

<Delegated Entity Name and Logo>

<Date>

<Provider Name>

<Provider Address>

<Provider City>

<Provider State>

<Provider ZIP>

RE: Notice to Provider of Pended Claim Due to Suspended Coverage While Premiums Due Are Delinquent

Dear Provider:

<Delegated Entity Name> has received your claim for the Health Net of California, Inc. (Health Net) enrollee identified below. However, this enrollee's premium payment is delinquent and his or her eligibility for coverage has been suspended.

The Affordable Care Act affords this enrollee a three-month grace period during which he or she must pay all premiums. During the first month of the grace period, coverage remains in effect and claims for covered services rendered in the first month of the grace period are eligible for payment. However, during the second and third months of the grace period, the enrollee's coverage is suspended and claims for services rendered during this period are pended.

Our records indicate that the enrollee is in the second or third month of the three-month grace period, which began on [conditionally insert APTC Delinquency Start Date <month day, year>]. Therefore, your claim has been pended. If the enrollee makes timely payment of all premiums due before the end of the grace period, then coverage will be reinstated and claims for covered services will be eligible for payment and adjusted without the need for you to resubmit the claim. If the enrollee does not pay all premiums due before the end of the grace period, then his or her coverage is terminated as of the end of the first month of the grace period and no claims will be paid for services rendered after that date. If that occurs, <Delegated Entity Name> will send you a final notice of denial of your claim if required by claims settlement laws.

Please note that while the enrollee's coverage is suspended, Health Net participating providers are not contractually required to provide services and providers are free to require payment from the enrollee at the time services are rendered.

You may obtain additional information through the Health Net Provider Service Center online at www.healthnet.com, by email at provider_services@healthnet.com, or by calling 1-888-926-2164.

Date received	Subscriber ID	Patient name	Inventory number	Beg svc date	Billed amount
<Insert date claim received> Note: Populate all claims pended on the same day for the same subscriber ID to its own row in this table.	<Insert Subscriber ID>	<Insert Patient Name>	<Insert Inventory No>	<Insert Beginning Service Date>	<Insert Billed Amount>

Sincerely,

<Delegated Entity Signature and contact information>