



Changes to Member Appeals Process

Delegated Cal MediConnect providers may be impacted

Health Net* Cal MediConnect Plan (Medicare-Medicaid Plan) participating physician groups may be at risk for claims during components of the member appeals process.

As of September 1, 2019, there was a change in the Cal MediConnect appeals process due to updates in the rules governing member appeals, including sections 2.15.5.1.1, 2.15.5.1.2, 2.15.5.2.1, and 2.15.5.2.2 of the contract between the Centers for Medicare & Medicaid Services (CMS) in partnership with the California Department of Health Care Services (DHCS) and Health Net Community Solutions, Inc. ("Three-Way Contract").

Cal MediConnect enrollees who exercise their right to continue to receive benefits, as allowed in Section 2.15.5 of the Three-Way Contract, during or pending an appeal of a Notice of Action (NOA), will not be financially responsible for those charges incurred for services during the appeal. The change applies in cases involving NOAs issued **for previously authorized services**.

Health Net and its delegated entities must continue to provide all prior approved Medicare Part B benefits or Medi-Cal benefits for which an NOA has been issued for termination or modification of the authorization pending completion of the appeal or until the enrollee withdraws the appeal or if the enrollee fails to file timely per the time frames in 42 C.F.R. § 438.420, whichever comes first.

Conflicting decisions among multiple appeal forums

Per section 2.15.6 of the Three-Way Contract, as of September 1, 2019, in the event that an enrollee pursues an appeal of an NOA to discontinue previously approved services and separately files an appeal in multiple forums (for example, if an enrollee files for a State Fair Hearing while an independent review entity (IRE) decision is pending) and receives conflicting decisions, the contractor is bound by, and must act in accordance with, **the decision favorable to the enrollee or the decision closest to the enrollee's relief requested on appeal**.

Providers delegated for utilization management or claims payment must ensure the prior authorized services during an appeal are provided and the claims for such services are paid.

Additional information

Relevant sections of Health Net's provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on Health Net's provider website at provider.healthnet.com.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at provider_services@healthnet.com within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column.

THIS UPDATE APPLIES TO
CAL MEDICONNECT
 PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

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