



Verify Eligibility for IFP Members in a Premium Grace Period

Providers are responsible for verifying benefits, eligibility and cost shares each time a member is scheduled to receive services

As a reminder, Health Net* suspends qualified 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.
- The steps to verify member benefits, eligibility and cost shares.

PREMIUM GRACE PERIOD FOR MEMBERS RECEIVING APTCs

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 receiving APTCs have a federally mandated grace period of three months in which to make payment for their portion of the premium.
 - Premiums are billed and paid at the subscriber level; therefore, the grace period is applied at the subscriber level.
 - All members associated with the subscriber will inherit the enrollment status of the subscriber.
- 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 grace period, claims will be pended. The EX code on the explanation of payment will state: "LZ – Pend: Non-Payment of Premium."
- Coverage will remain in force during the grace period.
- 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.

BILLING COVERED SERVICES FOR MEMBERS IN A SUSPENDED STATUS

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

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

- Providers may advise the member that services may not be delivered due to his or her suspended status. (Status must be verified through the Health Net secure provider portal or by calling Provider Services. Providers should follow their internal policies and procedures regarding this situation.)
- Should a provider make the decision to render services, the provider may collect from the member. Providers must submit a claim to Health Net.
- 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 is then 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.
- 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 APTCs

For members not receiving APTCs:

- 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 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 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.

Step	Action
STEP 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 <i>Health Net Commercial – CA</i> for IFP members), then select <i>Go</i> .
STEP 2	Select the <i>Eligibility</i> tab or use Quick Eligibility Check on the main page.
STEP 3	Enter the date of service only if it is other than today's date (disregard this step if using Quick Eligibility Check).

Step	Action
STEP 4	<p>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) in the applicable boxes for the specific member you are verifying. Points to be aware of on the member ID card:</p> <ul style="list-style-type: none"> • 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 the DOB, since this is a required field, if searching by last name.
STEP 5	<p>Then select <i>Check Eligibility</i>. 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.</p>

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.

The screenshot shows the Health Net provider portal interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the navigation is a header with the Health Net logo and a dropdown menu for 'Viewing Dashboard For:' set to 'Health Net Commercial - C'. A green 'GO' button is next to the dropdown. A yellow callout box contains the text: 'Don't forget to hit GO when selecting the appropriate product from the drop down box above.' Below this is a pink callout box with a note: 'Note: If you are seeing an Ambetter member who resides in another state, they will not show up in the provider portal. Our customer call center at (844) 818-1633 can verify eligibility and benefits for any out-of-state members for you. The call center staff can be reached between 8 AM and 5 PM.' Below the note is a light red callout box with a 'Please note' about employer group plans. At the bottom, the 'Quick Eligibility Check' form is visible, with the birthdate field (mm/dd/yyyy) circled in red. The form also includes a 'Member ID or Last Name' field with '123456789 or Smith' and a 'Check Eligibility' button.

Delinquency status displays as follows:

Health Net

Eligibility Patients Authorizations Claims Messaging Help

Viewing Eligibility For : Health Net Commercial - C

Don't forget to hit when selecting the appropriate product from the drop down box above.

Note: If you are seeing an Ambetter member who resides in another state, they will not show up in the provider portal. Our customer call center at (844) 818-1633 can verify eligibility and benefits for any out-of-state members for you. The call center staff can be reached between 8 AM and 5 PM.

Please note: Employer group MA HMO, HMO, PPO (including EnhancedCare PPO for small business groups), and EPO, POS, Medi-Cal (including CalViva Health), and/or Cal MediConnect providers must access member information through the current Health Net provider portal at provider.healthnet.com.

Eligibility Check

Date of Service Member ID or Last Name DOB

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS
Delinquent	07/26/2018	[REDACTED]	07/26/2018	Risk Category Alerts: [REDACTED] <input type="button" value="Remove"/>

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

Health Net

Eligibility Patients Authorizations Claims Messaging Help

Viewing Eligibility For : Health Net Commercial - C

[REDACTED]

Overview

- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Pharmacy PDL
- Referrals
- Coordination of Benefits
- Claims
- Schedule of Benefits
- Document Resource Center

This patient is currently past due. as of today, Jul 26, 2018.

Patient Information

Name [REDACTED]
 Gender [REDACTED]
 Birthdate [REDACTED]
 Age [REDACTED]
 Member # [REDACTED]
 Member # [REDACTED]
 Member Type [REDACTED]
 Address [REDACTED]
 Group ID [REDACTED]

PCP Information

Name [REDACTED]
 Address [REDACTED]
 Phone Number [REDACTED]

[View PCP History](#)

PPG Information

Name [REDACTED]
 PPG ID [REDACTED]
 Address [REDACTED]
 Practice Type [REDACTED]
 Phone Number [REDACTED]

Eligibility History

Start Date	End Date	Product Name	Product Description
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

<table border="1"> <thead> <tr> <th>ELIGIBLE</th> <th>DATE OF SERVICE</th> <th>PATIENT NAME</th> <th>DATE CHECKED</th> </tr> </thead> <tbody> <tr> <td></td> <td>07/21/2016</td> <td>JOHN DOE</td> <td>07/21/2016</td> </tr> </tbody> </table>	ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED		07/21/2016	JOHN DOE	07/21/2016	Member is eligible for services performed on this date of service.
ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED						
	07/21/2016	JOHN DOE	07/21/2016						
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ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED						
 Ineligible	07/21/2016	JOHN DOE	07/21/2016						
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ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED						
 Delinquent	07/21/2017	JOHN DOE	07/21/2017						
<table border="1"> <thead> <tr> <th>ELIGIBLE</th> <th>DATE OF SERVICE</th> <th>PATIENT NAME</th> <th>DATE CHECKED</th> </tr> </thead> <tbody> <tr> <td> Suspended</td> <td>07/21/2016</td> <td>JOHN DOE</td> <td>07/21/2016</td> </tr> </tbody> </table>	ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	 Suspended	07/21/2016	JOHN DOE	07/21/2016	Members premium payment is past due status. Claims may be denied .
ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED						
 Suspended	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

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		