PROVIDER*Update*

Health Net®

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Reminder: Verify Eligibility for On-Exchange IFP Members in a Premium Grace Period to Avoid Claims Payment Issues

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 On-Exchange 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.

Be aware of the 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 active but 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, the member's eligibility status is suspended, and 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's policy will automatically terminate to the last day of the first month of the grace period.

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

- 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.

How to bill covered services for members in a suspended status during months two and three

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

- 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.

How to verify eligibility for IFP members

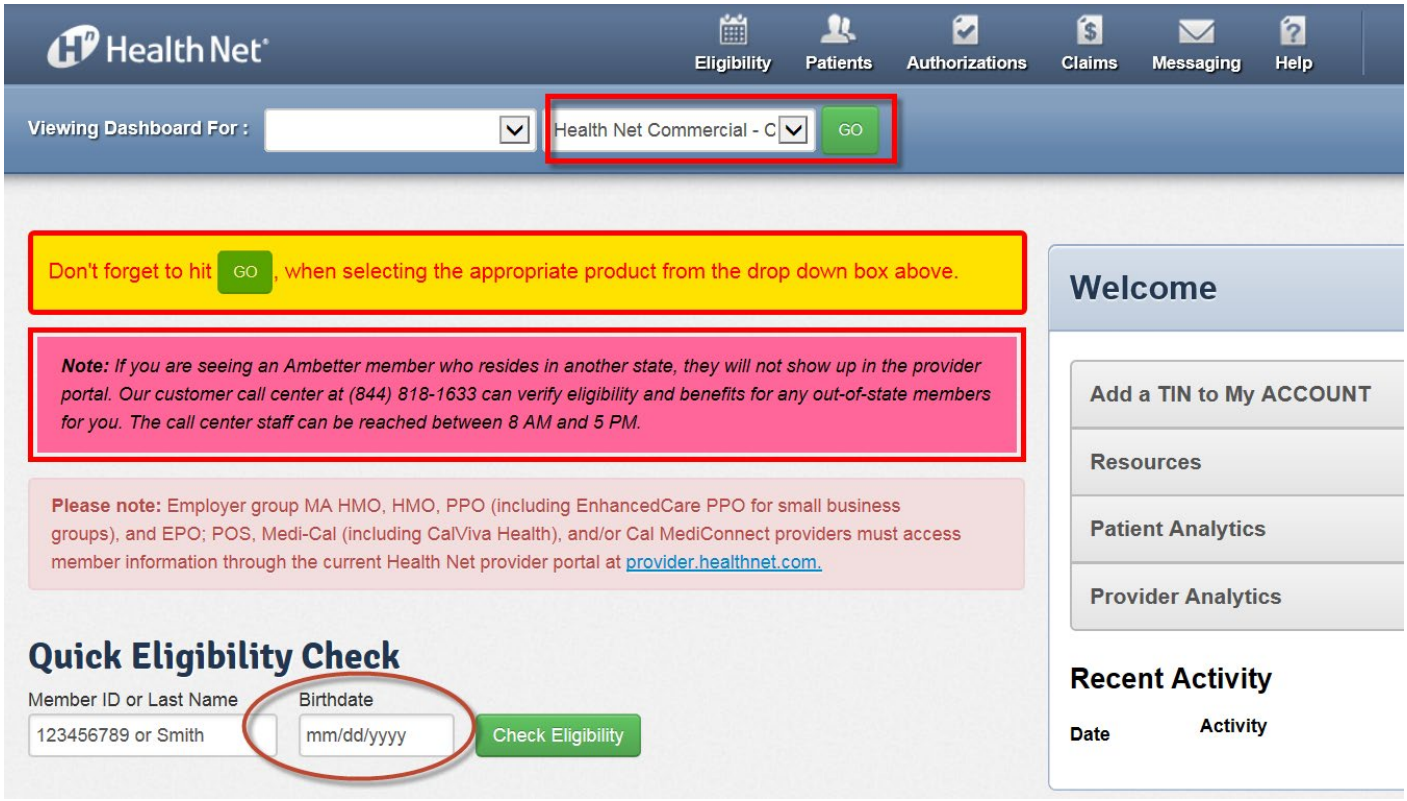
Providers are responsible for verifying benefits, eligibility and cost shares each time a member is scheduled to receive services. Presentation of a member identification (ID) card is not a guarantee of eligibility. Providers must always verify eligibility on the same day services are required. Providers can verify member eligibility on the 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. Follow the simple steps shown in the step-action table below that has two columns and seven rows, counting headings:

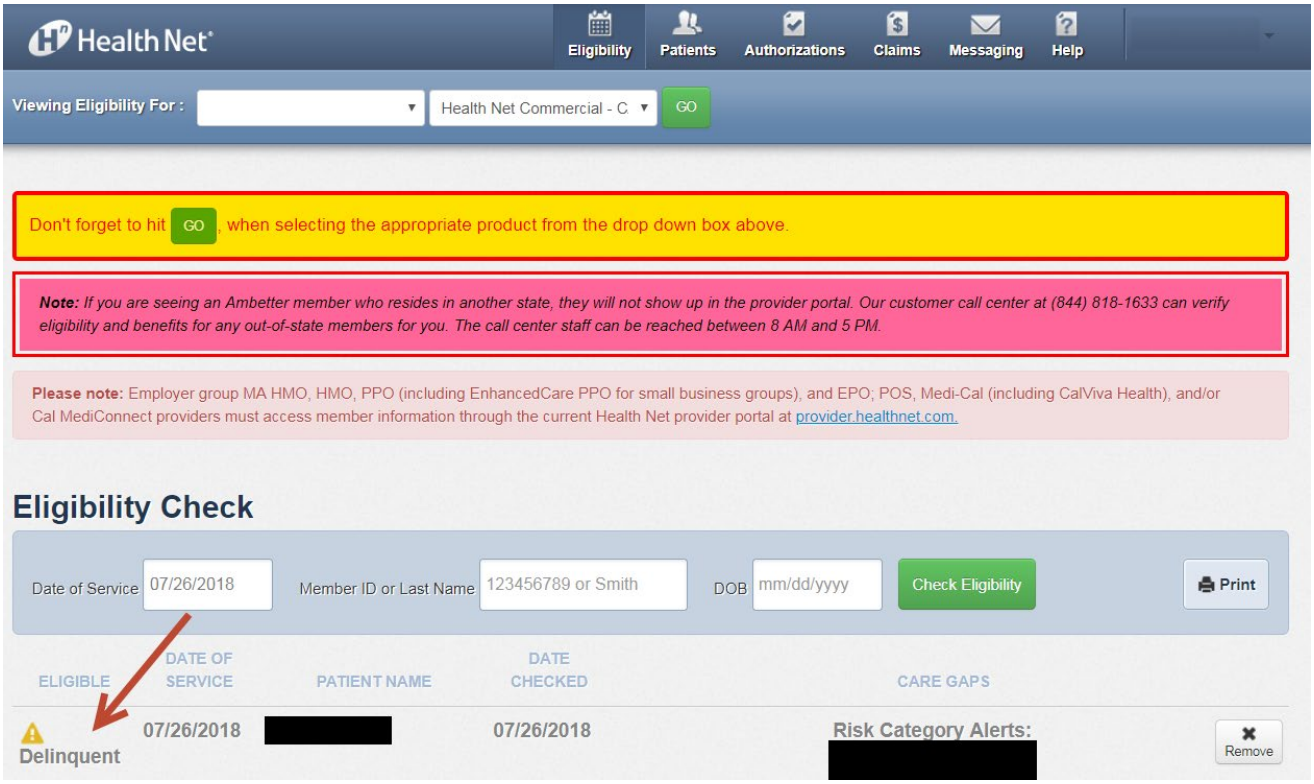
Step	Action
Step 1	Log in to the new provider portal at **provider.healthnetcalifornia.com**. Select product type (use the drop-down menu on top of the screen to choose *Health Net Commercial – CA* for IFP members), then select *Go*.
Step 2	Select the *Eligibility* tab or use Quick Eligibility Check 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: • Include the "R" ID number; use only the letter and numbers listed (R12345678) and do not use MM1 or FS1. • Include the full "U" ID number, as displayed with the first letter and all numbers listed (such as 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	Action, continued
Step 5	Then select *Check Eligibility*. 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.

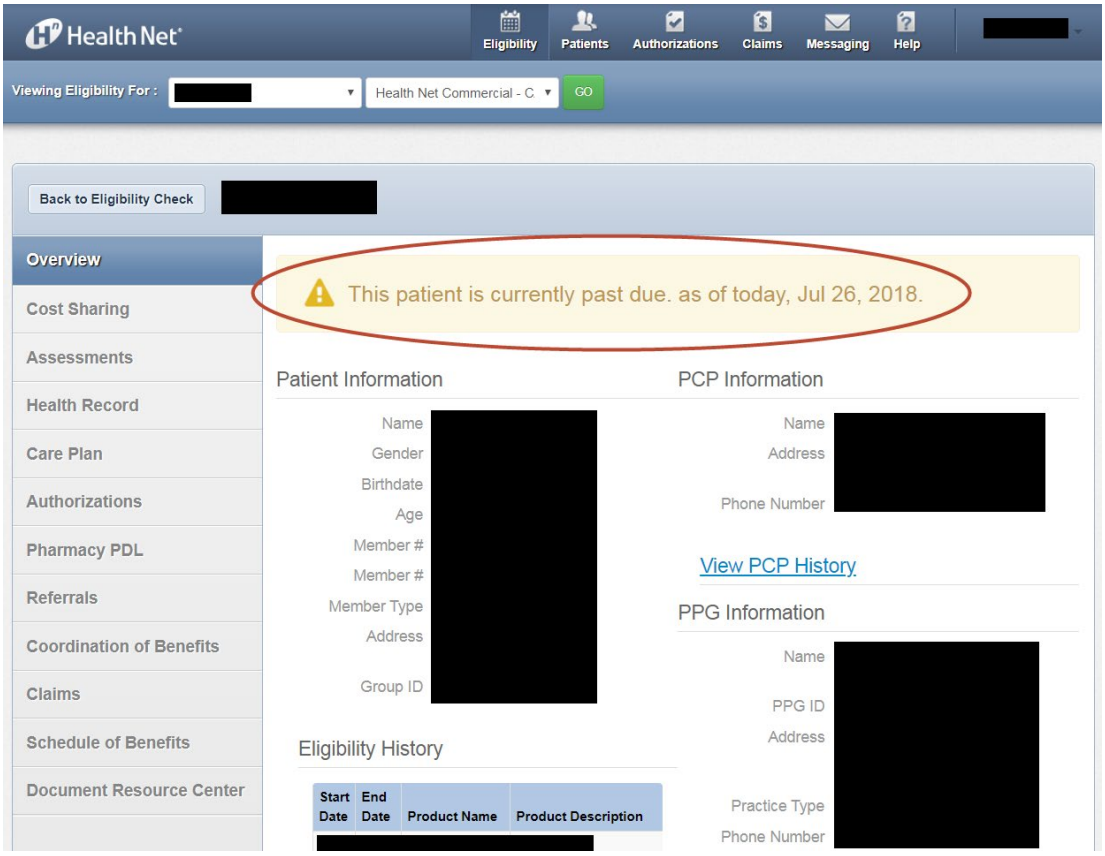
If the member status is not found on the Health Net provider portal at provider.healthnetcalifornia.com, then confirm that the member has an IFP plan. If the member has an employer group or small business group commercial plan, then verify member eligibility through the Health Net provider portal at provider.healthnet.com. Below is an image that shows how Quick Eligibility Check looks online:



Delinquency status displays as shown below:



After clicking on the member's name, further eligibility details display as shown below:



Below is an image that shows how eligibility status displays on the secure provider portal as eligible, ineligible, delinquent, or suspended:

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		