®</sup> Health.

The purpose of this communication is to explain instances of misprints that providers may be identifying on paper EOPs, what Health Net has done to resolve these issues, and provide guidance on how to clarify the accuracy of any such EOP data.

#### **EXPLANATION**

Health Net has learned that some paper EOPs were not displaying figures that allow providers to reconcile stated subtotals with the total amount of Health Net financial responsibility.

Health Net has resolved all issues related to misprinted data except instances where the member's cost share may not be displaying a figure that includes any coinsurance amount. Health Net is working diligently to promptly resolve this remaining issue.

#### RECOMMENDATIONS

The following are recommendations that will allow providers to confirm payment details for claims processed:

 For payment history, users granted access by the office account manager to view and submit claims can download claims detail for previously issued checks directly from the provider portal at provider.healthnetcalifornia.com. See steps on the next page.

### 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
  - $^{\odot}$  Los Angeles
    - $^{\circ}$  Molina
  - Riverside
  - Sacramento
  - $^{\bigcirc}$  San Bernardino
  - $^{\bigcirc}$  San Diego
  - $^{\bigcirc}$  San Joaquin
  - $^{\odot}$  Stanislaus
  - $^{\circ}$  Tulare

#### PROVIDER SERVICES provider\_services@healthnet.com

#### EnhancedCare PPO (IFP)

1-844-463-8188 provider.healthnetcalifornia.com IFP – CommunityCare HMO, PPO, Pure Care HSP, Pure Care One EPO 1-888-926-2164 provider.healthnetcalifornia.com

#### PROVIDER COMMUNICATIONS Provider. Communications@ healthnet.com fax 1-800-937-6086

Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. and Centene Corporation. Health Net is a registered service mark of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. Confidentiality Note for Fax Transmission: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly PROHBITED. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments. OTH023482EW00 (8/18)

Log in to the provider portal at provider.healthnetcalifornia.com and select:

- 1 Claims
- 2 Payment History
- 3 The applicable *Check Date* in blue font.

								0					
伊 Health Net						Eligibility Patient, Claims Mr. saging Help						Г	i
ewing Claims	For:		▼ He	alth Net Comm	erolal - ( 🔻 GO					<b>A</b> Up	load EDI		Create Clai
Please note: I Cal MediConn	Employer group MA ect providers must a	HMO, HMC	), PPO (includ ber informatic	ing EnhancedC n through the c	Care PPO for small t current Health Net p 2	usiness gro ovider porta	ups), and E I at <u>provide</u>	PO; POS, r healthnet	Medi-Cal ( <u>com</u>	includin	ng CalViva	(Health),	and/or
Claims		Saved	Submitted	Batch	Payment History	M Dow	nloads	Claims Au	dit Tool				Q Filter
activity posted itructions: To v CHECK DATE	to your account bet iew transaction deta	ween 05/21 ils, click the UMBER 1	/2018 and 06 check date. CH	21/2018 . ECK CLEAR D	DATE :	MAILING A	DORESS				PAYMEN	T AMOU	NT I
8/20/2018	3 00000223	59									\$1,763.9	5	
<u>16/20/2018</u>	00000223	87									\$228.53		
08/20/2018	00000223	70									\$1,197.8		

- 4 View details for all of the claims paid on the check date selected, including the coinsurance amount; and/or
- 5 Download to an Excel file a list of all the claims paid on the check date selected, which will include full claims details, including all amounts that may not be fully printing on the EOP; then select **Download** (Excel Format).
- 6 Select *My Downloads* to download the information to an Excel file.

Check/Trace Number:         Check Date:07/18/2018           Insured Name:         Discount           Patient Name:         Discount           Serve Date         Proc2           Mod Cnt Qir         Onogo:           Serve Date         Proc2           Mod Cnt Qir         Discount           Mod Allow         Descount           Mod Dass         Discount           Mod Dass         Discount           Discount         Mod Allow	Check Virace Number         Check Date:07/18/2018           Insured Name:         Discount           Determinities:         Discount           Service Provider:         NPI:           Vew Sureds Line Details         NPI:           Service Provider:         NPI:           Vew Sureds Line Details         Coinsurt Interest Med Allow           Service Provider:         NPI:           Vew Sureds Line Details         Coinsurt Interest Med Allowing PP Denied Codes Payment 3000 00 000 00 000 000 000 000 000 000		Explan	lation of	rayii	ient	Detan	3		important into	rmauon	Back to Payna	ents List	DOWING	Dan (Exce	romaty	
Insured Name:         Group:           Patient Name:         D: UI           Control Number:         M: UI           Service Data         M: UI           Ver Strict: Line Data         N:           Service Data         M: UI           Originary Contract         M: UI           Service Data         M: UI	Biscred Name:         Group:           Definition Number:         Discount         Med Allowing         Output           Vew Summer Line Defails         NP:         NP:         NP:         NP:           Vew Summer Line Defails         NP:         NP:         NP:         NP:         NP:           Vew Summer Line Defails         NP:		Check/Trace M	Number:		Chec	k Date:07/	18/2018									
Process         Discount         Med Allow         Remit           Vere Service Line Details         NPE         NPE         NPE           Vere Service Line Details         NPE         NPE         NPE           Vere Service Line Details         NPE         NPE         NPE           Service June Details         NPE         NPE         NPE         NPE           Service June Details         Proceit         Date         Proceit         Remit         Coinsuit         Discount/         Med Allow         Proceit         Remit         Proceit         Remit         Coinsuit         Discount/         Med Allow         Proceit         Remit         Proceit         Remit         Coinsuit         Discount/         Med Allow         Proceit         Remit         Coinsuit         Discount/         Med Allow         Proceit	Patient Name:         Diversion         Diversion <thdiversion< th=""></thdiversion<>		Insured Name	e:		-				Gros	up:		-				
Control Number:         Assound:	Control Number:         Assemula C           Service Provide:         NPL:           Vew Service Provide:         NPL:           Vew Service Provide:         NPL:           Service Provide:         NPL:           10         07/03/2019         9213         25         01         85:00         0.0025:00         0.000:00         0.000:00         0.000         0.000         0.000         0.000:00         0.		Patient Name:	c í						ID: U	JIC		0				
View Service Line Details         Descent / Note:         Med Allowed Coppy         Discount / Interest         Med Allow         TP Denied Codes         Payment           10         07/03/2016         99213         25         01         85.00         65.00         0.000 0.00         0.000 0.00         0.000 0.00         90.00	Vew Serve Line Details         Process         Date         Process         Deduct/ Details         Coinsult         Med Allow/ Med Allow         Med Allow/ Exerve         Med Allow/ Details         Remit Process         Remit Process         Process         Remit Process         Deduct/ Details         Coinsult Discount/ Dis		Control Numb	Jer:	_		-	-		NDI	event.C	_	4	)			
Vew Service Line Details         Procest         Date         Procest         Mode         Charged         Allowed         Cogany         Consurt         Med Allowit         TPP         Remit         Payment           10         0703/2018         99213         25         01         85.00         60.00         20.00         0.00         0.00         0.00         0.00         0.00         9.00         9.00         9.00         9.00         9.00         0.00         0.00         0.00         0.00         9.00	Vew Sweet Line Details         View Sweet Line Details           View Sweet Line Details         Procet         Days/         Days/         Detail         Detail         Discount/         Med Allow/         TPP         Remit         Payment           10         0703/2018         99213         25         01         85.00         85.00         0.0025.00         10.000         0.000         0.00<		Service Provi	uer.	-	-				MP1.					-		
Serv         Date         Proc2         Mod         Chi Arged         Allowed         Deduct/ Copay         Coinsur         Inscent/         Med Allow         Provest         Med Paid         PP         Denied         Remit         Provest         Med Paid         PP         Denied         Coles         Provest         Denied         Coles         Provest         Denied	View Unit Could Data         Procify to Data         Data         Procify to Charged Allowed Copay         Deduct/ Copay         Coinsur         Med Allowing TPP         Denied Codes         Payment           10         07/03/2018         9213         25         01         85:00         5:00         0.0025:00         10:00:00         0:00:00<		Very Sec.	a Line Details								1			_		
Serv         Date         Proc2         Mod         Date/ Crit Oty         Charged         Allowed         Deduct/ Copar/         Coinsur Interest         Discount         Mod Allow         TPP         Denied         Remit         Payment           10         07003/2018         99213         25         01         85.00         50.00         0.002.00         0.000.00         0.000.00         0.000 </td <td>Serv         Date         Proc.8'         Mod         Charged         Allowed         Copsy         Coinsur         Med Allower         TPP         Remit         Payment           10         07/03/2018         99213         25         011         85:00         85:00         0.0025:00         0.00         0.000         0.000         0.00</td> <td></td> <td></td> <td>Cone Creans</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><math>\cap</math></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Serv         Date         Proc.8'         Mod         Charged         Allowed         Copsy         Coinsur         Med Allower         TPP         Remit         Payment           10         07/03/2018         99213         25         011         85:00         85:00         0.0025:00         0.00         0.000         0.000         0.00			Cone Creans							$\cap$	-					
Serv         Justice         Proc.2         Mode         Charge of a Maxweet         Compary         Commany         Interest         Medic Part         Derived         Codes         Payment           10         07003/2016         99213         25         01         85.00         0.002200         0.00         0.000         <	Serv         Usite         Proc.2         Mode         Charged         Allower         Copey         Consult         Interest         Med Pail         IPP         Lemme         Cools         Payment           10         07/03/2018         99213         25         011         65:00         0:00/025:00         0.00         0:00/0.00			-	Proc#/		Days/	-		Deduct/		Discount/	Med Allow/		Desired	Remit	
10       07/03/2016       9/213       29       01       85.00       0.002/25.00       0.00       0.000.00       0.000       0.00       0.000       0.00       0.000       <	10       07/03/2018       99213       25       01       60.00       60.00       0.00       0.00       0.00       0.00       91/03/v2       60.00         20       07/03/2018       30117       RT       01       1100.00       100.00       0.00       165.00       20.00       0.00       0.00       0.00       0.00       91/03/v2       60.00         Sub Total:       51185.00       \$1185.00       \$0.00525.00       \$165.00       \$0.0050.00       \$0.0050.00       \$0		Serv	Date	Procz	Mod	Cht Qty	Charged	Allowed	Copay	Coinsur	morest	Med Paid	IPP	Denied	Codes	Payment
20         07/03/2018         30117         RT         01         100.00         105.00         105.00         0.000.00         0.00         50.00 <t< td=""><td>20         0703/2018         30117         RT         01         1100:00         1100:00         106:00         0.000:00         0.000:00         0.000         0.00         50.00</td><td></td><td>10</td><td>07/03/2018</td><td>99213</td><td>25</td><td>0/1</td><td>85.00</td><td>85.00</td><td>0.00/25.00</td><td>0.00</td><td>0.00/0.00</td><td>0.00/0.00</td><td>0.00</td><td>0.00</td><td>91,03,v2</td><td>60.00</td></t<>	20         0703/2018         30117         RT         01         1100:00         1100:00         106:00         0.000:00         0.000:00         0.000         0.00         50.00		10	07/03/2018	99213	25	0/1	85.00	85.00	0.00/25.00	0.00	0.00/0.00	0.00/0.00	0.00	0.00	91,03,v2	60.00
Sub Total: \$1185.00 \$1185.00 \$100525.00 \$165.00 \$0.0040.00 \$0.0040.00 \$0	Sub Total: \$1185.00 \$1185.00 \$0.00425.00 \$10.0040.00 \$0.0040.00 \$0		20	07/03/2018	30117	RT	0/1	1100.00	1100.00	0.00/0.00	165.00	0.00/0.00	0.00/0.00	0.00	0.00	59,02	935.00
Remit Code Descriptions	Remit Code Descriptions		Sub Total:					\$1185.00	\$1185.00	\$0.00/\$25.00	\$165.00	\$0.00/\$0.00	\$0.00/\$0.00	\$0.00	\$0.00		\$995.00
02 COINSURANCE APPLIED 03 COPAYMENT APPLIED 59 PAY: SERVICES BEIMBURSED ACCORDING TO MULTIPLE PROCEDURE GUIDELINES 51 REIMBURSEMENT OF FEE SCHEDULE AND HER CONTRACTED RATES 51 PAYMENT REIMBURSED ACCORDING TO MULTIPLE PROCEDURE GUIDELINES 51 PAYMENT REIMANTANANANANANANANANANANANANANANANANANAN	92       COINSURANCE APPLIED         03       COPAYMENT APPLIED         99       PAY: SERVICE: DELIMBURSED ACCORDING TO MULTIPLE PROCEDURE QUIDELINES         91       REINBURSEMENT OF FEE SCHEDULE AND DE CONTRACTED RATES         92       REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI		Remit C	ode Desc	riptio	ns					1	/					
COINSURANCE APPLIED 03 COPATIENT APPLIED 59 PAY: SERVICES REIMBURSED ACCORDING TO MULTIPLE PROCEDURE GUIDELINES 91 REIMBURSEMENT OF FEE SCHEDULE AND AGE (ACCORDING TO MULTIPLE PROCEDURE GUIDELINES 91 REIMBURSEMENT OF FEE SCHEDULE AND AGE (COLTRACTED RATES 94 95 96 97 97 97 97 97 97 97 97 97 97	COINSURANCE APPLIED COENSURANCE APPLIED COENSURANCE APPLIED COENSURANCE APPLIED PAY: SERVICE-AREIMBURSED ACCORDING TO MULTIPLE PROCEDURE GUIDELINES PAY: SERVICE-AREIMBURSED ACCOR		02								$\mathbf{\nabla}$		-				And and a state of the state of
03 COPAYMENT APPLIED 59 PAY: SERVICES DEIMBURSED ACCORDING TO MULTIPLE PROCEDURE GUIDELINES 91 REIMBURSEMENT OF FEE SCHEDULE AND BER CONTRACTED RATES 91 92 94 94 94 94 94 94 94 94 94 94	00 COPAYMENT APPLIED 9 PAY: SERVICES BEILINGURSED ACCORDING TO MULTIPLE PROCEDURE GUIDELINES 91 REINBURSEMENT OF FEE SCHEDULE AND BE CONTRACTED RATES 92 REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI		COINSUR	ANCE APPLIE	D						-	Cu -				a	Ipicad EDA
PATHENT APPLIED PPT SERVICES REIMBURSED ACCORDING TO MULTIPLE PROCEDURE GUIDELINES PI REIMBURSEMENT OF FEE SCHEDULE AND BE CONTRACTED RATES PI REIMBURSEMENT OF FEE S	PO Stand barren parel, and TOP FOR Medical (notating Caffice Head), and the product of the term of the parel in the product of the term of term o	1	03														
PAY: SERVICES REIMBURSED ACCORDING TO MULTIPLE PROCEDURE GUIDELINES 91 REIMBURSEMENT OF FEE SCHEDULE ANSWER CONTRACTED RATES Prymer His or My Download Contraction	PAY: SERVICE-DEFINBURSED ACCORDING TO MULTIPLE PROCEDURE GUIDELINES 91 REIMBURSEMENT OF FEE SCHEDULE AND BE CONTRACTED RATES 92 REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI		59	ENT APPLIED								re P	PO for small business	proces), an	NEPO, POS,	Medi-Cal (includ	sing CalViva Health), and/or
91 REIMBURSEMENT OF FEE SCHEDULE AVENUE CONTRACTED RATES Payment New York My Downloads Payment N	91 REIMBURSEMENT OF FEE SCHEDULE RYNNER CONTRACTED RATES Pyrenet His (Y U) Durntouds () dans Audit Tool Y2 REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI		PAY: SER	MCCS REIMB	URSED A	CCOR	DING TO N	<b>ULTIPLE P</b>	ROCEDURE	E GUIDELINES			Peace All provider	ou x pa	(6)	LEON	
	V2 REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI		91 REIMBUR	SEMENT OF F	EE SCH	DUCE		ONTRACTE	D RATES			Payr	ment His wy	lownloads	Caims Au	dit Tool	
	REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI		¥2						a le li cui cu								
REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI				ID BY CODING	EDITING	SOFT	WARE-HC	I-PCI									
			REVIEWE	O DI COURS													

For assistance on accessing the *Payment History* report, providers can contact the Provider Services Center at the contact information provided on page 4.

• For the best IFP EOP experience on future payments, Heath Net recommends that providers sign up for ERAs through Payspan. Refer to the instructions on the next page to sign up with Payspan Health.

#### INSTRUCTIONS ON HOW TO REGISTER FOR PAYSPAN

To register with Payspan, follow the steps below.

- Visit www.payspanhealth.com.
- Select Register Now.

If providers do not have a registration code, enter:

- National Provider Identifier (NPI).
- Tax identification number (TIN).
- Billing ZIP code.

#### Then select Submit.

Providers can obtain a registration code through any of the following methods:

- Online at www.payspanhealth.com/requestRegCode/.
- Via email at Providersupport@Payspanhealth.com. Use subject line "Registration Code Request Health Net IFP".
- Contact Payspan Provider Services at 1-877-331-7154, Option 1.

Registration codes requested online or via email will be emailed from Payspan along with detailed registration instructions.

If providers have a registration code, enter the code, select Submit and follow the below steps:

- Enter the provider identification number (PIN).
- Enter the TIN.
- Enter the NPI if available, or select *Atypical Service Provider* check box if the NPI is not known.

Then select Start Registration.

#### **Personal Info**

- Provide full name, email address, telephone number, and job title.
- Designate a unique user name or use an email address.
- Create a unique password of at least eight characters which should include one capital letter, one lowercase letter and a number.
- Select a challenge question, enter the answer and click the Next button to continue.

#### **Banking Account Setup**

For account set up, providers must designate the account in which they wish to have funds deposited by entering the following information:

- Account name
- Financial institution routing number
- Provider's account number
- Type of account
- Select the following options as applicable:
  - Enable electronic payment (automatically selected)
  - Request paper remittance (grayed out as it is not an option)
  - Assign new or additional payers
- Select Next button to continue.

Note: Providers typically use the Account Name to specify the payee designation. Each payee has a separate registration code and can therefore have a separate receiving account established. The same routing and account number can be used for multiple receiving accounts.

#### Verify Info

Verify the following information:

- Check the box to agree to the Services Agreement and select Confirm.
- Select the *Back* button to make any corrections.
- Read the Service Agreement then check the terms and conditions box if in agreement.
- Once account has been established, log in to the account.

Payspan will send an email when registration is complete. If providers registered for EFT, verify with the bank that a minimal deposit has been made by Payspan. Allow a few days from registration for the funds to appear. This deposit amount will be used to confirm that electronic payments are set up appropriately through Payspan and the bank. Providers will see this confirmation page the next time they log in to www.payspanhealth.com using their user ID and password. The deposit does not need to be returned to Payspan.

#### 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				
IFP (COMMUNITYCARE HMO, PPO, PURECARE HSP, PURECARE ONE EPO)	1-888-926-2164	provider.healthnetcalifornia.com	provider_services@healthnet.com			