Avoid Processing Delays for Prior Authorization Requests with These Guidelines

FOLLOW SUBMISSION INSTRUCTIONS AND HELP IMPROVE PATIENT EXPERIENCE WITH TIMELY CARE

Set expectations with your patients *to help them understand how the prior authorization (PA) process and timelines work when a PA is needed.*

Physicians and other providers can coordinate medically necessary care for their patients with a PA form that is submitted timely and with accurate information.

Where to submit PA requests

For elective inpatient or outpatient services, physicians and other providers:

- **Affiliated with a delegated participating physician group (PPG)** – follow the PPGs PA procedures and contact the PPG for information.
- **Contracting directly with Health Net* fee for service (FFS)** – obtain PA from the Utilization Management Department or as specified on the Prior Authorization Requirements lists. Go to **bit.ly/HNPAInfo** to view the lists.

Be aware of PA timelines

For elective inpatient or outpatient services, submit requests for PA:

- ✔ As soon as the need for service is identified, *or*
- ✔ At least five business days for routine requests, *or*
- ✔ 72 hours for urgent requests. Emergency services do not require prior authorization.

Avoid PA processing delays

Here are the most common reasons why PA forms are returned or not processed.

- 🚫 Not submitted timely.
- 🚫 Lack of sufficient clinical notes. Some surgical requests (e.g., reconstructive surgery or repair) require submission of non-returnable color photos, models or X-rays.
- 🚫 Incorrect CPT codes.
- 🚫 Missing anticipated date of service, if scheduled.
- 🚫 Missing the tax identification number/National Provider Identifier (NPI) for referring and servicing provider(s).
- 🚫 Sent to an incorrect department and/or entity.
- 🚫 Amount requested is missing or incorrect (number of visits, dosage, quantity).

Use online tools to help prepare for PA request submission

- Verify member eligibility – Log in to the provider portal at **bit.ly/HNProviderPortal.**
- Confirm benefit coverage – The member's Evidence of Coverage is available online at:
    - Medi-Cal: **bit.ly/MCL-EOC.**
    - Individual Family Plans: **bit.ly/IFP-EOC.**
    - Small business groups: **bit.ly/SmallBus-EOC.**
    - For Large business groups, call Provider Services.
- More details about PA – Go to **bit.ly/HNPAInfo.** Based on the line of business needed, select *Commercial – California (PDF), Medi-Cal Fee-for-Service Health Net and CalViva Health (PDF), or Medicare – California (PDF)* under Prior Authorization Lists.
- Prior Authorization Validation Tool – Under Online Prior Authorization Validation Tool, use the tool for HMO Prior Authorization Check or PPO Prior Authorization Check at **bit.ly/HNPAInfo.** This tool is not available for Medi-Cal.

Fill out a PA form

You can find PA forms:

- In the Provider Library at **bit.ly/ProvLibrary.** Choose a line of business, go to *Forms and References,* then select the *Prior Authorization Requirements* form found under 'I' for Inpatient or 'O' for Outpatient based on services needed.
- On the provider portal at **bit.ly/HNPAInfo** under Prior Authorization Request Form, select *Commercial plans – Outpatient or Inpatient* or select *Medi-Cal – Prior Authorization Request Form – Outpatient or Inpatient* based on the line of business and services needed.

(continued)

Include required information

Health Net Requirements form must be completed in its entirety. It must also include sufficient clinical information and/or medical records to support medical necessity for services that are requested.

Be sure to include:

- Member's name.
- Member's identification number.
- Member's date of birth.
- Diagnosis (clinical notes, reports of previous procedure, specialist reports/evaluation).
- Requesting physician's name, address, phone and fax numbers, and contact person.
- Place where services are provided.
- Physician's name (physician receiving the referral), ancillary provider name and facility name.
- Procedures codes.
- Date of service.

Submit the PA form to the plan

- Online post login via the provider portal at **bit.ly/HNProviderPortal.**
- Fax the PA form to the Medical Management Department. Use the fax number on the form to submit requests 24 hours a day, seven days a week.
- Health Net has partners for select PA reviews. Refer to the Prior authorization contact section on where to submit your PA requests.

(continued)

Find the status of your PA

We encourage you to frequently check the status of submitted authorizations by referencing the list below or post login on the provider portal at **bit.ly/HNProviderPortal.**

Decisions are made within 5 business days for routine requests and 72 hours for urgent requests (unless additional information is needed to determine whether, or to what extent, the benefits are covered or payable under the member's plan).

If you have not received a response within this timeframe, please contact Health Net.

Prior authorization contacts

Listed below are contact numbers for requesting PA. Also included is contact information for commonly requested Health Net departments and Health Net preferred partners that may receive PA requests.

Commercial plans

For Commercial plans, an '**X**' in a column indicates that the contact information applies to that plan type.

Health Net of California, Inc. and Health Net Life Insurance Company Direct Network HMO (including Ambetter HMO) and POS Tier 1; EPO; HSP; Ambetter HMO PPGs; POS Tiers 2 and 3 (Elect, Select and Open Access); PPO, out-of-state PPO, and Flex Net Products.

Commercial		HMO, HSP, POS T1, EPO	Amb. HMO PPGs	POS T1, POS T2, POS T3	PPO, Flex Net	OOS PPO
Contact information						
Prior authorization request	800-977-7282; fax: 800-793-4473 Online submission: **provider.healthnet.com** • Employer group HMO, PPO, EPO • Point of Service (POS)	X	X	X	X	X
	Fax: 844-694-9165 Online submission: **provider.healthnetcalifornia.com** • IFP HMO • IFP HSP • PPO Individual and Family • IFP PPO • IFP EPO	X			X	
Hospital Notification Unit/post stabilization notification for non- participating facilities	800-995-7890	X	X	X		
Hospital Notification Unit	800-995-7890; fax: 800-676-7969 • Employer group HMO, PPO, EPO • Point of Service (POS)	X	X	X	X	X
	Fax: 844-760-8992 • IFP Ambetter HMO • IFP HSP • PPO Individual and Family • IFP PPO • IFP EPO	X			X	
Health Net Provider Services (for provider status, member eligibility and benefits, member EOC/COI inquiry)	**provider.healthnet.com**; 800-641-7761 email: provider_services@healthnet.com	X	X	X	X	X
MHN (behavioral health provider)	844-966-0298	X	X	X	X	X
eviCore healthcare	**Sleep studies (Does not apply to EPO, PPO, Flex Net):** 888-693-3211; fax: 866-999-3510 **www.evicore.com** **Radiation therapy:** Designated phone: 888-693-3211 fax: 800-540-2406 **www.evicore.com**	X			X	X

(continued)

Commercial		HMO, HSP, POS T1, EPO	Amb. HMO PPGs	POS T1, POS T2, POS T3	PPO, Flex Net	OOS PPO
Contact information						
National Imaging Associates, Inc. (NIA) (for advanced imaging requests)	800-424-4802 Online submission: **www.radMD.com**	X	X	X	X	X
Health Net Pharmacy Department	800-548-5524; fax: 866-399-0929	X	X	X	X	X
Apria Healthcare (CPAP and BiPAP)	800-277-4288	X	X	X	X	X
AcariaHealth (preferred hemophilia provider)	844-538-4661 fax: 844-750-0827	X	X	X	X	X
Coram Specialty Infusion Services (preferred home infusion provider)	800-548-5524; fax: 833-953-3436	X	X	X	X	X
American Specialty Health Plans, Inc. (ASH Plans)	800-972-4226 **https://www.ashn.com/**	X	X	X		
Transplant Team	fax: 833-769-1142	X	X	X	X	X
TurningPoint Healthcare Solutions, LLC	855-332-5898 fax: 949-774-2254 **www.myturningpoint-healthcare.com** email: centenecaum@turningpoint-healthcare.com	X		X	X	X

(continued)

Medi-Cal

For Medi-Cal, an **X** in the adult or pediatrics members column indicates if the contact information applies to that age group.

Contact information		Adult members ages 21 and over	Pediatric members under age 21
Prior authorization request	800-421-8578; fax: 800-743-1655	X	X
Hospital Notification Unit	fax: 800-676-7969	X	X
Hospital Notification Unit/Post Stabilization Notification for Non-Participating Facilities	800-995-7890	X	X
Long-Term Care Intake Line	800-453-3033; fax: 855-851-4563	X	X
California Children's Services (CCS)	www.dhcs.ca.gov/services/ccs/pages/default.aspx (includes CCS contact information by county)		X
CCS paneling inquiries	916-322-8702		X
Coram Specialty Infusion Services (preferred home infusion provider)	866-899-1661; fax: 866-843-3221	X	X
County Mental Health for substance abuse services	www.dhcs.ca.gov/services/Pages/MentalHealthPrograms-Svcs.aspx (includes contact list by county)	X	X
Dental (Denti-Cal)	800-322-6384	X	X
Eligibility and benefits	888-893-1569	X	X
Pharmacy Department	800-548-5524; fax: 833-953-3436	X	X
National Imaging Associates, Inc. (NIA) (for advanced and cardiac imaging requests)	800-424-4809 Online submission: www.radmd.com/	X	X
American Specialty Health Plans, Inc. (ASH Plans)	800-972-4226; www.ashlink.com	X	X
Medi-Cal general information	www.medi-cal.ca.gov	X	X
Medi-Cal Member Services Department	888-893-1569	X	X
MHN for listed behavioral health service	844-966-0298	X	X
Nurse Advice Line	800-675-6110, 24 hours, seven days a week	X	X
Modivcare non-emergency and non-medical ground transportation services (NEMT/NMT)	866-529-2128 fax: 877-457-3352	X	X
Provider Services Center	888-893-1569	X	X
Public Programs (for CBAS)	Face-to-face, authorization and notification request: fax: 833-581-5908	X	X
Transplant Team	fax: 833-769-1141	X	X
TurningPoint Healthcare Solutions, LLC (for musculoskeletal requests)	855-332-5898; fax: 949-774-2254 www.myturningpoint-healthcare.com email: centenecaum@turningpoint-healthcare.com	X	