



Inpatient Notification Requirement

Timely notification helps ensure prompt claims payments and reduced retroactive admission reviews

The information in this update applies to all Health Net* member admissions to an inpatient care setting, acute rehabilitation, hospice, long-term acute care, and skilled nursing facilities.

In accordance with the *Provider Participation Agreement (PPA)*, Health Net requires notification of the Health Net member's inpatient admission within 24 hours or the next business day when an admission occurs on the weekend. Timely notification of admissions assists with timely payment of claims, reduces retroactive admission reviews and enables Health Net to concurrently monitor member progress.

SERVICES REQUIRING NOTIFICATION

Health Net and the member's participating physician group (PPG) require notification within 24 hours or the next business day when an admission occurs on the weekend for:

- All inpatient hospitalizations.
- Inpatient hospice services (for commercial members).
- Inpatient acute care rehabilitation admissions.
- Long-term acute care (LTAC) admissions.
- Skilled nursing facility (SNF) admissions.
- All SNF to acute transfers; bed holds and return from bed holds.
- SNF leave of absence (LOA).

REQUIRED INFORMATION

When reporting inpatient admissions, acute transfers, bed holds, and LOAs to Health Net and the PPG, include the following:

- Member name.
- Subscriber identification (ID) number.
- Attending and admitting physicians' first and last names.
- SNF name and address.
- Admission date and time.
- Admission type (for example, acute care inpatient, SNF, acute rehabilitation unit (ARU), LTAC, elective, or urgent).
- Inpatient facility name and address.
- Level of care.

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

PROVIDER SERVICES

provider_services@healthnet.com

EnhancedCare PPO (IFP)

1-844-463-8188

provider.healthnetcalifornia.com

EnhancedCare PPO (SBG)

1-844-463-8188

provider.healthnet.com

Health Net Employer Group HMO, POS, HSP, PPO, & EPO

1-800-641-7761

provider.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

Medi-Cal – 1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@

healthnet.com

fax 1-800-937-6086

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- Admitting diagnosis and code.
- CPT procedure code, if applicable.
- Facility medical record number.
- PPG authorization number.
- Discharge date, if applicable.

NOTIFICATION PROCESS

Inpatient admissions may be faxed to the Health Net Hospital Notification Unit (HNU) 24 hours a day, seven days a week using the appropriate line of business fax number from the table below. A fax cover sheet must accompany all fax transmissions of Protected Health Information. The cover sheet must be labeled "PROTECTED HEALTH INFORMATION." If urgent notification is needed, contact HNU by telephone at 1-800-995-7890 for assistance.

Line of Business	HNU Fax Number
MEDI-CAL, MEDICARE HMO EMPLOYER GROUPS, HMO,PPO (INCLUDING ECPPPO FOR SMALL BUSINESS GROUPS, EPO AND POINT OF SERVICE (POS)	1-800-676-7969
INDIVIDUAL MEDICARE HMO AND SPECIAL NEEDS PLAN (SNP)	1-844-824-8045
IFP COMMUNITY CARE HMO, IFP PURECARE HSP, PPO INDIVIDUAL AND FAMILY, IFP ENHANCEDCARE PPO AND IFP PURECARE ONE EPO)	1-844-760-8992

TRACKING

For fax notifications, inpatient services are entered into the Health Net notification system and, if applicable, a tracking number is created within 24 hours of receipt of the fax. Fax notifications received after 5:00 p.m. are entered the following business day. The claim tracking number is not a prior authorization number. Continue to follow current established procedures for prior authorizations.

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column on page 1.