Health Net of California, Inc.

PROVIDER*Update*

Hⁿ Health Net®

Submit Data for Payment Programs by May 31, 2019

Step-by-step instructions to help participating hospitals get supplemental reimbursement based on Medi-Cal encounter data

Health Net* will be reviewing Department of Health Care Services (DHCS) files and Health Net claims received for the Phase II service period of January 1, 2018, through June 30, 2018.

Health Net will provide the hospital claims in the DHCS-accepted file and all claims in a paid status at Health Net but not included in the DHCS file. These files will also include rejected/pended Health Net claim(s) error codes and descriptions. The information will be available via an Excel spreadsheet for reconciliation.

UPCOMING EVENTS THAT REQUIRE YOUR ACTION

Hospitals can expect:

- Health Net will send an Excel file of accepted/paid claims, denied/pended claims and capitated encounters via secure email.

- The file will include details on how to address each category on the file.

- Submit any Health Net missing data or corrected information on denied/pended claims back to Health Net through the standard claims or capitated encounters submission process by May 31, 2019. DHCS denied claims/encounters must be submitted using the Excel spreadsheet and sent back to Health Net for correction by May 31, 2019.

- Please complete the hospital contract status and return it to Health Net by May 31, 2019.

INSTRUCTIONS FOR THE EXCEL FILE

1 Multiple tabs may be included on this file:

   A **Encounters accepted by DHCS.** Please update hospital contract status for the claims accepted by DHCS.

   B **Claims in paid/accepted status but not yet sent to DHCS.** Please update hospital contract status for the claims in paid status.

   C **Claims denied/pended.** Please make corrections and return the claim through the appropriate resubmission process.

   D **(Optional) DHCS encounter denied/pended.** Please make corrections on the Excel spreadsheet and return with the signed attestation letter.

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

1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS
provider.communications@
healthnet.com

2 Please review the full Excel file for claims/encounters missing or incorrectly stated. Submit any missing claims/encounters through normal processing channels no later than May 31, 2019.

3 Return files using same file naming convention as received from Health Net no later than May 31, 2019.

4 Return the Health Net file separately from any other file you may receive from Health Net.

5 Please do not delete or move any columns.

6 Please keep the Record ID field in text format.

REQUESTING OUTSTANDING CLAIMS ENCOUNTERS

For any questions and to obtain additional instructions, hospitals can contact:

Health Net Contact for Questions about Claims Encounters	Email
Dianna Bailey, Business Process Consultant	**Dianna.Bailey@Centene.com**
Terri Bailey, Manager, Data Analysis	**Teresa.L.Bailey@Centene.com**

Please include contact name, telephone number and email address Health Net would need to send the hospital reconciliation.

Once the request is received, Health Net will respond accordingly.

MAY 31 DEADLINE FOR MISSING DATA OR CORRECTED INFORMATION

To be considered, hospitals must submit any missing data, corrected claims or capitated encounters back to Health Net through the standard file processing submission method by May 31, 2019.

MORE INFORMATION AND HELP ABOUT THIS PROGRAM

DHCS is implementing the state fiscal year 2017–2018 Designated Public Hospital (DPH) Enhanced Payment Program (EPP) and Private Hospital Direct Payment Program (PHDP).

DPH-EPP and PHDP provide supplemental reimbursement to participating hospitals based on the actual utilization of qualifying services for eligible members covered under managed care organizations (MCOs), as reflected in Medi-Cal claims reported to DHCS.

For more help, visit DHCS:

- For DPH-EPP, visit www.dhcs.ca.gov/services/Pages/DP-DPH-EEP.aspx.
- For PHDP, visit www.dhcs.ca.gov/services/Pages/DP-PHDP.aspx.

ADDITIONAL INFORMATION

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.