

# PROVIDER Update



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## Improved Processes for Efficient Claims Resolution and Streamlined Contacts

### We are committed to resolving your claims issues and ensuring you receive prompt responses to your inquiries

Due to the transition of behavioral health services administration from MHN to Health Net of California, Inc. (Health Net\*), there have been disruptions in claims operations and payments for many behavioral health providers that we are actively addressing. Additionally, we have updated Health Net contact information to make it easier for behavioral health providers to reach us about select functions and resolve any questions or needs that you have.

We understand the frustration and inconvenience this transition has caused some providers. We sincerely apologize for these issues and want to assure you that we are working diligently to establish and refine internal claim processes. Our goal is to resolve these disruptions and improve your experience. We appreciate your patience as we address your concerns and implement changes to ensure your claims are processed and paid in a timely manner.

### What we are doing to resolve claims disruptions

Health Net, on behalf of CalViva Health, has implemented several changes outlined below to help remedy the disruptions in claims operations.

#### Claims remediation

As a result of the system integration that occurred as part of this transition, we have encountered system issues affecting claims processing. We have identified various root causes of these issues and are making changes to prevent claims processing issues in the future. We are working quickly to reprocess and adjudicate all outstanding and unpaid behavioral health claims and are striving to complete the effort by November 1, 2024.

#### Provider services call center staff

We have trained our staff in our Behavioral Health Provider Services call center on how to answer questions on claim submissions based on the date of service of the claim, as well as how to address claim escalations to help support providers through claim challenges. If you have claim issues or concerns, please call Behavioral Health Provider Services at 844-966-0298. Our dedicated representatives will document your concern, work through an appropriate resolution and, if needed, escalate to the Provider Issue Resolution Team (PIRT) to provide additional support.

#### THIS UPDATE APPLIES TO:

- Behavioral Health Providers

#### PROVIDER SERVICES

Behavioral health providers –  
844-966-0298

#### PROVIDER PORTAL

[provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com)

CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. \*Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

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## Provider Issue Resolution Team (PIRT)

We created a Provider Issue Resolution Team with dedicated staff to address providers' escalated behavioral health claim issues. Once providers call our Behavioral Health Provider Services call center to report claim issues in need of escalation, these dedicated staff members will work directly with providers and internal claims staff to address provider concerns and/or to process claims.

For information about provider dispute resolution, refer to the Behavioral Health Provider Operations Manual in the Provider Library at [providerlibrary.healthnetcalifornia.com](http://providerlibrary.healthnetcalifornia.com).

## Provider data inaccuracies

We identified solutions to correct affected provider profiles in our system that previously caused claims to process incorrectly. There is no action required from providers because the Plan is resolving the system issue.

## What you can do to avoid delays in claims payment

Every payor's claim system has its unique way to managing intake and processing of claims. The same applies to this migration. Accurate billing information and complete claim submissions are crucial to help avoid potential payment delays for services rendered to eligible members. Providers must ensure that their claim submissions comply with the Plan's standards published in provider contracts and manuals.

The table below highlights some critical elements that are often incomplete or missing in provider claim submissions.

Form Field	Requirements	CMS-1500 (Professional)	UB-04 (Institutional)	Electronic Claims
<b>Billing provider name, address and NPI</b>	Enter the name, address, and 10-character NPI ID and taxonomy of the billing entity	Box 33	Box 1	Loop NM109 with XX qualifier
<b>Subscriber (name, address, DOB, sex, and member ID required)</b>	Enter the subscriber's Health Plan ID exactly as it appears on the member's current ID card.	Subscriber box 1a, 4, 7, 11	Box 58 and 60	2000B and 2010BA
<b>Patient (name, address, DOB, sex, relationship to subscriber, status, and member ID)</b>	Enter the member's Health Plan ID exactly as it appears on the member's current ID card.	Patient box 2, 3, 5, 6, 8	Box 8, 9, 10, 11	2000C and 2010CA
<b>Attending provider with NPI</b>	Enter the 10-character NPI ID and taxonomy for the attending practitioner.	N/A	Box 76	Loop 2300 NM1with DN qualifier
<b>Rendering provider</b>	Enter the 10-character NPI ID and taxonomy for the individual practitioner who rendered the service (this can be blank if a sole proprietor and that NPI is entered as the Billing Provider).	NPI in Box 24J	Box 56	Loop 2300 NM1 with 82 qualifier (if differs from billing provider)

Form Field	Requirements	CMS-1500 (Professional)	UB-04 (Institutional)	Electronic Claims
<b>Service facility information</b>	Enter the name, address, and 10-character NPI ID and taxonomy where the patient service was delivered (this can be blank only if provider is a sole proprietor).	Box 32	Box 1	Loop 2310C or 2310E NM1 with 77 qualifiers (if differs from billing provider)

For more information about claim submission, refer to the Behavioral Health Provider Operations Manual in the Provider Library at [providerlibrary.healthnetcalifornia.com](http://providerlibrary.healthnetcalifornia.com).

### Updated contact information

We have updated the Plan contact information to ensure that you have the correct contact information to operational departments to address common inquiries like demographic changes, portal technical support or credentialing. See contact information in the table below.

Please note:

- Inquiries or submissions to the incorrect contacts in the table below may result in delays.
- The Behavioral Health Provider Operations Manual will be updated with current contact information noted below.

Functions	Prior to September 1, 2024	Effective September 1, 2024
<b>Claim inquiries or questions</b>	Behavioral Health Provider Services <b>Phone:</b> 844-966-0298	Behavioral Health Provider Services <b>Phone:</b> 844-966-0298
<b>Request to add or remove sites or practitioners from practice, roster updates</b>	MHN Contracting <b>Email:</b> <a href="mailto:mhn.contracting@healthnet.com">mhn.contracting@healthnet.com</a> <b>Fax:</b> 877-871-5321	Health Net Provider Data Management Team <b>Email:</b> <a href="mailto:ProviderData@healthnet.com">ProviderData@healthnet.com</a>  Include "Behavioral Health and PPG Name (if applicable)" to email subject line.
<b>Update demographic information, Tax ID number, National Provider Identifier, group name, or data that are in the provider directory</b>	MHN Provider Services <b>Email:</b> <a href="mailto:MHN.ProviderServices@healthnet.com">MHN.ProviderServices@healthnet.com</a> <b>Fax:</b> 844-974-0492 <b>Phone:</b> 844-966-0298	Health Net Provider Data Management Team <b>Email:</b> <a href="mailto:ProviderData@healthnet.com">ProviderData@healthnet.com</a> <b>Online:</b> <a href="https://bit.ly/demographics-update">bit.ly/demographics-update</a>  Include "Behavioral Health and PPG Name (if applicable)" to email subject line.
<b>Technical portal support and group administrator requests</b>	MHN Provider Services (for the MHN Legacy provider portal) <b>Email:</b> <a href="mailto:MHN.ProviderServices@healthnet.com">MHN.ProviderServices@healthnet.com</a> <b>Fax:</b> 844-974-0492	Health Net Technical Support Team <b>Phone:</b> 866-458-1047

Functions	Prior to September 1, 2024	Effective September 1, 2024
<b>Credentialing questions</b>	MHN Provider Services <b>Email:</b> MHN.ProviderServices@healthnet.com <b>Fax:</b> 844-974-0492	Health Net Credentialing Department <b>Email (for facilities):</b> HN_FacilitiesCredentialing@healthnet.com <b>Email (for practitioners):</b> HNCredentialing_Practitioner_CA@Centene.com
<b>Contract renegotiation</b>	MHN Contracting <b>Email:</b> mhn.contracting@healthnet.com <b>Fax:</b> 877-871-5321	Send a request via email to DNBHC@healthnet.com
<b>Enroll in electronic funds transfer (EFT)</b>	MHN EFT <b>Email:</b> mhn.eft@healthnet.com	Health Net EFT <b>Online:</b> <a href="https://bit.ly/HNElectronicFundsTransfer">bit.ly/HNElectronicFundsTransfer</a>  Follow directions on this page based on product.

### Additional information

For all other inquiries not listed above or questions regarding the information in this update, contact Behavioral Health Provider Services at 844-966-0298.

For updated information and frequently asked questions about the transition, including where to bill and payer ID numbers, go to **Administration of Behavioral Health Services Transition from MHN to Health Net** at [bit.ly/BHTransitionFAQs](https://bit.ly/BHTransitionFAQs).