

PROVIDER Update



Health Net®

REGULATORY | FEBRUARY 1, 2019 | UPDATE 19-021sum | 3 PAGES

Summary Update: 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.

Comprehensive information about the following is available in the complete update, 19-021, *Verify Eligibility for IFP Members in a Premium Grace Period*, including:

- Premium grace period for members receiving Advance Premium Tax Credits (APTCs).
- Billing covered services for members in suspended status.
- Premium grace period for members not receiving APTCs.
- Verifying eligibility for Individual and Family Plan (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 > 2019*; search for provider update 19-021.

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

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@](mailto:provider.communications@healthnet.com)

healthnet.com

fax 1-800-937-6086

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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 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) in the applicable boxes for the specific member you are verifying. Points to be aware of on the member ID card: <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	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.

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.

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

ADDITIONAL INFORMATION

The complete update, 19-021, is available on the Health Net provider website at provider.healthnetcalifornia.com in the Provider Library under *Updates and Letters* > 2019; search for provider update 19-021. Providers who do not have access to the Internet may request a print copy of update 19-021 by contacting the Health Net Provider Communications Department by fax at 1-800-937-6086 or by email at provider.communications@healthnet.com.

If you have questions regarding the information contained in this update or cannot find the member information online, contact the applicable Health Net Provider Services Center within 60 days as listed in the right-hand column on page 1.