

Save Time Navigating the Provider Portal

FIND WHAT YOU NEED IN FEWER CLICKS



Provider Communications

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See What provider.healthnet.com Has to Offer

Register for the secure portal. If you do not already have an account on provider.healthnetcalifornia.com, you must register for an account to access member information.

Learn how to submit claims online. Electronic data interchange makes it easier for you to submit claims electronically.

Get pharmacy information. Your pharmacy resource center includes information about prior authorization, approved drug lists, how to request exceptions and more.

View webinar calendars. See what webinars are scheduled so that you and your staff can register and plan to attend.

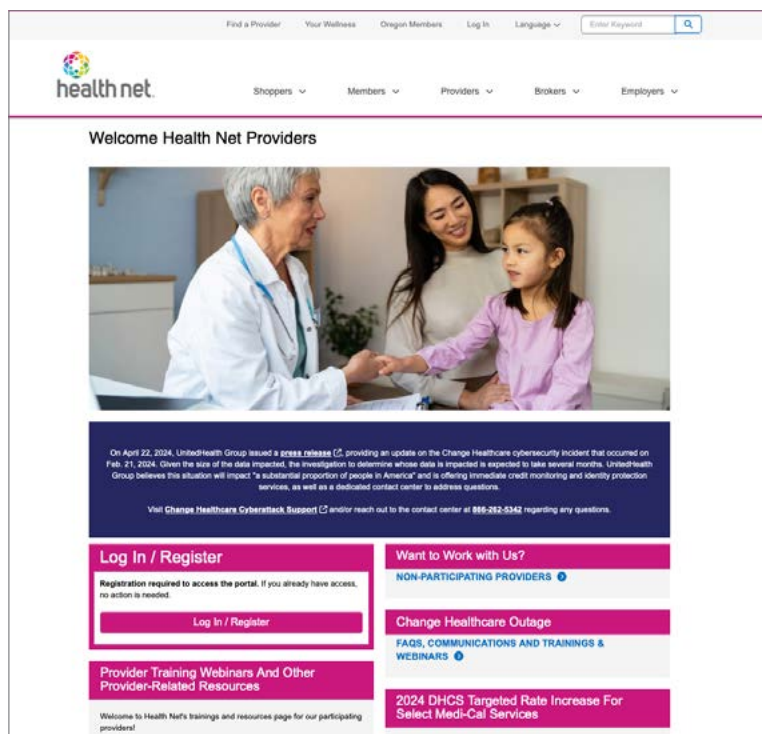
Get medical policies at your fingertips. Evidence-based medical policies support you in making correct utilization and care management choices related to requests for services for our members.

Find frequently asked questions (FAQs) and answers. Learn about registration, encounters, member eligibility and benefits, and more.

Contact us directly. If you cannot find what you are looking for, reach us via email or call us using the corresponding line of business phone number by selecting *Contact Us* on the site.



Get back to what is important – your patients. You have resources and self-service tools to help make your job easier ... right at your fingertips.

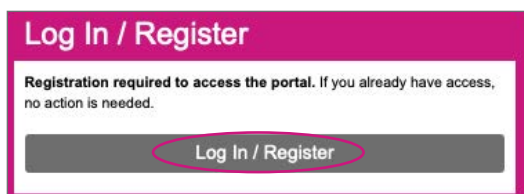


Actual provider portal image may look different.

Register to get started!

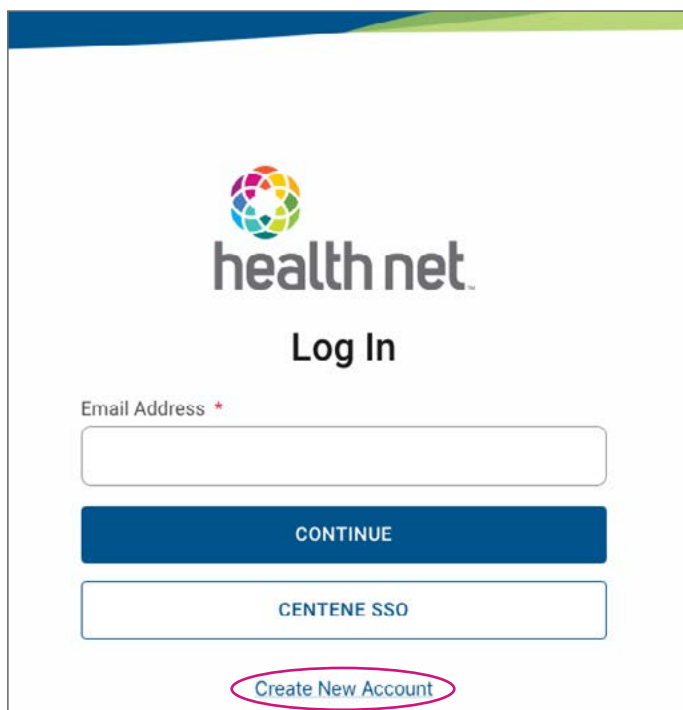
Providers who currently do not have access to **provider.healthnetcalifornia.com** must register for an account to access member information.

1. Go to **provider.healthnet.com**
2. Select *Log In / Register*. The link will take you to **provider.healthnetcalifornia.com** to register for your account.



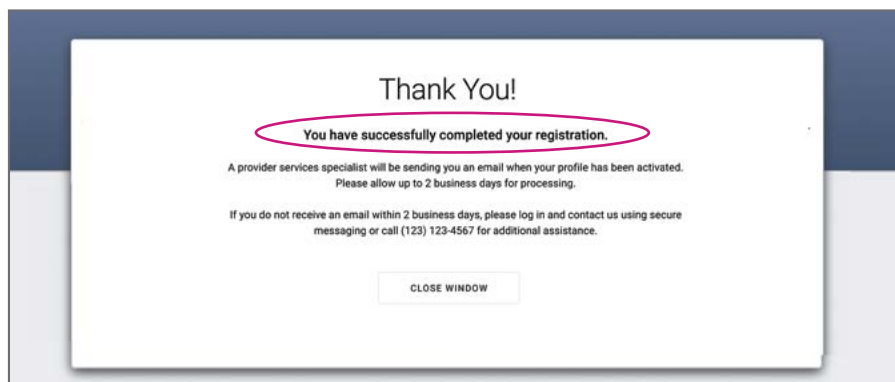
Screen shots may not match the current look of the provider portal.

3. Select *Create New Account*.

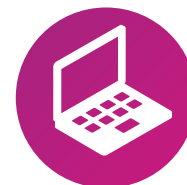


Screen shots may not match the current look of the provider portal.

4. Follow the prompts until registration is complete.



Screen shots may not match the current look of the provider portal.



Register to Get Started!

Visit provider.healthnet.com to access the portal.

Use these tools¹ to quickly find what you need on provider.healthnetcalifornia.com

As a one-stop shop for all your needs, the provider portal can help make your job easier.

- Manage your account.
- Look up a member's eligibility.
- Find a member's Schedule of Benefits or their cost share.
- Get easy access to medical management (prior authorization requests, health risk assessments (HRAs), care plans, and health records).
- Submit claims.
- Other functions are also available on the provider website.

Functions, such as transactions for claims, referrals and authorizations, are grouped together by the website. It also displays secure member history to view your pending claims or referrals for members.

Before you start

When choosing a plan type from the drop-down menu, note the following:

- Commercial – includes Commercial Individual & Family Plans (IFP), Commercial Groups and Medicare Supplement.
- Medicare/DSNP Integrated Plans – includes Medicare individual plans, Medicare Groups and DSNP plans.
- Medi-Cal – includes Medi-Cal only.

The screenshot shows the Health Net provider portal dashboard. At the top, there's a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a header section displays 'Viewing Dashboard For : TIN' and 'Plan Type' with a dropdown menu set to 'Health Net Commercial - CA' and a 'GO' button. A pink banner contains a COVID-19 notice. The main content area features a 'Quick Eligibility Check for Health Net Commercial - CA' section with input fields for 'Member ID or Last Name' (123456789 or Smith) and 'Birthdate' (mm/dd/yyyy), followed by a 'Check Eligibility' button. Below this is an 'ATTENTION' box regarding member eligibility verification. On the right, a 'Welcome' sidebar lists links for 'Add a TIN to My ACCOUNT', 'Provider Reports', 'Resources', and 'ProviderSearch'. At the bottom left, there's a 'Recent Claims' table with columns for STATUS, RECEIVED DATE, MEMBER NAME, and CLAIM NO. At the bottom right, there's a 'Recent Activity' section with columns for Date and Activity, and a 'Go Paperless' button.

Screen shots may not match the current look of the provider portal.

¹Some features or functions may only be available based on provider type.

Need to manage your account?

Learn how to add a TIN or a new user, and unlock or update your account.

View and add tax identification numbers (TINs)

1. Log in to **provider.healthnetcalifornia.com**, select the applicable line of business from the drop-down menu > Go.
2. Go to *Account Details* under your provider name at the top right corner to:
 - View your TINs
 - Add a TIN
 - Update account information

You can also access your Account Details by going to *Add a TIN to My Account* under Welcome.

Add and manage users

1. Go to *User Management*² under your provider name at the top right corner to:
 - Manage your office staff or users associated with your practice
 - Disable/enable users
 - Invite a user
 - Manage permissions

You can also access User Management² under Welcome.

Is your account locked?

Accounts on the portal are locked after five failed login attempts, after 90 days of inactivity or after the password expires.

To unlock your account or reset your password, select *Trouble logging in?*

Update account information

Go to *Account Details* under your provider name at the top right corner.

1. Under Provider Information, select **Healthnet.com**.
2. A pop-up will notify you to log in to **Healthnet.com**. If you already have an account on Healthnet.com, select green button to *Go To Healthnet.com*. Log in with your Healthnet.com email and password.
3. If you do not have a **Healthnet.com** account, select *Register for a new Healthnet.com account* and follow the prompts.

²If you do not have a User Management option, it means you do not have the authority to act as the account manager.

Verify member eligibility

Choose the option that works for you to view and verify eligibility.

Option 1

Use this option to verify eligibility of one member at a time.

1. Log in to **provider.healthnetcalifornia.com**, select the applicable line of business from the drop-down menu > Go.
2. Fill in the required information to view member's information under Quick Eligibility Check.

Option 2

Use this option to verify eligibility for multiple members.

1. Log in to **provider.healthnetcalifornia.com**, select the applicable line of business from the drop-down menu > Go.
2. Select *Eligibility* at the top of the page > *Eligibility Check*.
3. Fill in the required information under *Eligibility Check* to view the member's information.
4. If you have to check eligibility for additional members, repeat #2 above.

Tips

- Include the alpha letter with the numeric number on the member's identification (ID) card; use only the letter and numbers.
- If searching by last name, include the suffix, such as Jr., as listed on the member's ID card.
- Remember to also include the date of birth (DOB) since this is a required field.
- If the complete member ID number and DOB were entered and this does not provide eligibility status for the specific patient you are verifying, try using the last name and DOB instead.



Access to medical management (access must be granted)

Submit prior authorization requests and referrals, and check a member's health risk assessments, care plans and health records.

Submit prior authorization requests

1. Log in to **provider.healthnetcalifornia.com**, select the applicable line of business from the drop-down menu > Go.
2. Once you have checked the member's eligibility, select the member's blue hyperlinked name > *Authorizations* located in the left-hand column > *Create a New Authorization*.
3. The authorization form displays two sections.
 - The left side displays a disclaimer, the definition of an Urgent Request and the prior authorization steps that have been completed thus far.
 - The right side is where data is entered for Provider Request, including Urgent Requests, Service Type and Next.
4. Complete the required information to request prior authorization, including submitting the appropriate Smart Sheet for which a link can be found under the Authorizations tab.

For prior authorization requirements, go to provider.healthnet.com > under Want to Work With Us, select *Working with Health Net* > under Additional Resources, select *Services Requiring Prior Authorization*.

Health risk assessments (required for certain lines of business only)

Completing HRAs helps with early and ongoing identification of member needs, enabling us, our providers and the care management teams to develop more comprehensive member-centric care plans. HRAs also help predict future consumption of medical care, which is essential to the success of the care management program. Complete new HRAs or access your old ones by following the steps below:

Once logged in and you have checked a member's eligibility:

- Select the member's blue hyperlinked name > *Assessments* located in the left-hand column.

Other assessments may also be available on this screen.



Smart Sheets

Smart Sheets are Interqual® criteria and are recommended to be used, as they provide us with information to complete your prior authorization request. Use Smart Sheets when submitting prior authorization for medical procedures or requests for durable medical equipment. You can download the sheet, check off the criteria that apply and send back to us for assessment. The option to use Smart Sheets will continue through the entire prior authorization process, so you can complete a Smart Sheet at any time prior to submitting the prior authorization request. You can also follow the steps below to access Smart Sheets.

1. Select *Smart Sheets* under the **Authorizations** tab.
2. Find the appropriate Smart Sheet, complete the information and add it as an attachment to your web prior authorization request.

Care plan (available for certain lines of business only)

You can view three types of care plans:

- Medical Care Plans are the most common and include medical terminology.
- Member Centric Care Plans include “Self-Management” in the title and can be viewed by a member.
- Free Text Care Plans are created by a case manager.

To access a member’s care plan, once logged in and you have checked member’s eligibility:

- Select the member’s blue hyperlinked name > *Care Plan* located in the left-hand column.

Health records

Health records allow you to view notes from a visit or medications for members.

Once logged in and you have checked a member’s eligibility:

1. Select the member’s blue hyperlinked name > *Health Records* located in the left-hand column.
2. Select *Visits, Medication, Immunization, Labs or Allergies* to view detailed information for a member.

Care management referrals

Submit referrals for care management online to expedite the process.

Once logged in and you have checked a member’s eligibility:

1. Select the member’s blue hyperlinked name > *Referrals* located in the left-hand column.
2. Complete the required information and submit.

Medical Management Department

Contact our Medical Management Department at:

- **Phone:** 800-421-8578
- **Fax:** 800-743-1655 (Transplant: 833-769-1141)

All you need to know about claims

You can submit or view claims and check your payment history. You can also view the explanation of payment details via the audit tool.

View and submit claims

Only available to providers serving Individual & Family plans. Submit claims online following the steps below:

1. Log in to **provider.healthnetcalifornia.com**, select the applicable line of business from the drop-down menu > Go.
2. Once you have checked the member's eligibility, select *Claims* located in the left-hand column. The Claims tab of the member record allows you to view any recent claims for the member and also create a new claim. Any recent claims for the member will display on this tab.
3. Select the green *Create a New Claim* button to begin a new claim for this member.

Providers serving Community Health Plan of Imperial Valley members will not be able to submit claims online. A pop-up window will provide information on what to do and how to submit claims. You will continue to have access to your current clearinghouse.

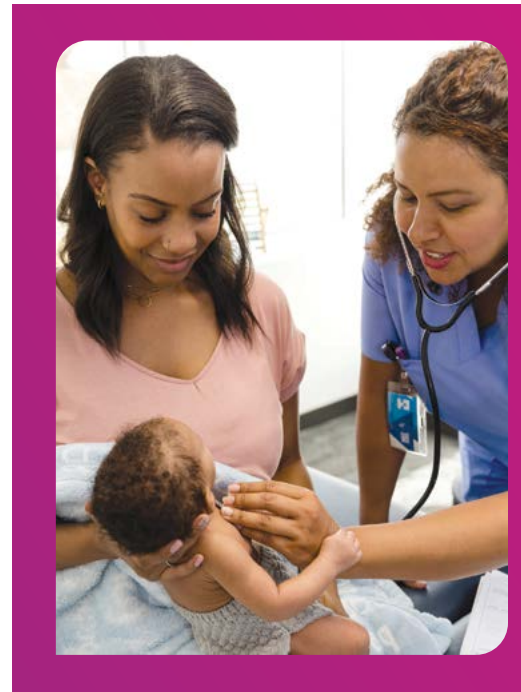
Payment history

To view claims payment history, once logged in and you have checked the member's eligibility:

1. Select *Claims* from the main dashboard.
2. Select *Payment History* to view the claims payment history. Payment History displays the date, check number, amount and mailing address for the last 30 days. You can modify this to search up to any 30-day span from the previous 18 months.

View explanation of payment details

1. Select *Claims* from the main dashboard.
2. Select *Payment History*.
3. Select date listed under Check Date.



Provider Library

Select *Provider Library* under Quick Links, or go directly to the library at providerlibrary.healthnetcalifornia.com without logging in.

In the Provider Library you can find:

- Provider Manual
- Prior Authorization Requirements
- Updates and Letters
- Forms and References
- Contacts
- Education, Training and Other Materials
- Provider Pulse Newsletter
- Health Equity, Cultural and Linguistics Resources
- Glossary
- Quality Management Program and Resources

Operations Manual

The Operations Manual offers you access to important plan benefits, limitations and administration processes to make sure members receive covered services when needed. We have done our best to design the manual to simplify your access. It is organized to achieve the following for you and your office staff:

- See all lines of business in one location.
- View the content on the Benefits page quicker through the alphabetized bar.
- View all applicable provider types listed at the top of each page.

Additionally, where possible, we have added accordions so you can view more related content on the same page.

Updates and letters

Electronically archived provider communications are available to reference. Updates address regulatory information, changes in procedures, or other categories of correspondence not covered by the other forms of communications. Letters address such issues as corrective measures, contractual changes, new initiatives, and corporate direction.

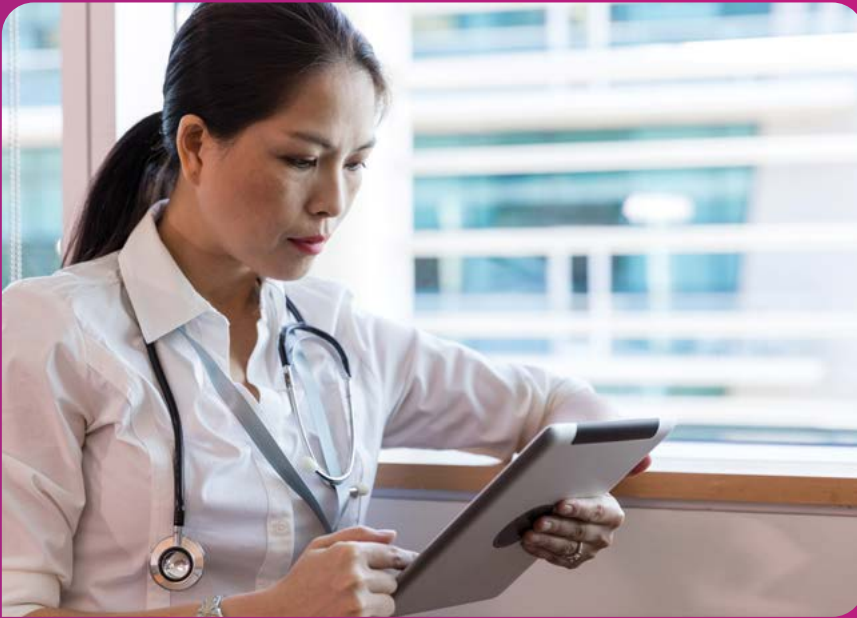
Forms and references and contacts

We have added the alphabet bar to the Forms and References and Contacts sections of the library. The alphabet bar makes it easy for you to find what you need quickly.

Education, training and other materials

This section of the library includes materials, such as flyers, tip sheets and guides, which may help you in your day-to-day business and activities. Topics include, but are not limited to, various cancer screenings, diabetes care and cultural awareness.

(continued)



Need to search for something?

Search for a specific topic or section within the Provider Library, excluding Updates and Letters.

1. Select any section of the Provider Library except Updates and Letters from the left navigation bar.
2. Select the search function (magnifying glass) at the top right **next to the print button.**
3. Type in what you want to search excluding numerals and select *Search*.

Results will include content from the Provider Library for the specific line of business selected.

Search the entire Provider Library for all lines of business, including Updates and Letters, by topic.

1. Go to the search bar at the very top right corner.
2. Enter the key words, phrases or the assigned provider communication material number (i.e., 24-083).
3. Select *Search*.

Results will include content from the entire Provider Library.

Other functions available on the provider website

ProviderSearch

- ProviderSearch helps you refer your patients to other providers.
- Search functions are for all types of providers, such as physicians, participating physician groups (PPGs), hospitals and ancillary providers.
- Maps and directions will also display.

Search results may also be printed. Select *ProviderSearch* under Welcome to begin.

Provider reports

1. Log in to view monthly reports for capitated PPGs and hospitals.
2. You may access member reports when report access is granted by your PPG or hospital's delegated administrator.
3. Use Google Chrome or Internet Explorer 8 or above to access the reports.
4. Select *Provider Reports* under Welcome.
5. A pop-up will notify you to log in to **Healthnet.com**. If you already have an account on **Healthnet.com**, select the green button to *Go To Healthnet.com*. Log in with your **Healthnet.com** email and password.
6. If you do not have a **Healthnet.com** account, select *Register for a new Healthnet.com account* and follow the prompts.

Pharmacy information

The Medi-Cal Rx Contract Drug List (CDL) includes a list of drugs covered by the **Medi-Cal Rx Program** through the state. The drug list is managed by Medi-Cal Rx and is subject to change. To obtain the member's pharmacy information, follow the steps below:

1. Log in to **provider.healthnetcalifornia.com**, select the applicable line of business from the drop-down menu > *Go*.
2. Once you have checked the member's eligibility, select *Medi-Cal Rx CDL* on the left navigation bar.
3. Download the pharmacy information.

Need more information on how to use the site?

For more information, access the Secure Provider Website Instructional Guide. This guide is a quick reference for providers and staff members, and offers tips on how to use available tools and functions. The guide also explains ways to use the site in order to get the most out of the available resources. To access this guide, log in to provider.healthnetcalifornia.com and select *Instruction Manual (PDF)* at the bottom of the home page.

This manual is accessible at the bottom of every page on the portal.

Our Provider Services Center is here to help

Provider Services Center representatives are available to assist you with:

- Member eligibility and effective dates, and eligibility research.
- Questions about the prescription drug program.
- Conflict resolution regarding benefit interpretation.
- Exceptions and administrative decisions.
- Complaints regarding health care services, delivery of health care services or PPG staff.
- Request for removal of members for disciplinary actions.
- Questions regarding claim status.



1. Log in to provider.healthnetcalifornia.com, select the applicable product from the drop-down menu > **Go**.
2. Use the **Messaging** button at the top of the navigation bar to send us a secure message; or
3. Contact Community Health Plan of Imperial Valley at 833-236-4141.