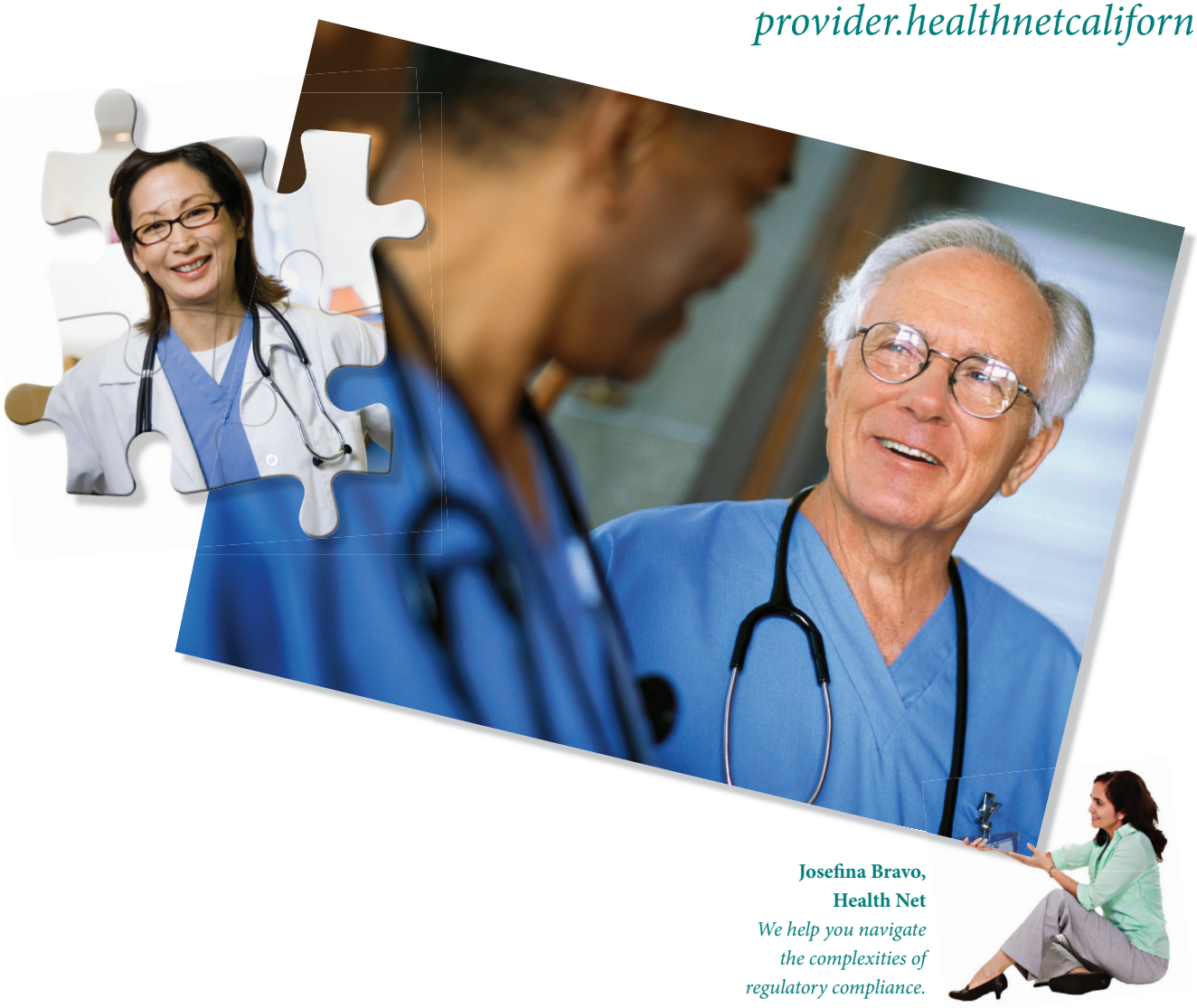
Health Net of California Inc., Health Net Community Solutions Inc.
and Health Net Life Insurance Company (Health Net)

Accessing Claims on the New Health Net Provider *Portal*

provider.healthnetcalifornia.com



Josefina Bravo,
Health Net
We help you navigate the complexities of regulatory compliance.

Log in to the new secure Health Net provider portal at **provider.healthnetcalifornia.com** to access and view claims for members via the online assessment tool.

Health Net®

Table of Contents

Accessing Member Claims 2

Submitting professional claims 4

Submitting institutional claims 10

Viewing Claims 16

View details of individual claims 17

Correct claims 18

Correct Claims 18

Copy Claims 18

Saved claims 19

Submitted claims 19

Saved Claims 19

Submitted Claims 19

Batch Claims 19

To view submitted batch claims 20

Payment History 21

View Explanation of Payment details 22

Downloading the Explanation of Payment 23

Claims Audit Tool 23

Claims Addresses 26

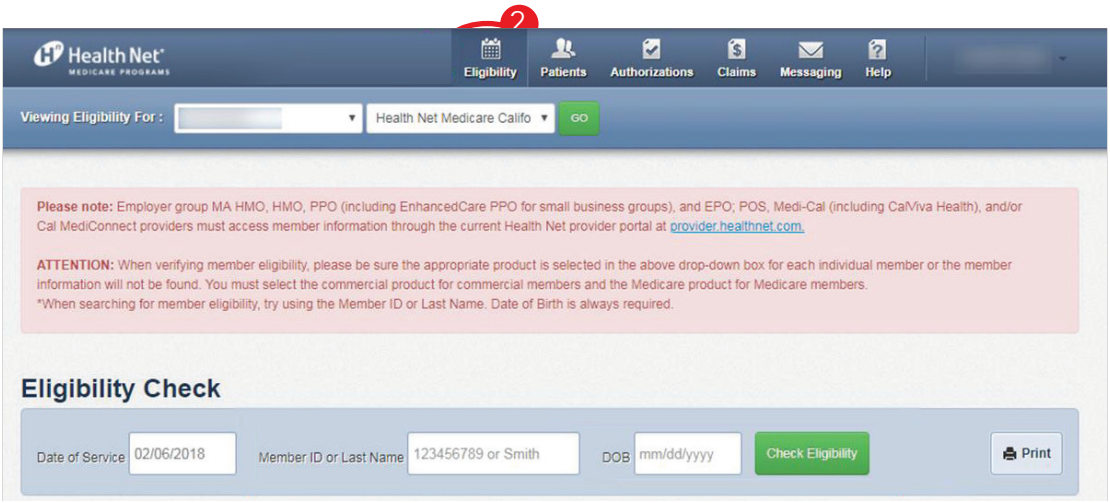
Health Net Provider Services Department 26

Accessing Member Claims

1. Log in to the new Health Net provider portal at **provider.healthnetcalifornia.com**. Select the applicable product from the drop-down menu, and then select *Go*. Not all lines of business are listed in the screenshot below.

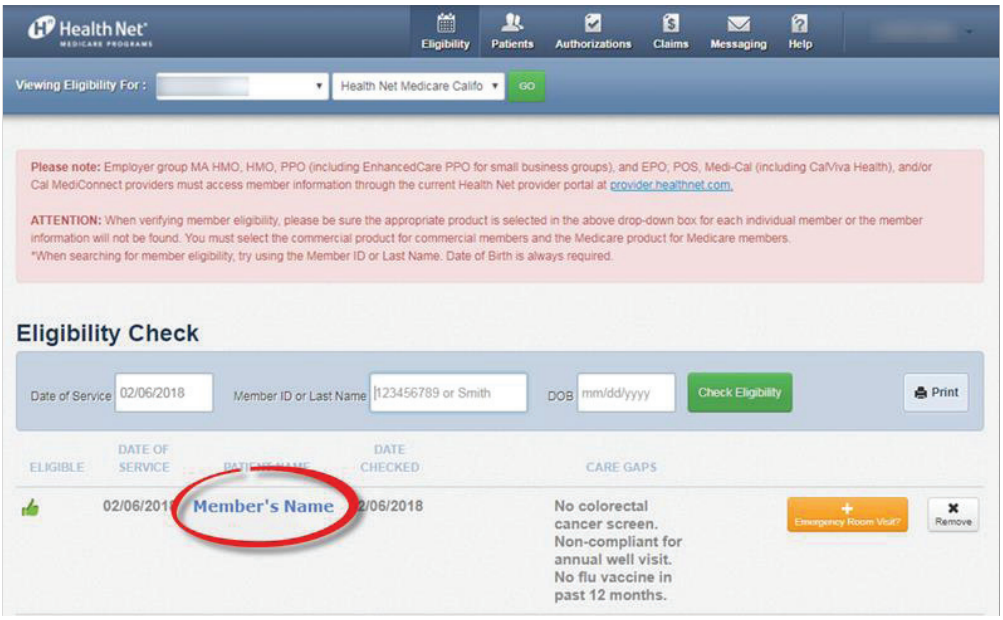
2. Select the *Eligibility* icon.
3. Enter the member's identification (ID) number or enter the member's last name. For member ID numbers starting with C or U, enter the full 11-digit C or U numbers (C1234567890 or U1234567890).

   For member ID numbers starting with R, enter the 9 or 11 digits (R12345678 or R1234567800). Do NOT add MM1.
4. Enter date of birth.
5. Select *Check Eligibility.*



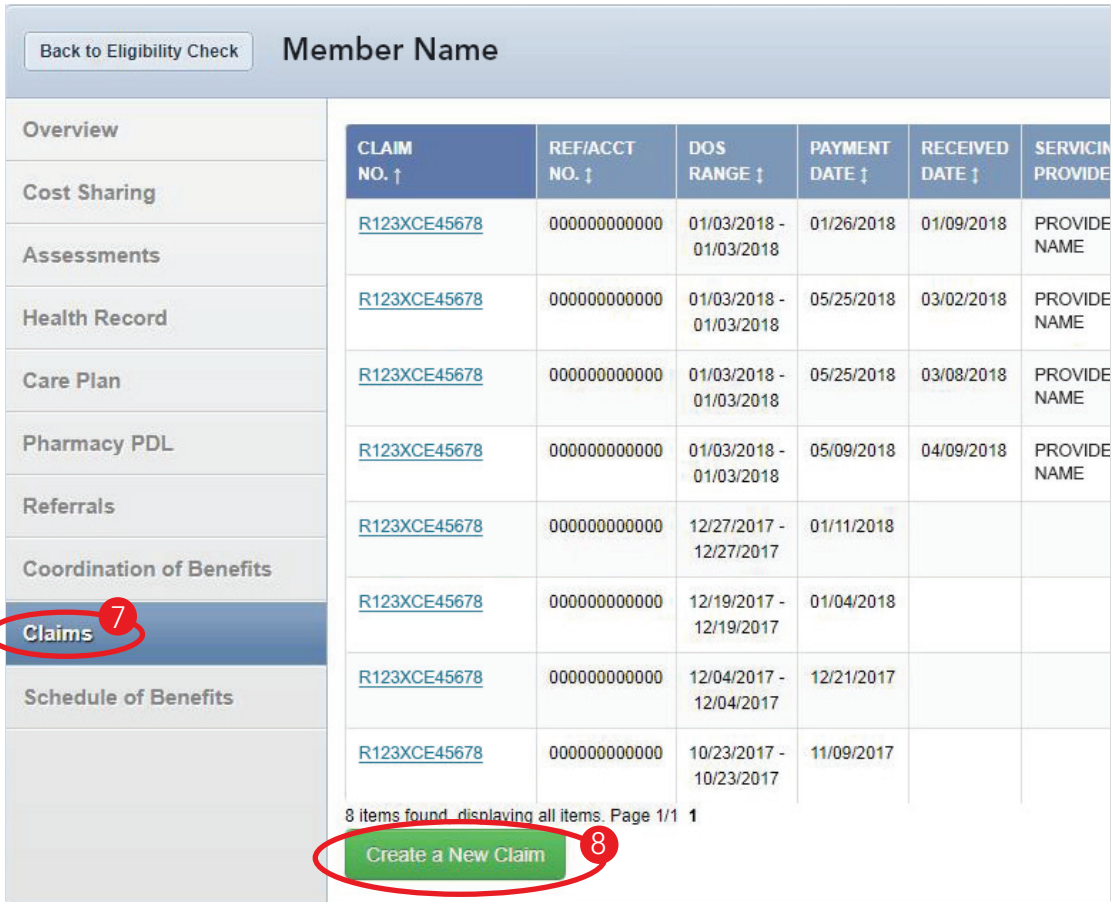
(continued)

6 Select the hyperlink, which is the member's name.



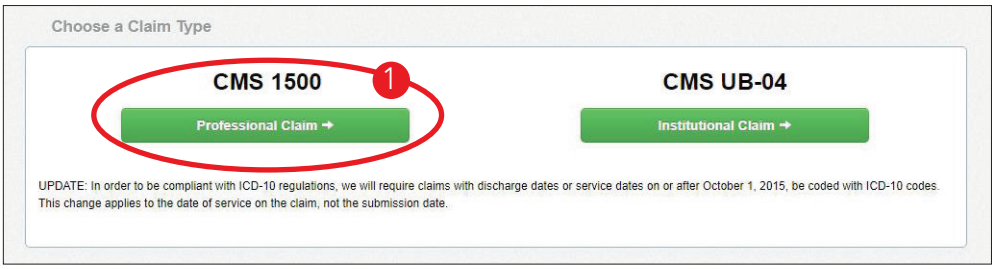
7 Select *Claims* on the left. The *Claims* tab of the patient record allows you to view any recent claims for the patient and also create a new claim. Any recent claims for the patient will display on this tab.

8 Select the green *Create a New Claim* button to begin a new claim for this patient.



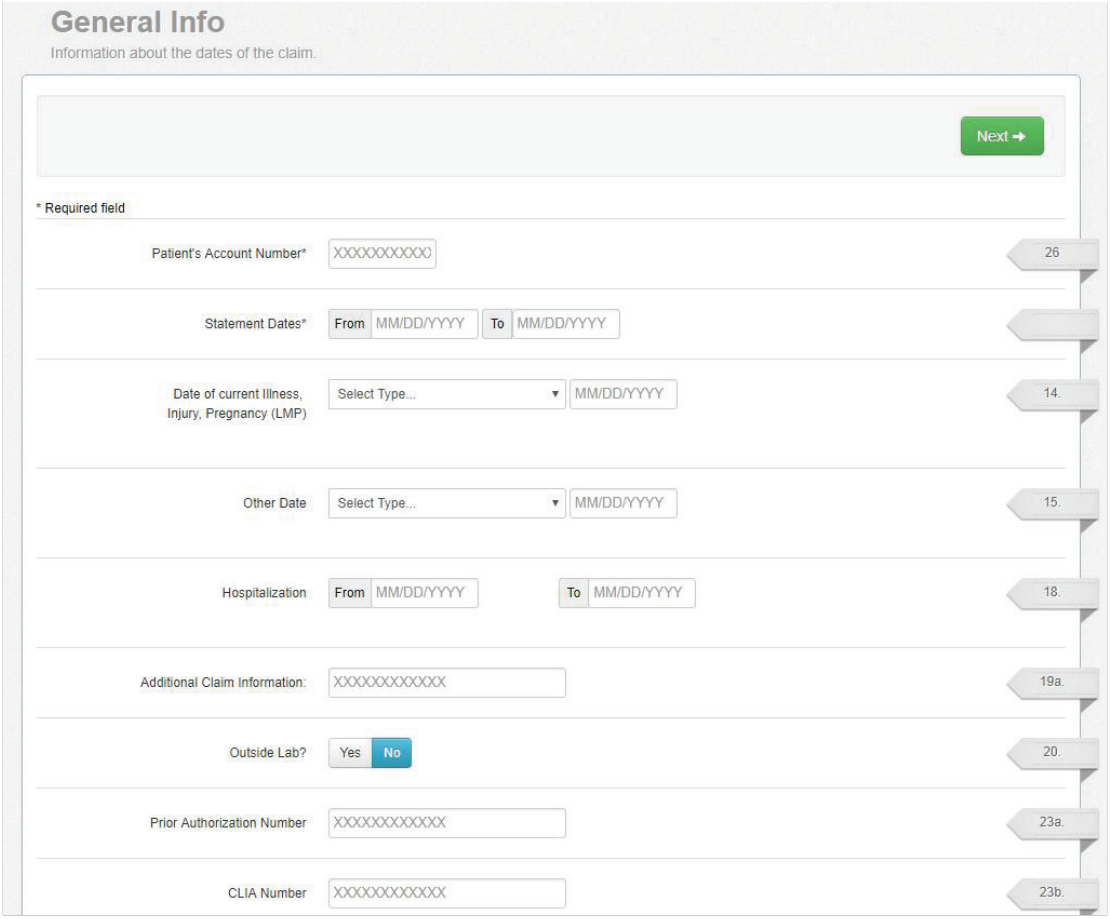
Submitting professional claims

1. Select *Professional Claim*.



2. In the General Info section, populate the Patient's Account Number, Statement Dates and other information related to the patient's condition in the appropriate fields.

3. Select *Next*.



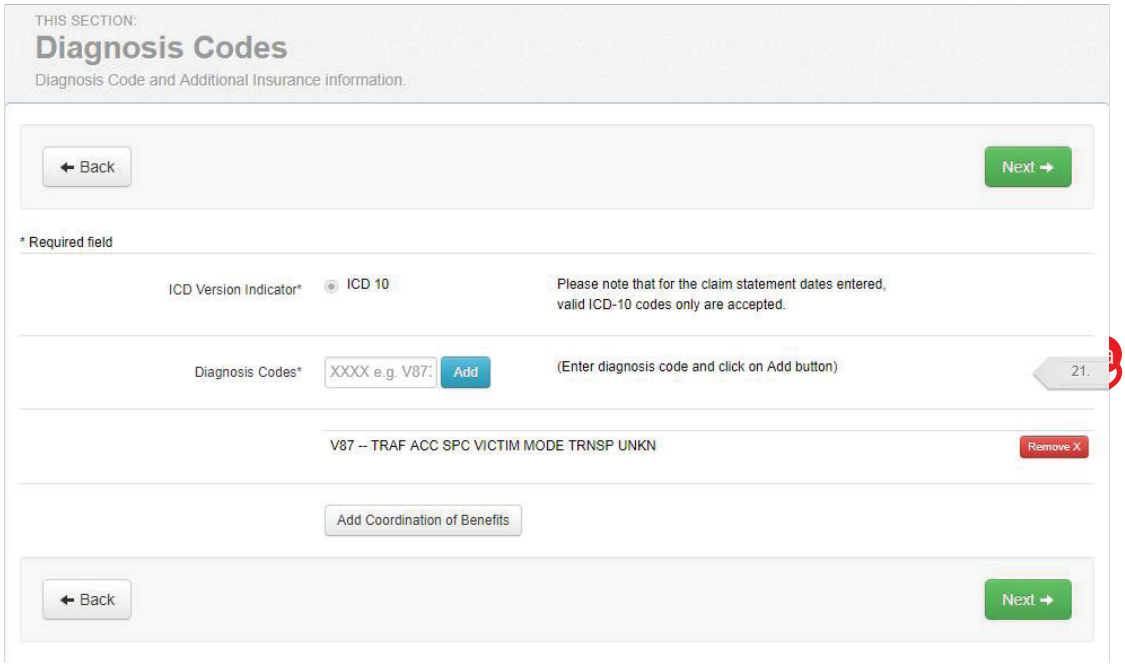
(continued)

4. In the Diagnosis Codes section, add the patient's diagnosis codes; then select the *Add* button to save the appropriate diagnosis codes for the patient.

   a) The fields displayed here reflect those on a CMS-1500 form. Hovering over the numbered claim field tabs to the right of the screen will help determine what field on the CMS-1500 form has the information.

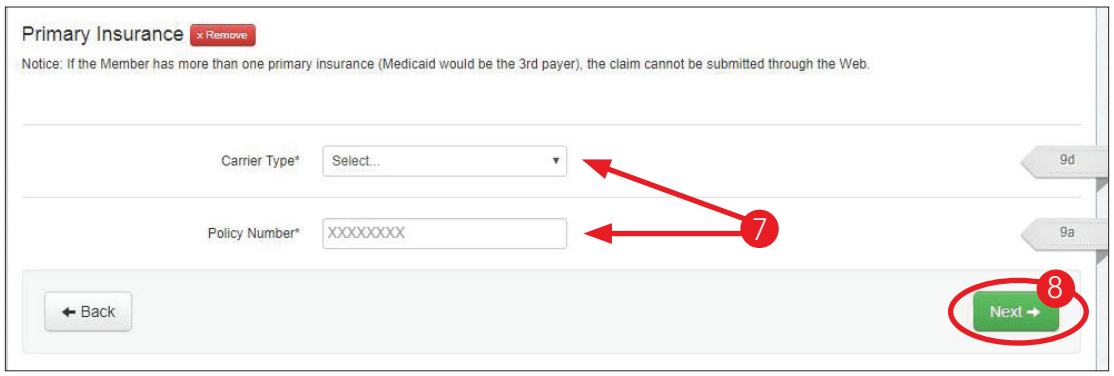
5. Select *Add Coordination of Benefits* to include any payments made by another insurance carrier (if applicable).

6. Select *Next*.



7. Enter the Carrier Type and the Policy Number.

8. Select *Next*.



(continued)

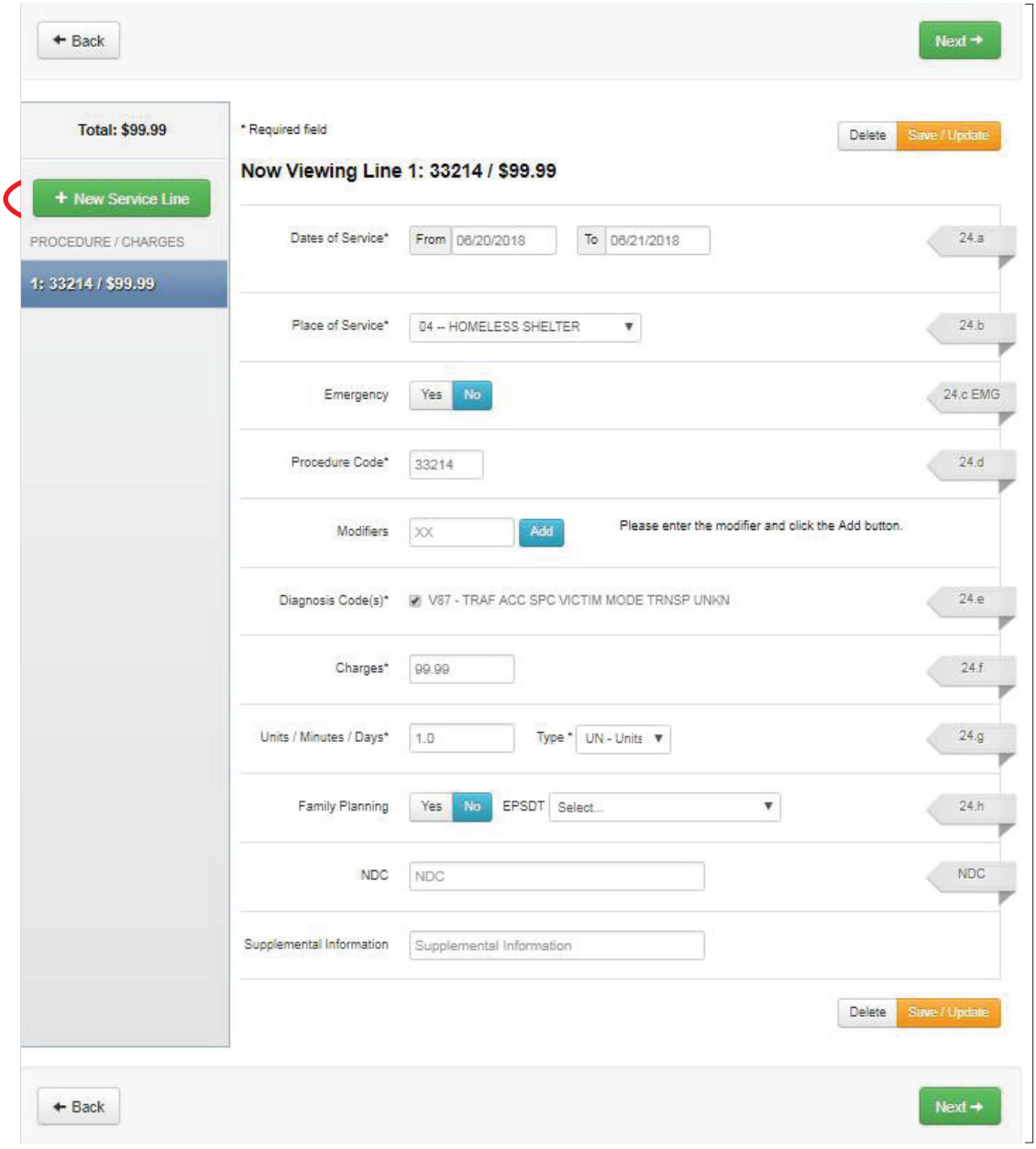
9. In the Service Lines section, add the required service line information identified by asterisks. When entering charges for the service billed, include the decimal point to ensure the data is populated accurately. For example, an entry of 99.00 converts to $99.00.

10. To add additional service lines:

    a) Select the *Save/Update* button.

    b) Select the *New Service Line* button. You may enter up to 97 service lines.

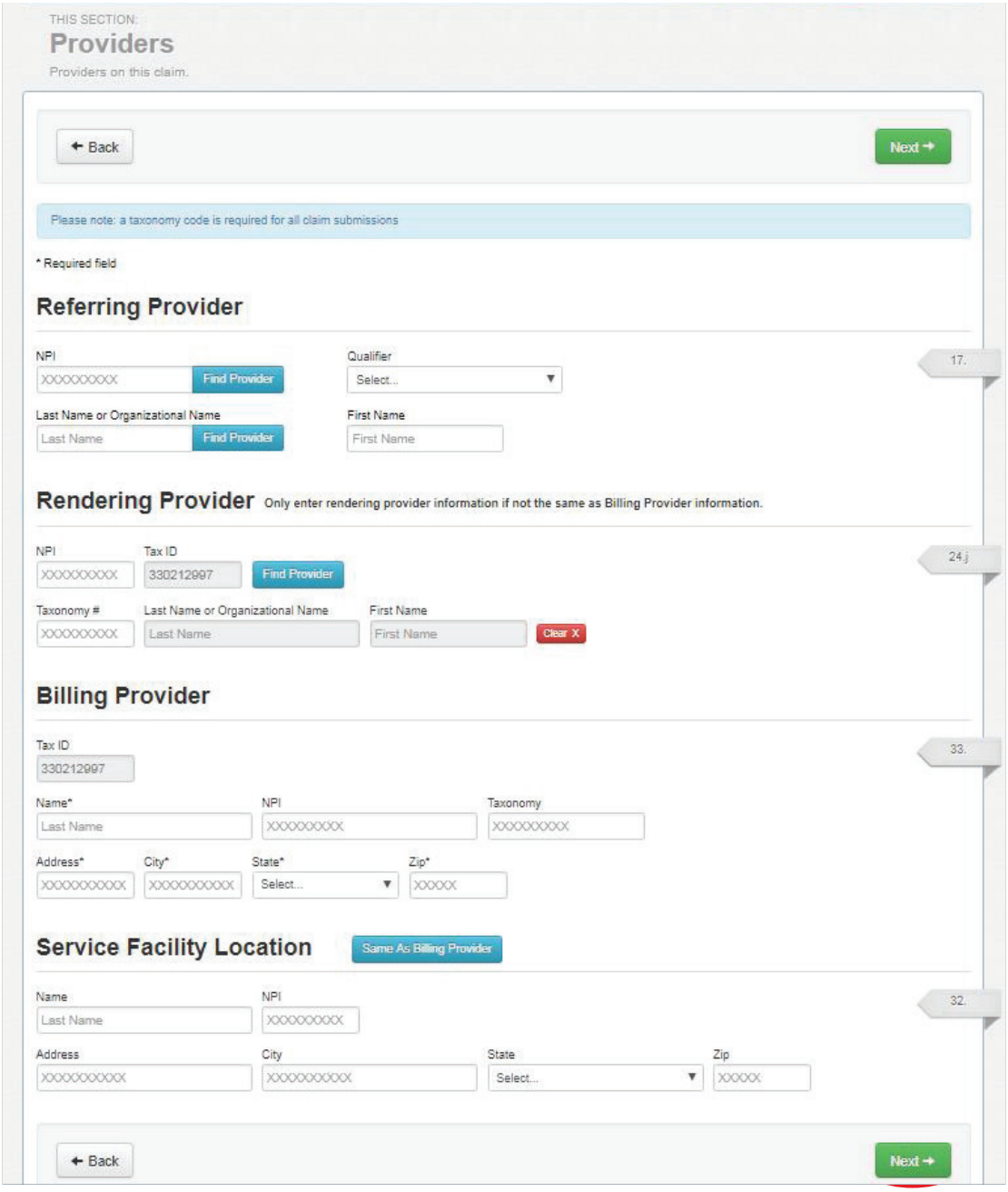
11. After all service lines for the claim are entered, select *Next*.



(continued)

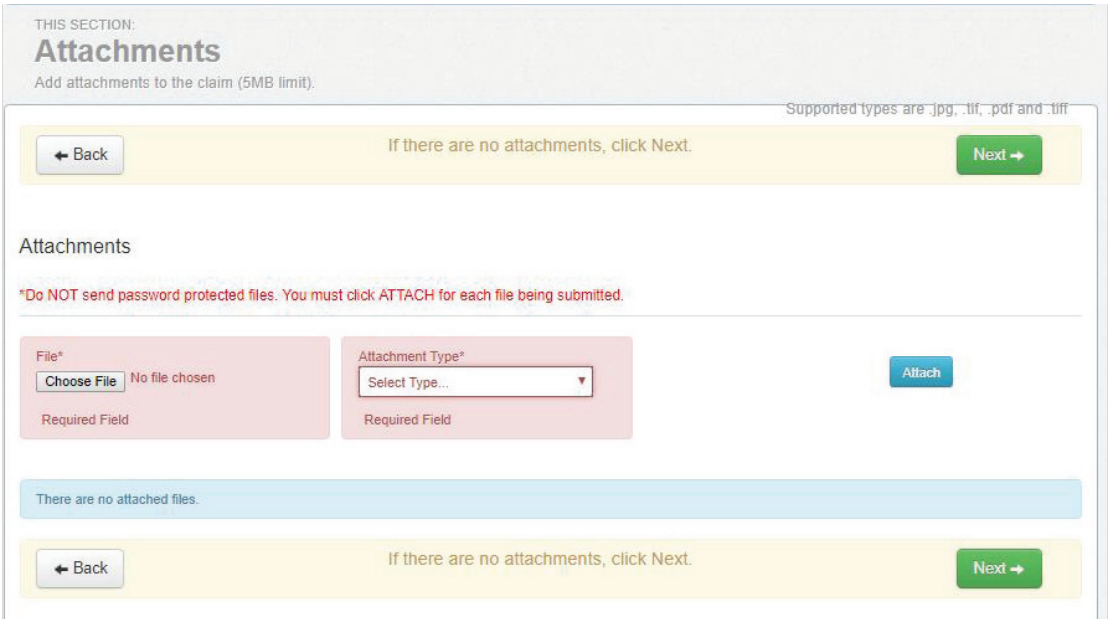
12 In the Providers information section, enter referring and billing provider information; enter Service Facility Location.

13 Select *Next*.



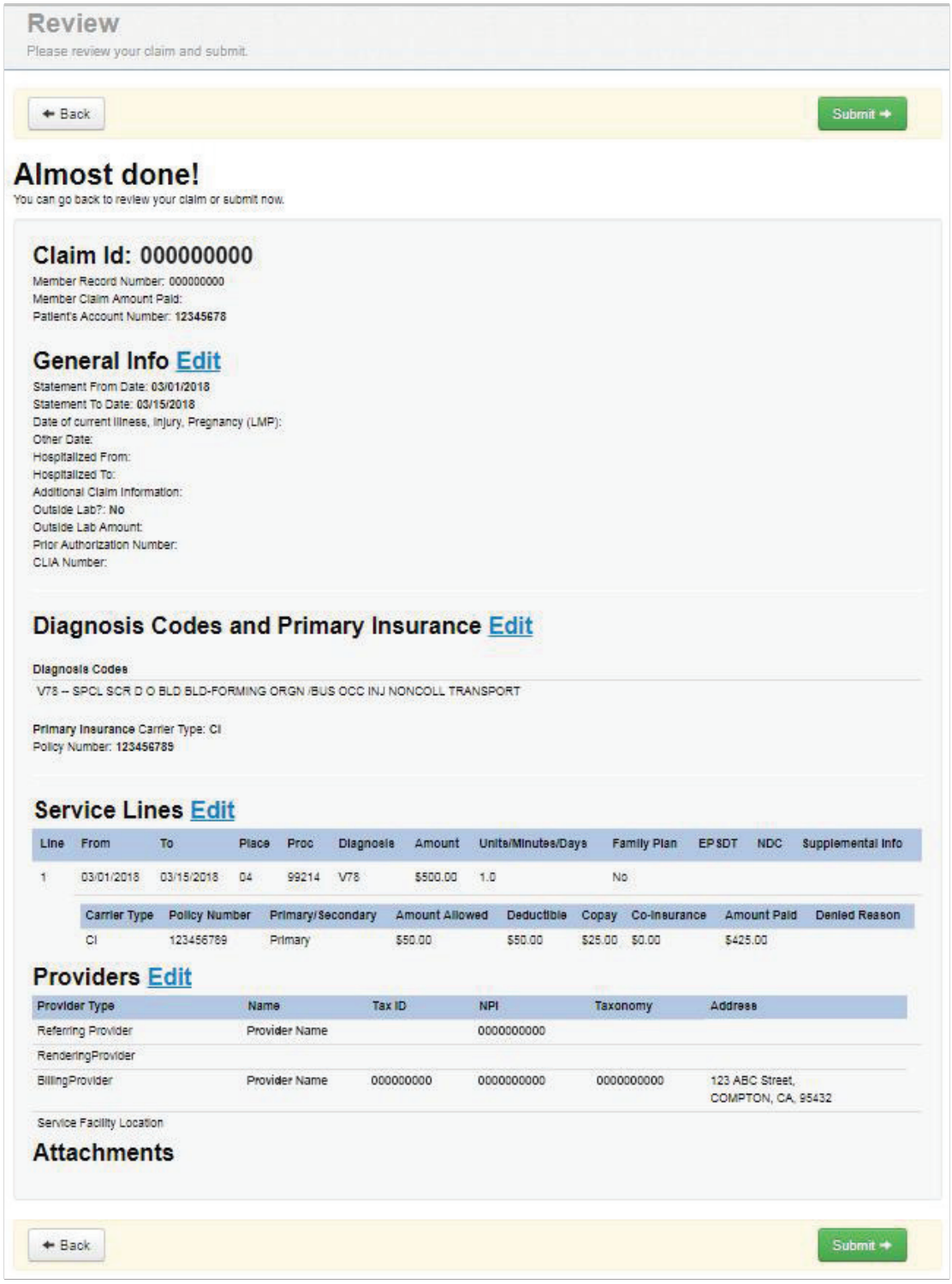
(continued)

14. In the Attachments section, browse and attach any documents to the claim as needed.
15. Select *Next*. If there is nothing to attach, this section may be skipped by selecting *Next*.



(continued)

16 In the Review section, review the claim once again; select *Submit*.



Review

Please review your claim and submit.

← Back Submit →

Almost done!

You can go back to review your claim or submit now.

Claim Id: 000000000

Member Record Number: 000000000
Member Claim Amount Paid:
Patient's Account Number: **12345678**

General Info Edit

Statement From Date: **03/01/2018**
Statement To Date: **03/15/2018**
Date of current illness, injury, Pregnancy (LMP):
Other Date:
Hospitalized From:
Hospitalized To:
Additional Claim Information:
Outside Lab?: **No**
Outside Lab Amount:
Prior Authorization Number:
CLIA Number:

Diagnosis Codes and Primary Insurance Edit

Diagnosis Codes

V78 -- SPCL SCR D O BLD BLD-FORMING ORGN /BUS OCC INJ NONCOLL TRANSPORT

Primary Insurance Carrier Type: CI
Policy Number: **123456789**

Service Lines Edit

Line	From	To	Place	Proc	Diagnosis	Amount	Units/Minutes/Days	Family Plan	EPSDT	NDC	Supplemental Info
1	03/01/2018	03/15/2018	04	99214	V78	$500.00	1.0	No			

Carrier Type	Policy Number	Primary/Secondary	Amount Allowed	Deductible	Copay	Co-Insurance	Amount Paid	Denied Reason
CI	123456789	Primary	$50.00	$50.00	$25.00	$0.00	$425.00	

Providers Edit

Provider Type	Name	Tax ID	NPI	Taxonomy	Address
Referring Provider	Provider Name		0000000000		
RenderingProvider					
BillingProvider	Provider Name	000000000	0000000000	0000000000	123 ABC Street, COMPTON, CA, 95432

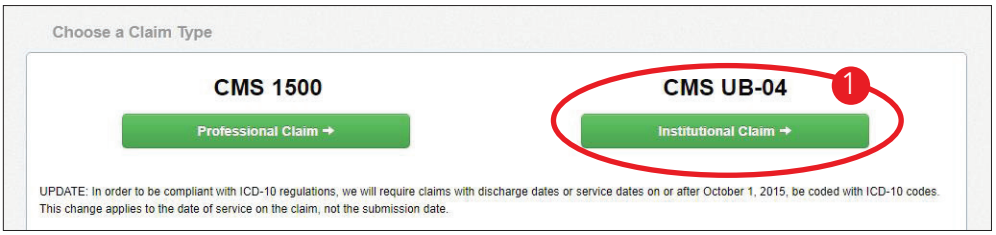
Service Facility Location

Attachments

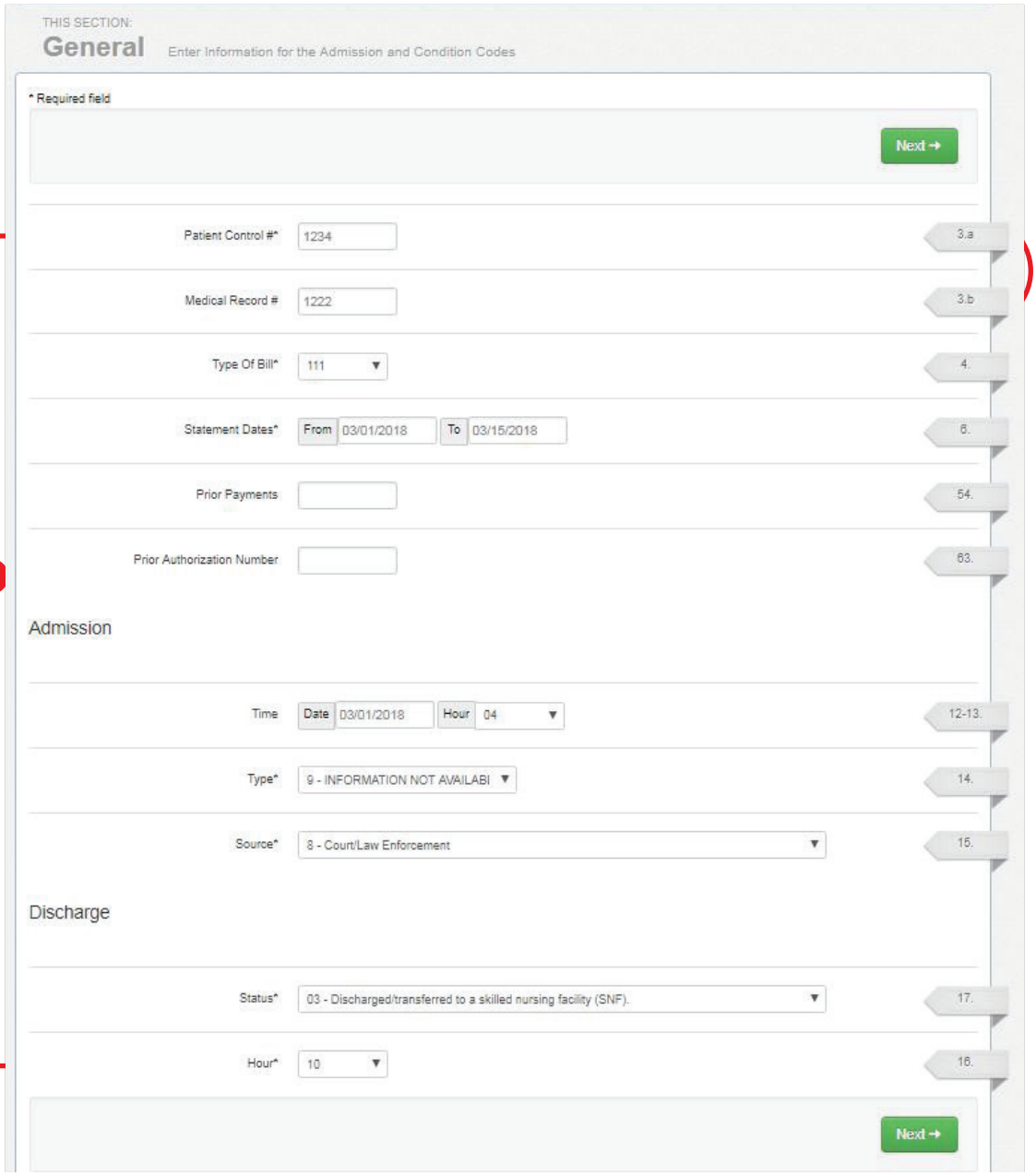
← Back Submit →

Submitting institutional claims

1. Select the *CMS UB-04 Institutional Claim* button from the member record.



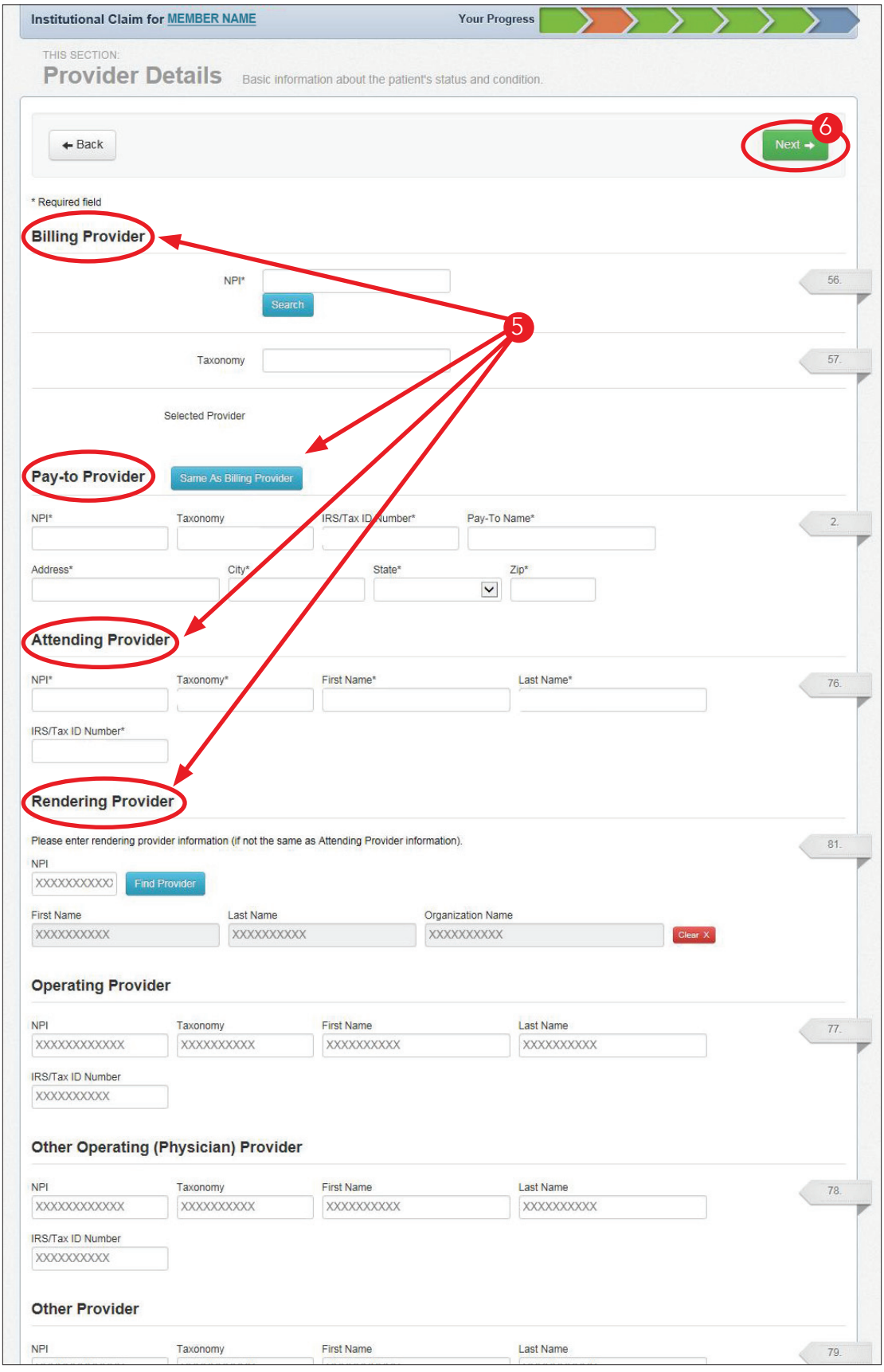
2. In the General section, populate all required information.
3. The fields displayed here reflect those on a UB-04 form. Hovering over the numbered field tabs to the right of the screen will help determine what field on the UB-04 form has the information.
4. Select *Next*.



(continued)

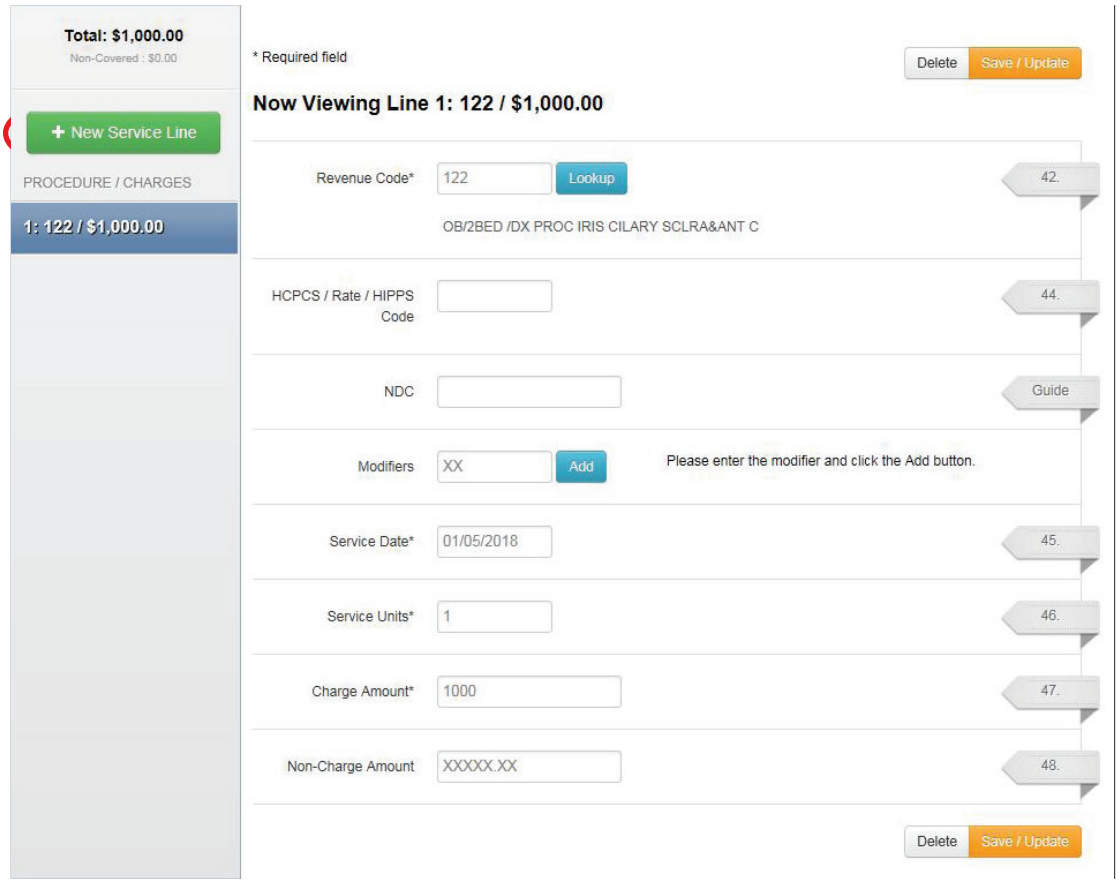
5 In the Provider Details section, enter the billing and other provider information in the appropriate fields.

6 Select *Next*.



(continued)

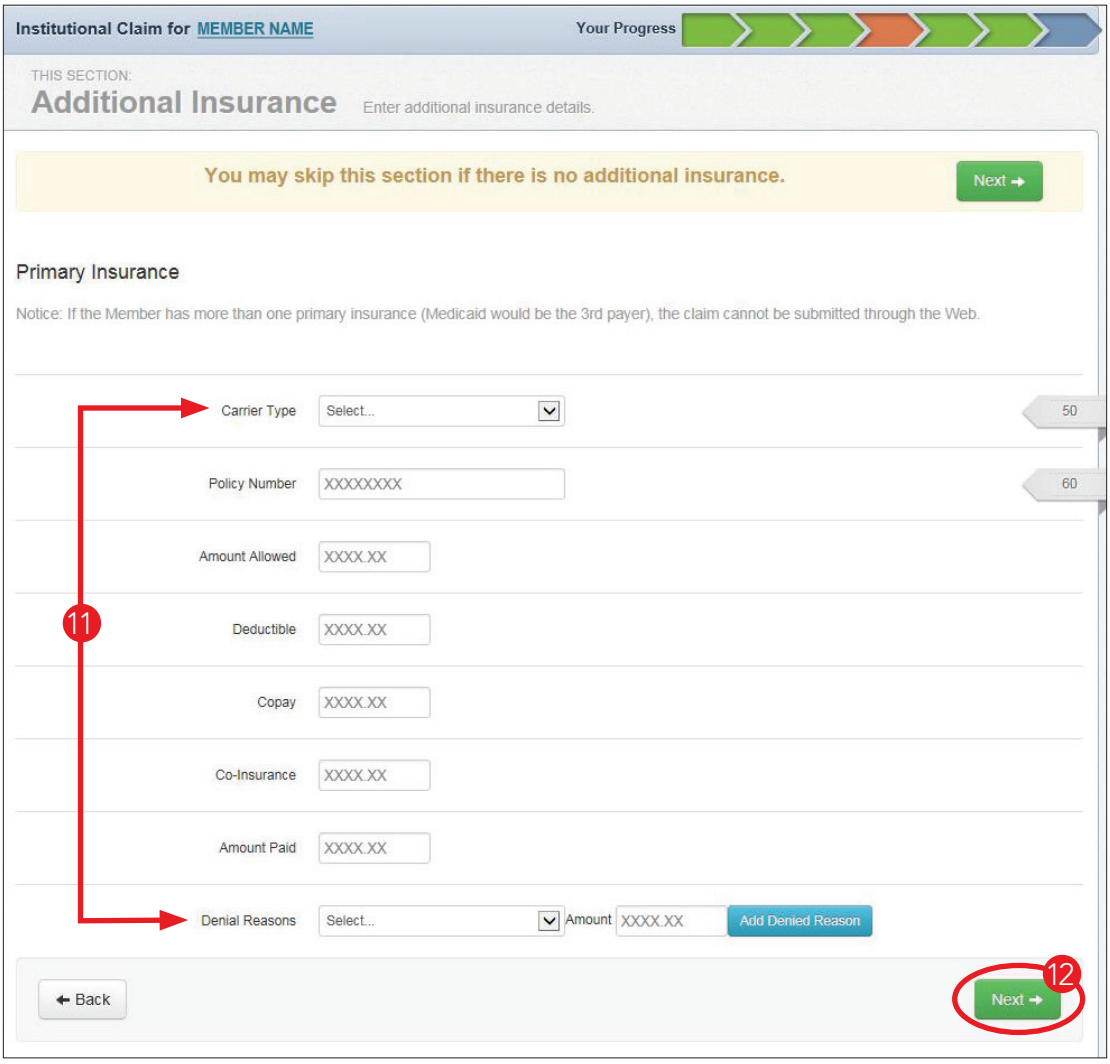
7. In the Service Lines section, enter the information about the services provided.
8. Select *Save/Update*.
9. To add a new service line, select the *+ New Service Line* button on the left. Providers can enter up to 97 service lines.
10. When all necessary service lines have been entered and saved, select the *Next* button. (Not shown on the screen shot).



(continued)

11 In the Additional Insurance section, enter any additional insurance details as needed.

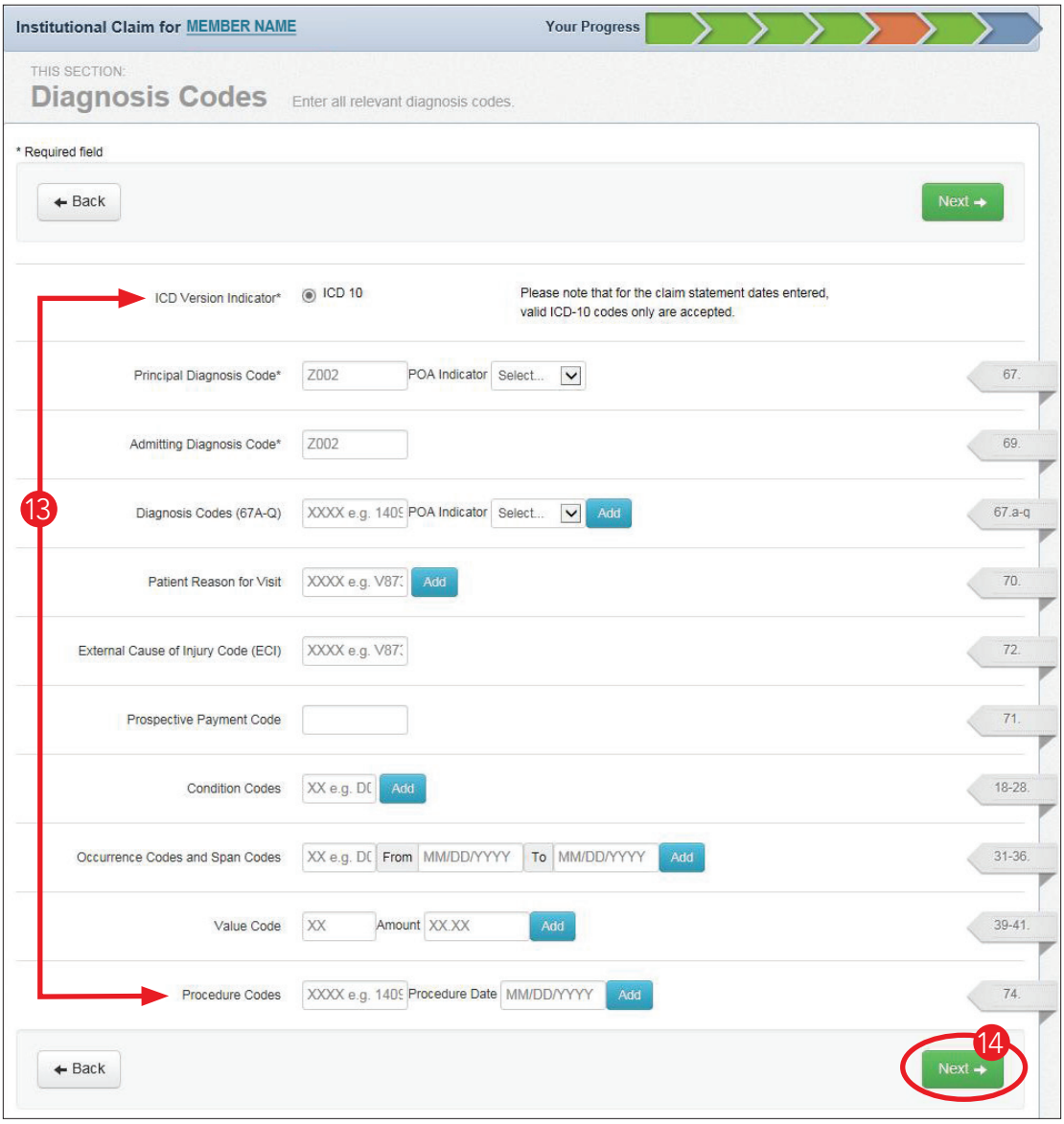
12 Select *Next*. This section may be skipped if there is no additional insurance.



(continued)

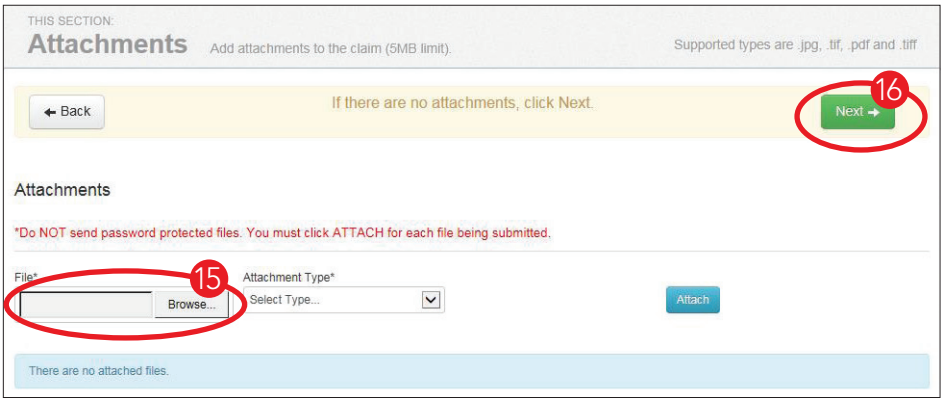
13 In the Diagnosis Codes section, enter all relevant diagnosis information.

14 Select *Next*.



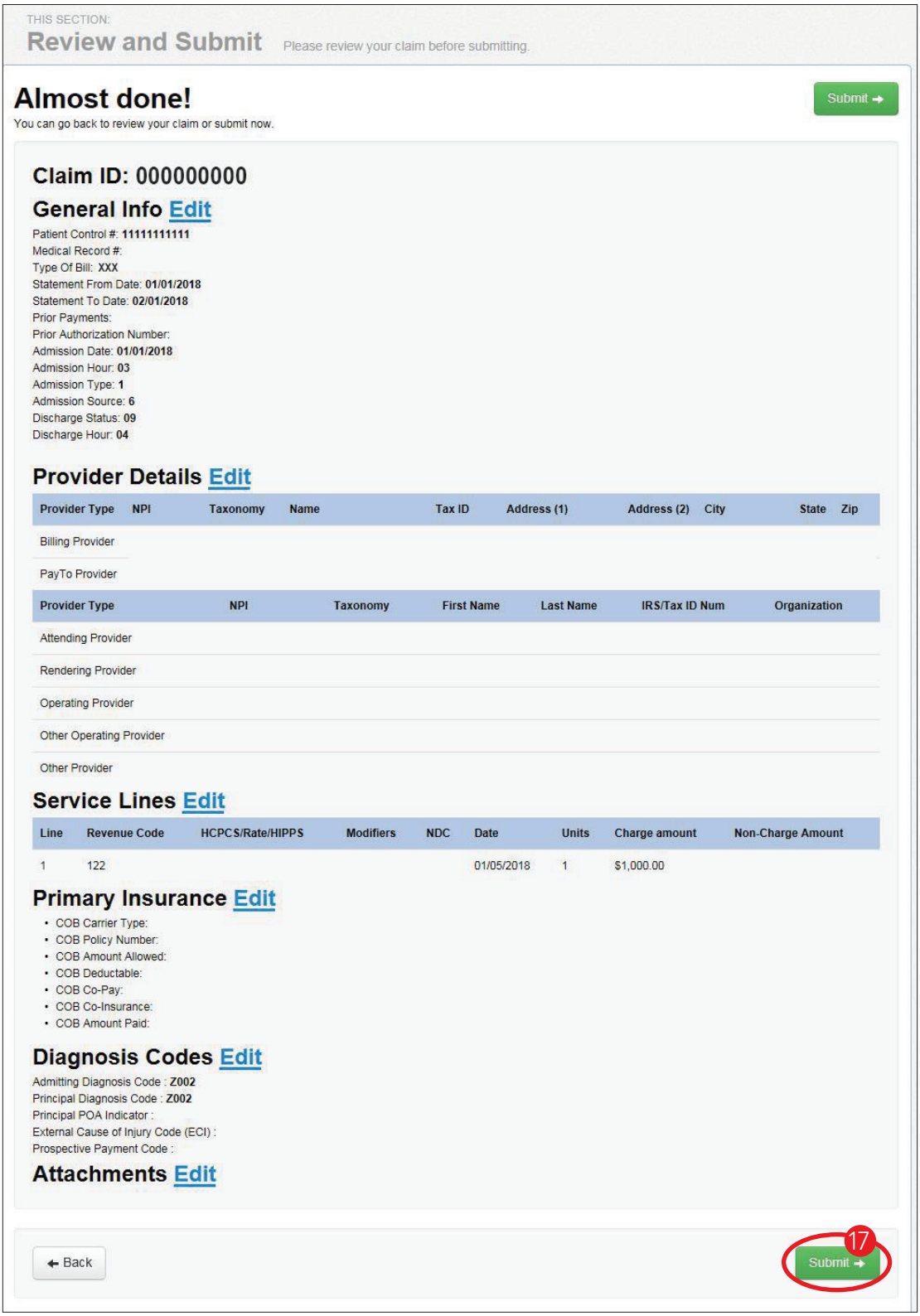
15 In the Attachments section, browse and attach any relevant file to the claim.

16 Select *Next*.



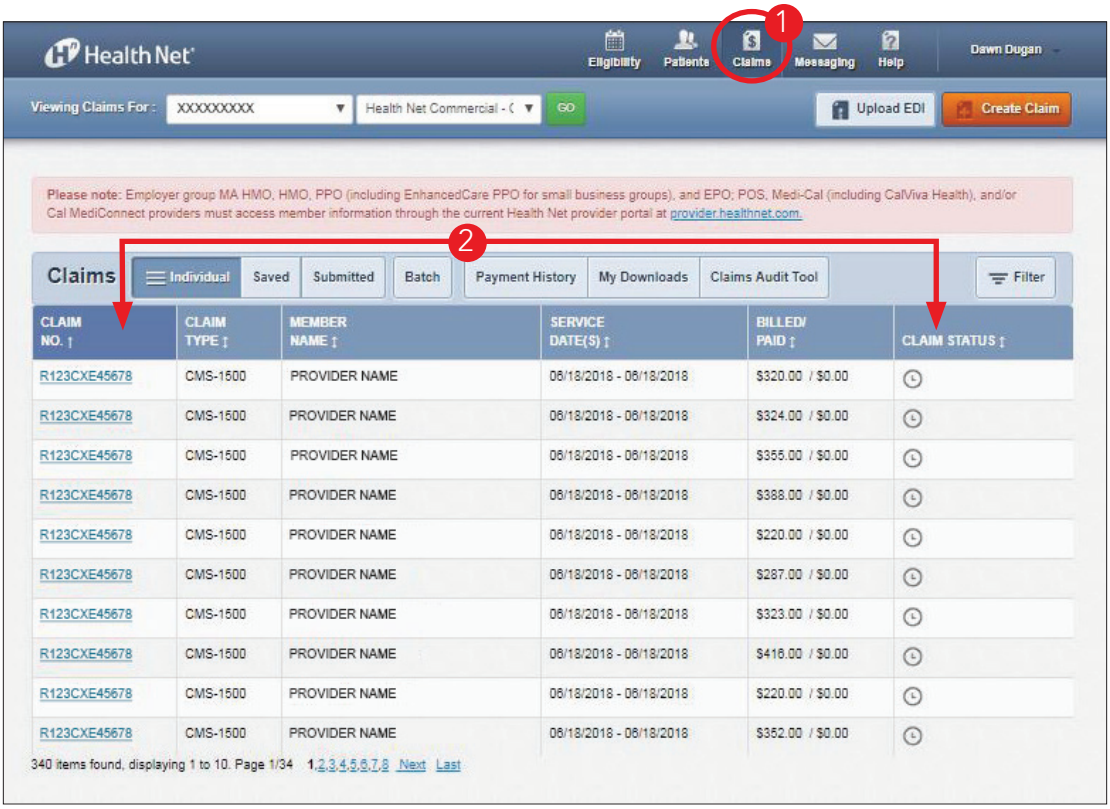
(continued)

17 In the Review and Submit section, review the claim once again; then select *Submit*.



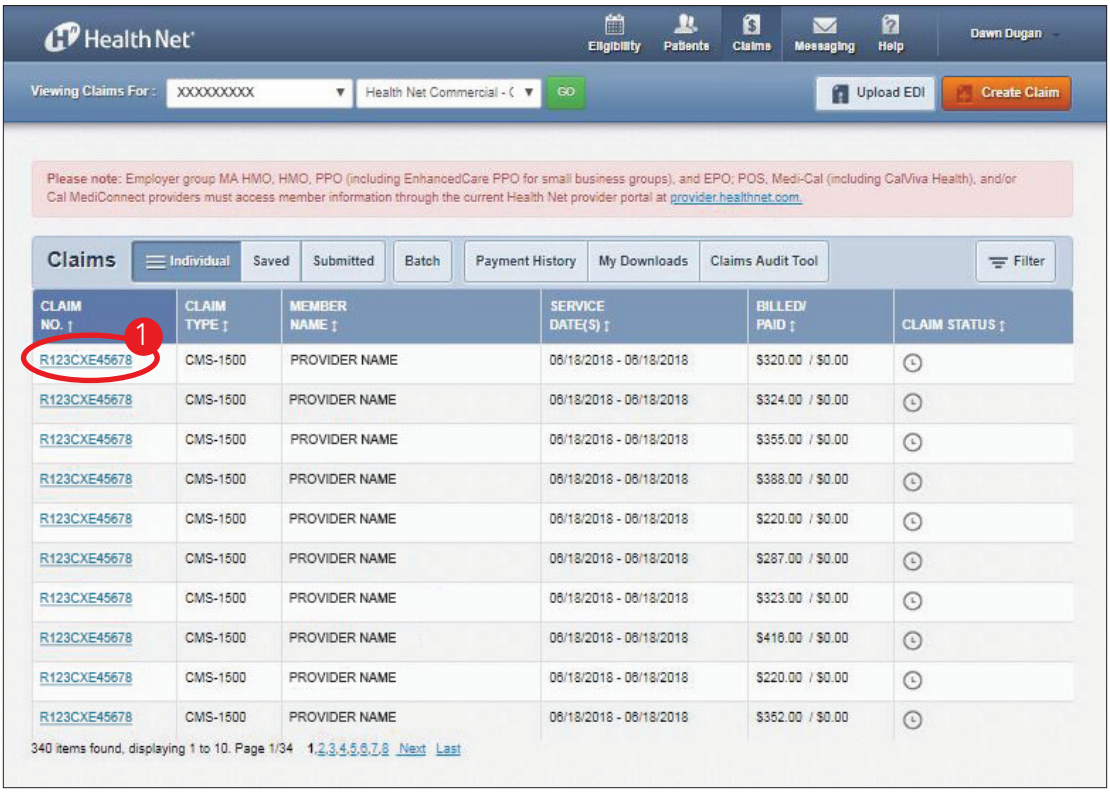
Viewing Claims

1. Select *Claims* at the top of the dashboard.
2. A list of individual claims appears and displays the following information:
   Claim Number • Member Name • Service Date • Amounts Billed/Paid • Status

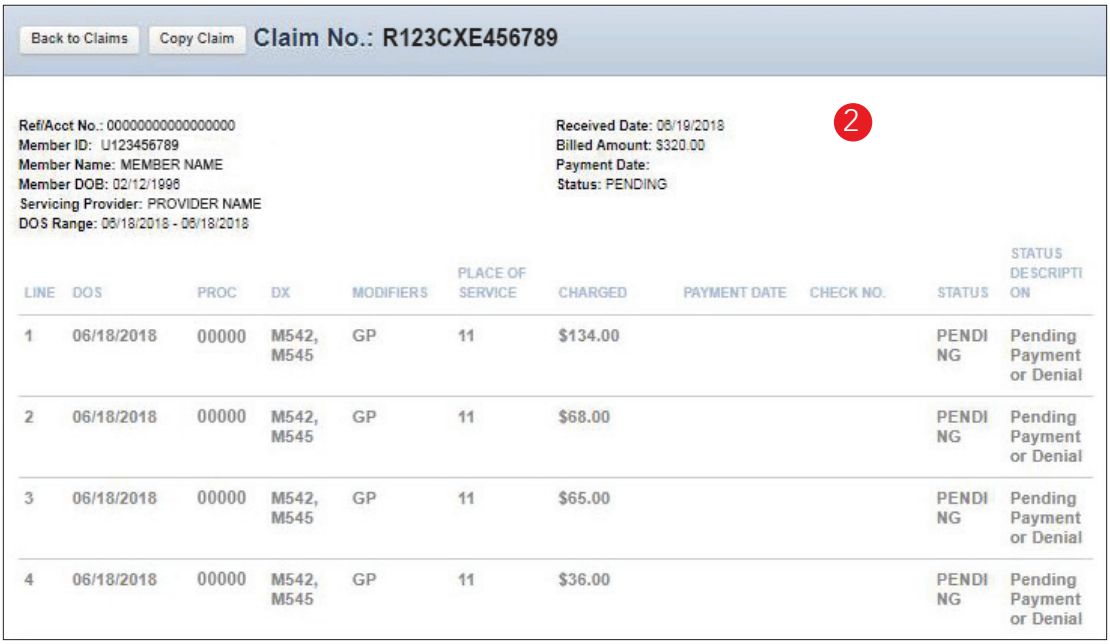


View details of individual claims

1. Select the blue *Claim Number* to open the claim.



2. The claim details appear, allowing providers to see which services were covered and which were denied. Providers can view the payment amount and payment date, along with check number.



Correct Claims

Note: Claim corrections are not available if the provider data on the first submission is different than the corrected claim submission.

1. Select *Correct Claim*.

   a) Proceed through the claims screens, correcting the information that may have been omitted or typed incorrectly when the claim was originally submitted.

   b) Continue selecting *Next* to move through the screens required to resubmit.

   c) Review the claim information.

   d) Select *Submit*.

Copy Claims

1. Select *Copy Claim* to copy the information in the existing claim into a new claim.

   a) The copied claims information appears.

   b) Proceed through the claims screens, updating any information that may differ.

   c) Select *Next* to move through the screens.

   d) Review the claim.

   e) Select *Submit*.

Saved Claims

1. To view saved professional or institutional claims previously saved as drafts, select *Saved* from the claims dashboard.

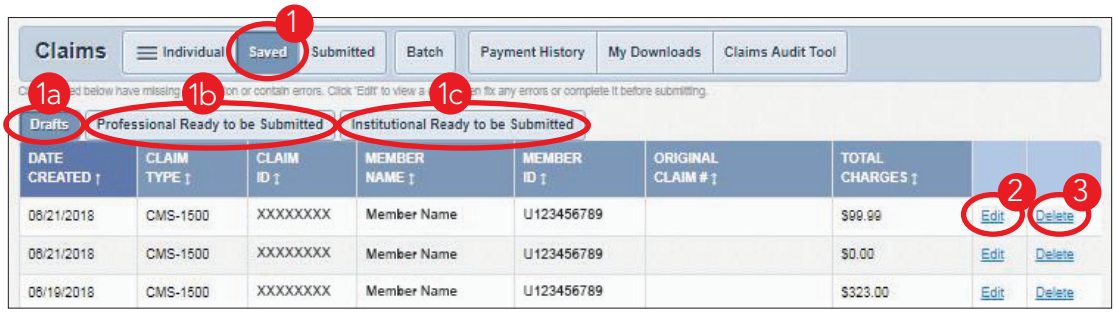
   a) *Drafts* – claims that have missing information or contain errors and have not been completed.

   b) *Professional Ready to be Submitted* are claims that have been completed but not submitted.

   c) *Institutional Ready to be Submitted* are claims that have been completed but not submitted.

2. Select *Edit* to view a claim. Fix any errors or complete it before submitting, or

3. Select *Delete* to delete a saved claim that is no longer necessary. Select *OK* to confirm the deletion.



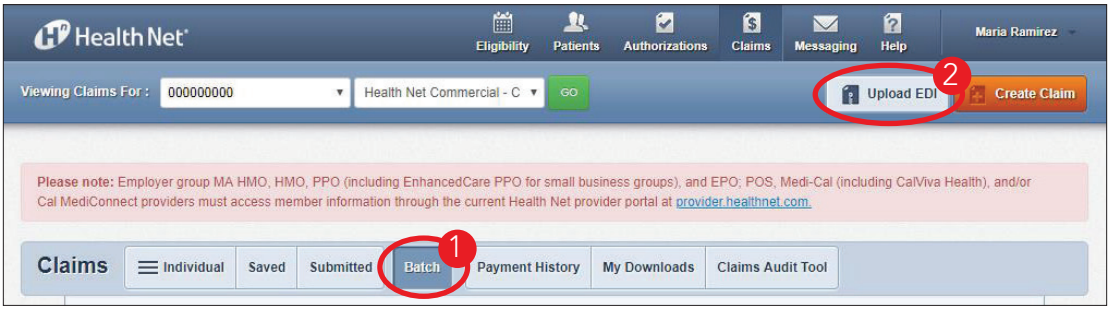
Submitted Claims

1. To view submitted claims, select *Submitted*. Only claims submitted through the portal will appear.

Batch Claims

1. To submit batch claims, select *Batch*.

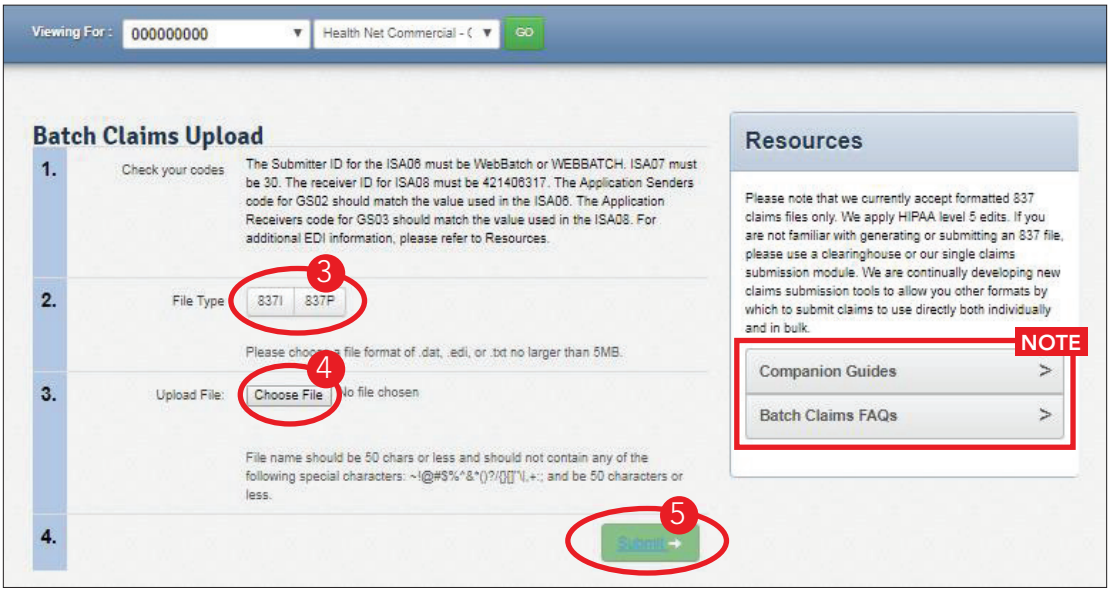
2. To upload a batch of claims, click the *Upload EDI* button.



(continued)

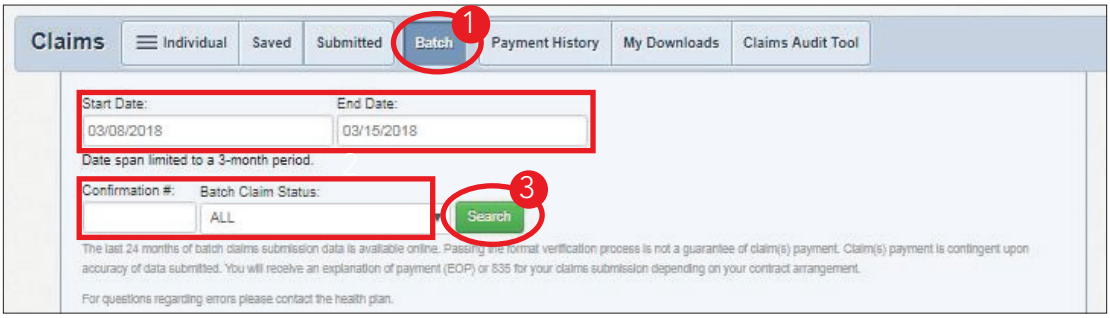
3. On the Batch Claims upload screen, select the File Type of either *837I* or *837P*. (For an institutional claims batch upload, select *837I*; for a professional claims batch upload, select *837P*.)
4. Browse and attach the batch claims file to upload.
5. Be sure to check all codes before selecting *Submit*.

Note: On the batch claims upload screen, companion guides and a list of FAQs are provided as resources. An EDI Support telephone line and email address are provided for additional support with EDI files. When a file is successfully uploaded, the Web Reference ID # is generated for provider records.



To view submitted batch claims

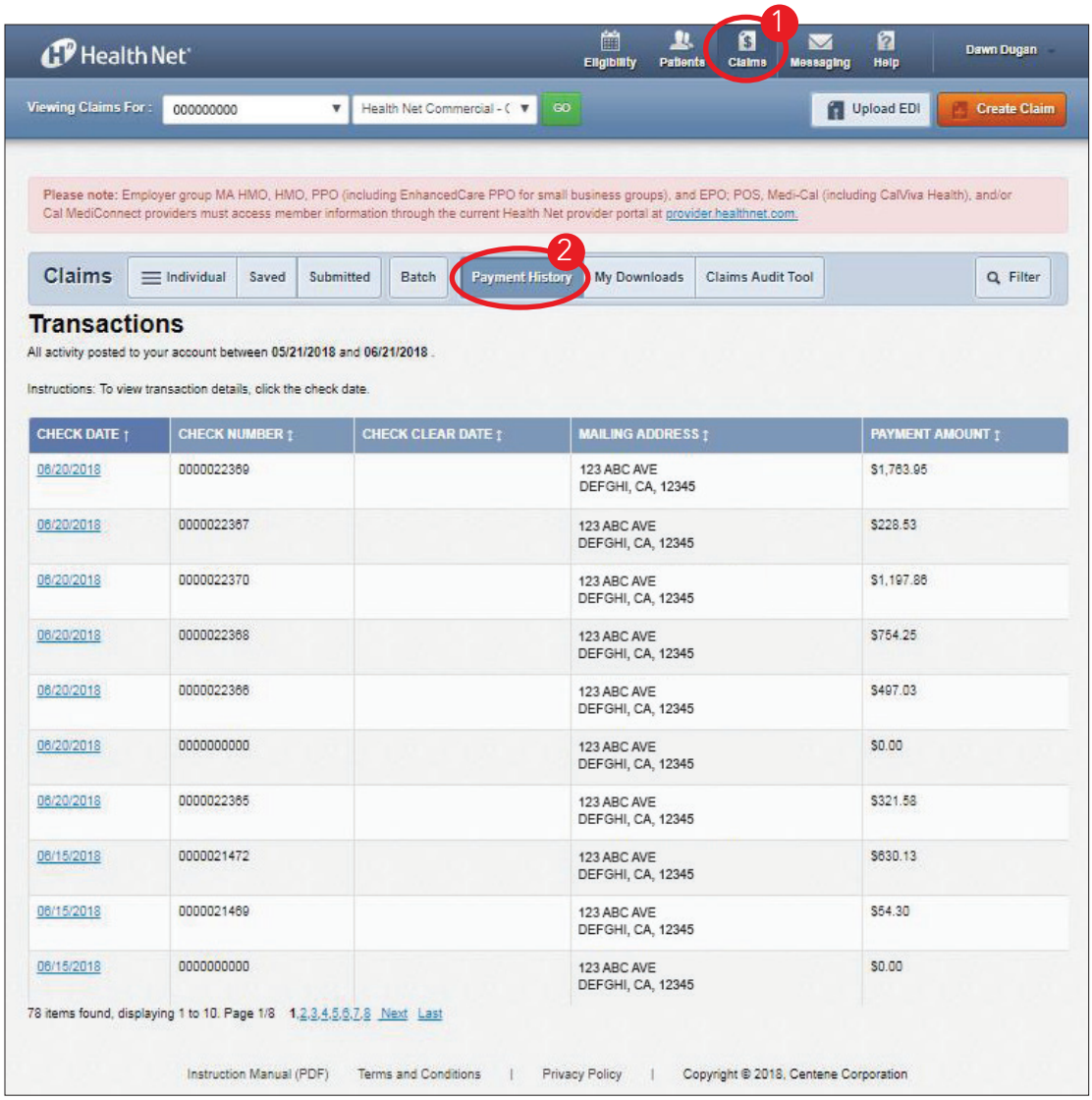
1. Select *Batch* to view batch claims submitted in a three-month period.
2. Enter the information to filter results by *Start Date*, *End Date*, *Confirmation #*, and *Batch Claim Status*.
3. Select *Search*. The submitted batch claims display, showing Submitted Date, Type, Web Reference #, File Name, and Status.



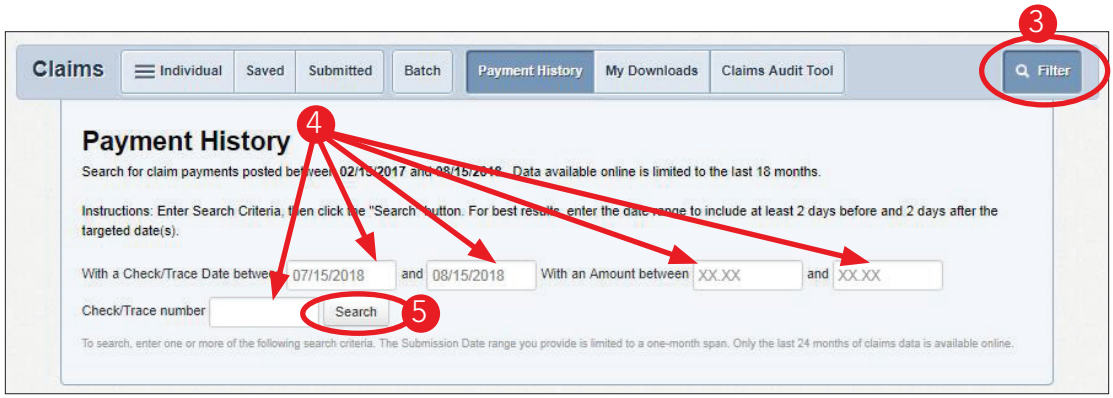
Note: Only the last 24 months of batch claims submission history is available online. Providers will receive an explanation of payment (EOP) or 835 for claims submission depending on their contract arrangement.

Payment History

1. To view claims payment history, 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 90 days.

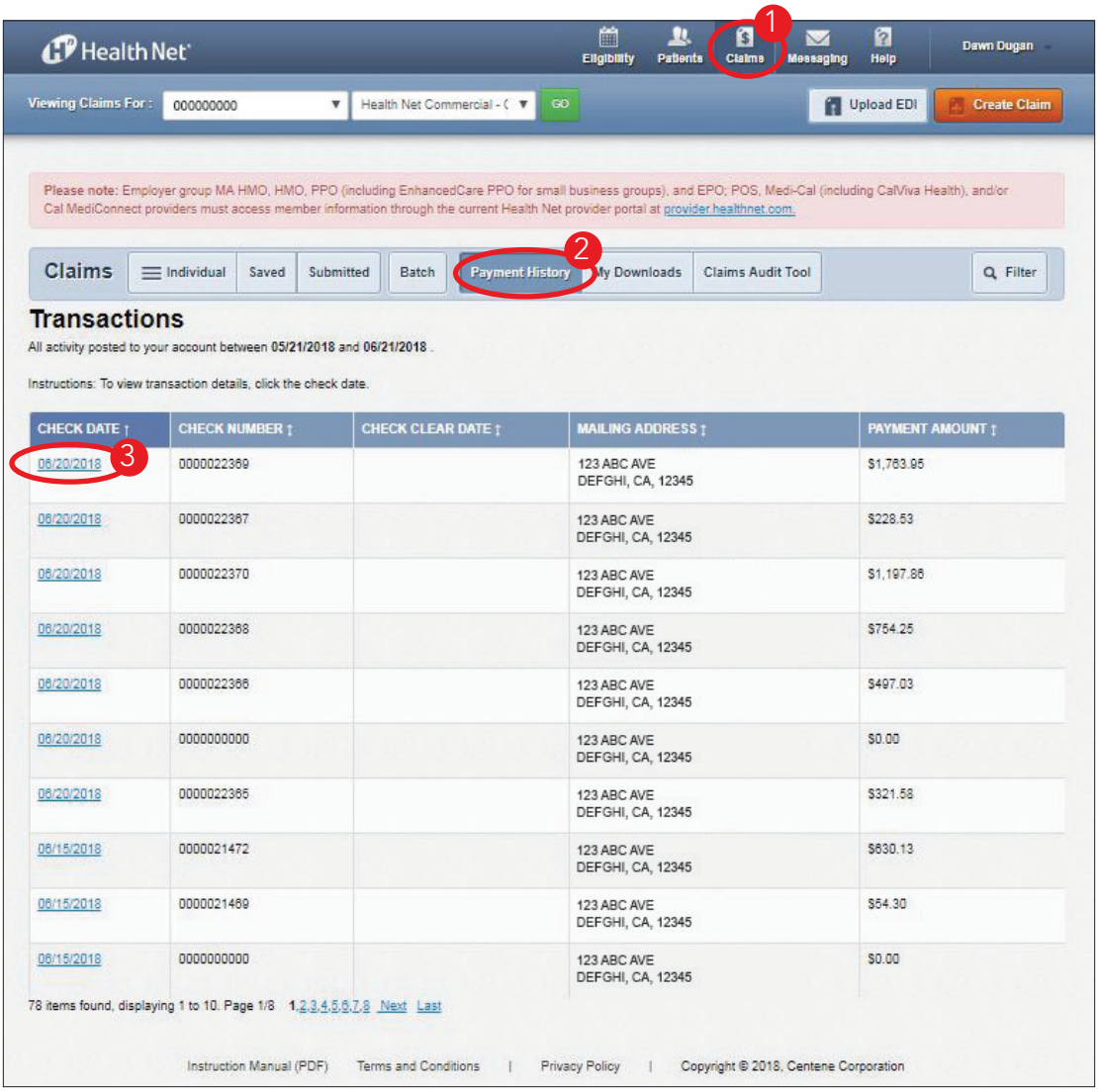


3. To search a single month within an 18-month window, select *Filter.*
4. Enter the search criteria dates, the amount (if known, but not required) or check number.
5. Select *Search*.

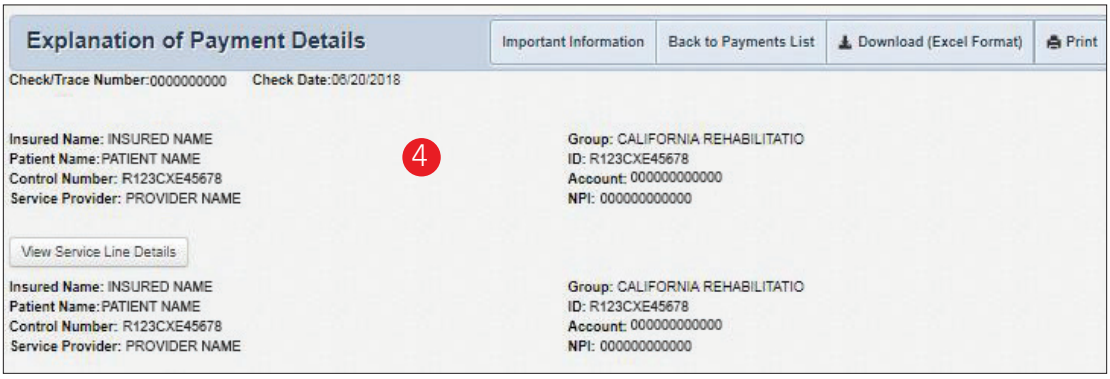


View Explanation of Payment details

1. To view Explanation of Payment details, select *Claims* from the main dashboard.
2. Select *Payment History*.
3. Select date listed under the *Check Date*.

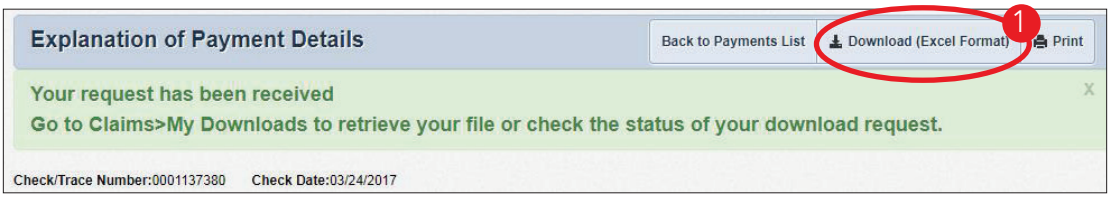


4. This view shows each patient payment, by service line detail, made on the check.



Downloading the Explanation of Payment

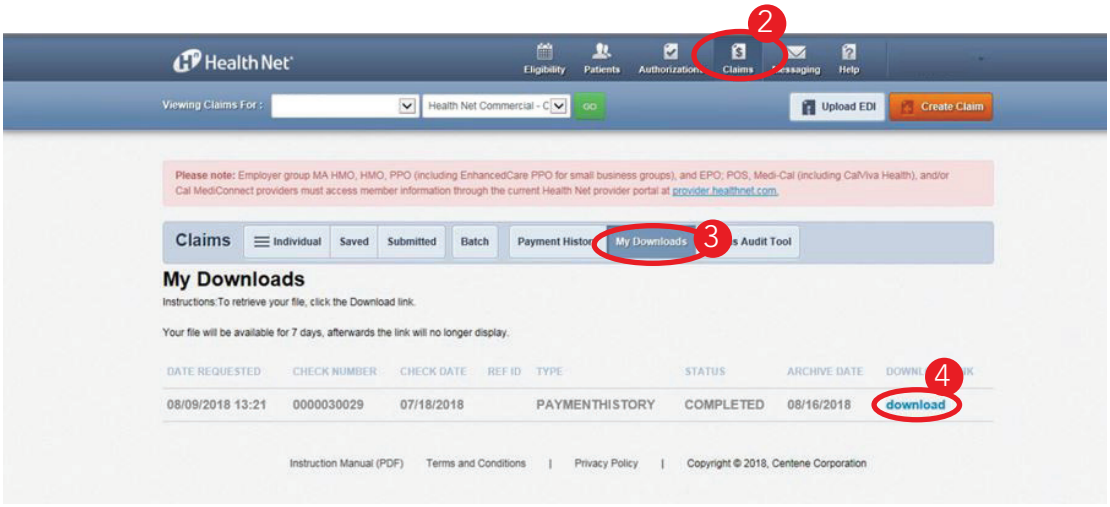
1. To download the Explanation of Payment, select the *Download* (Excel Format) button.



2. Select *Claims*.

3. Select *My Downloads* to check the status of your download request, or

4. Select the *Download* button in blue to retrieve the Explanation of Payment file.

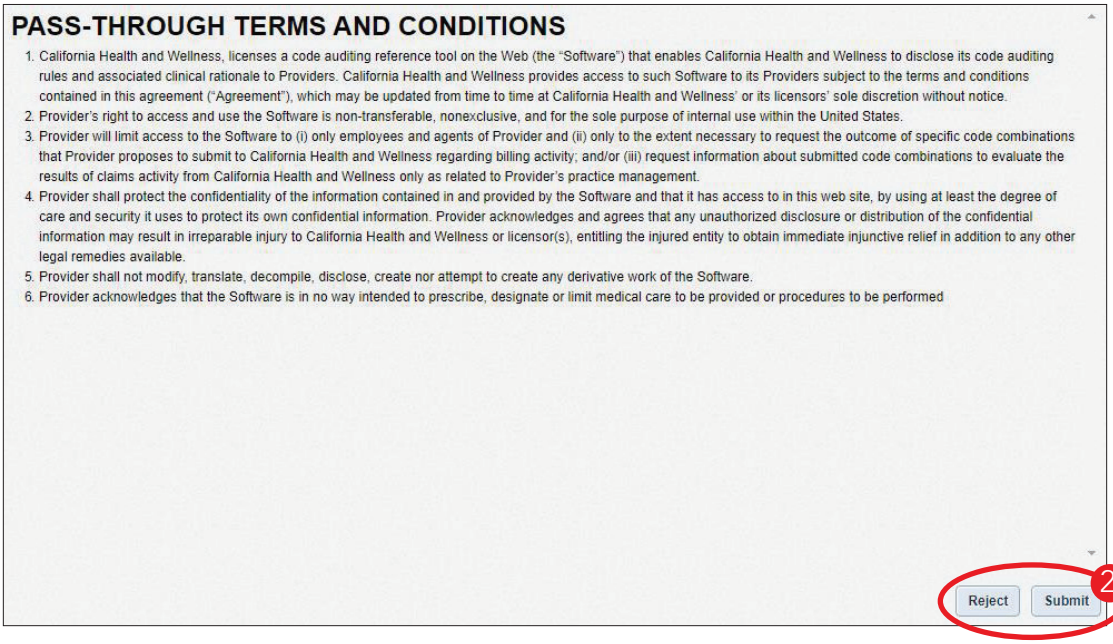


Claims Audit Tool

1. To use the *Claims Audit Tool*, select *Claims Audit Tool* from the main claims dashboard.

(continued)

2. Review the terms and conditions and select *Reject* or *Submit*.

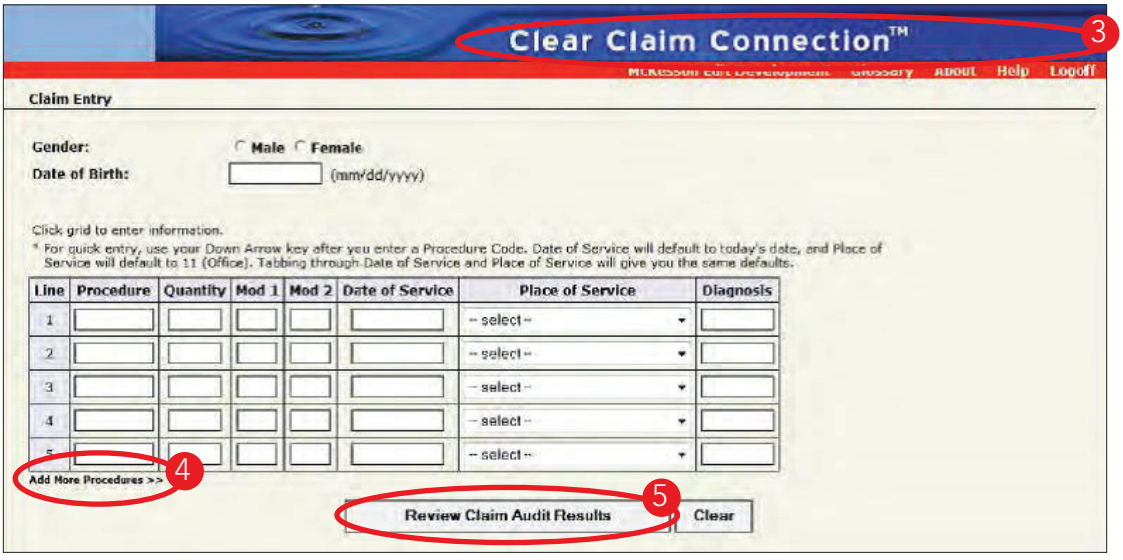


3. The Clear Claim Connection screen appears, allowing the provider to enter the procedure code, quantity, modifiers, date and place of service, and diagnosis for a claim proactively before submitting, or retroactively after submission.

   The Date of Service field defaults to the current date, and the Place of Service field defaults to 11 (office) if not populated otherwise. Use the *Tab* key to move through the fields easily.

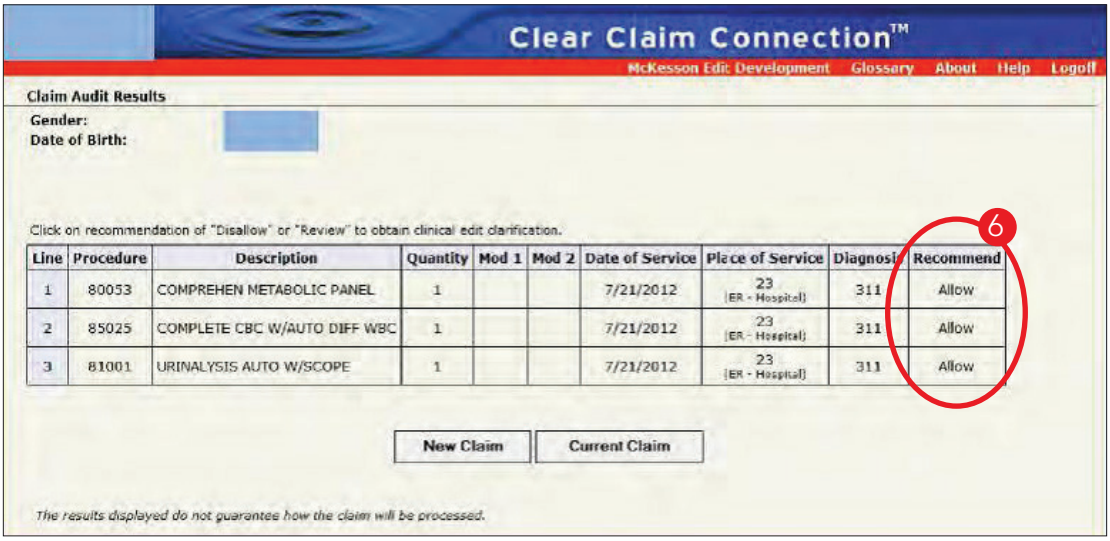
4. If you have more than five procedure codes, click the *Add More Procedures* link.

5. Select the *Review Claim Audit Results* button.



(continued)

6 The results of the claim audit display the recommendation status of allow, disallow or Review. **Note:** The results displayed do not guarantee how the claim will be processed but assist in claims submittal. If the Recommendation Status states Disallow or Review, select the status for more clinical edit information.



Claims Addresses

The preferred and most efficient way for fast turnaround and claims accuracy is to submit medical claims electronically to Health Net. However, when additional documentation or attachments are required, paper claims will be accepted.

Providers can submit paper claims to the following addresses:

Line of business	Paper claims address
Medicare Advantage	Health Net of California, Inc. Medicare Claims PO Box 9030 Farmington, MO 63640-9030
Medi-Cal	Health Net Community Solutions, Inc. Medi-Cal Claims PO Box 9020 Farmington, MO 63640-9020
HMO/POS/HSP, PPO, & EPO	Health Net of California, Inc. (and/or) Health Net Life Insurance Company Commercial Claims PO Box 9040 Farmington, MO 63640-9040

Health Net Provider Services Department

The Health Net Provider Services Department can be reached using the following contact information.

Line of business	Telephone number	Provider portal	Email address
EnhancedCare PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com	provider_services@healthnet.com
EnhancedCare PPO (SBG)	1-844-463-8188	provider.healthnet.com	
Health Net Employer Group HMO, POS, HSP, PPO, & EPO	1-800-641-7761	provider.healthnet.com	
IFP (CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO)	1-888-926-2164	provider.healthnetcalifornia.com	
Medicare (Individual)	1-800-929-9224	provider.healthnetcalifornia.com	
Medicare (Employer Group)	1-800-929-9224	provider.healthnet.com	
Medi-Cal	1-800-675-6110	provider.healthnet.com	N/A

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