

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.

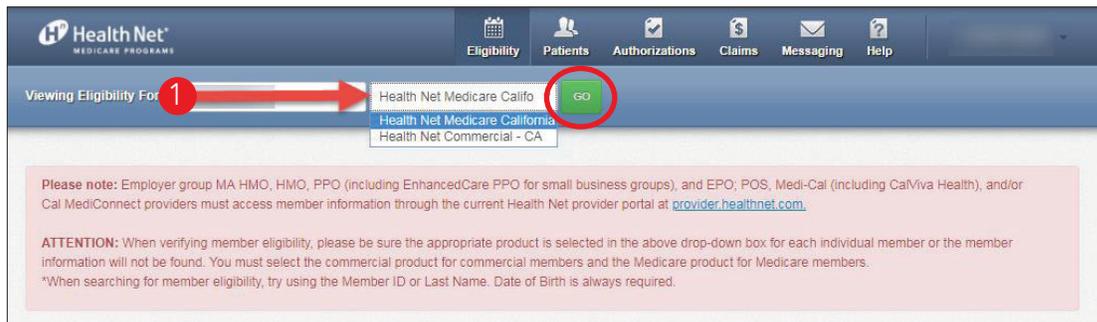
Health Net®

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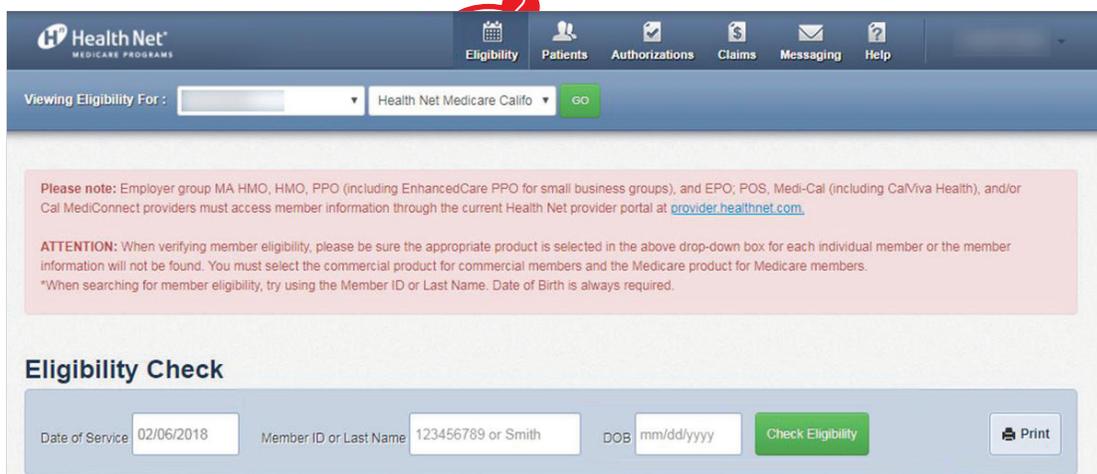
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Accessing Member Claims

- 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)

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

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

CLAIM NO. ↑	REF/ACCT NO. ↑	DOS RANGE ↑	PAYMENT DATE ↑	RECEIVED DATE ↑	SERVICE PROVIDER
R123XCE45678	000000000000	01/03/2018 - 01/03/2018	01/26/2018	01/09/2018	PROVIDE NAME
R123XCE45678	000000000000	01/03/2018 - 01/03/2018	05/25/2018	03/02/2018	PROVIDE NAME
R123XCE45678	000000000000	01/03/2018 - 01/03/2018	05/25/2018	03/08/2018	PROVIDE NAME
R123XCE45678	000000000000	01/03/2018 - 01/03/2018	05/09/2018	04/09/2018	PROVIDE NAME
R123XCE45678	000000000000	12/27/2017 - 12/27/2017	01/11/2018		
R123XCE45678	000000000000	12/19/2017 - 12/19/2017	01/04/2018		
R123XCE45678	000000000000	12/04/2017 - 12/04/2017	12/21/2017		
R123XCE45678	000000000000	10/23/2017 - 10/23/2017	11/09/2017		

8 items found, displaying all items. Page 1/1 1

Submitting professional claims

- 1 Select *Professional Claim*.



Choose a Claim Type

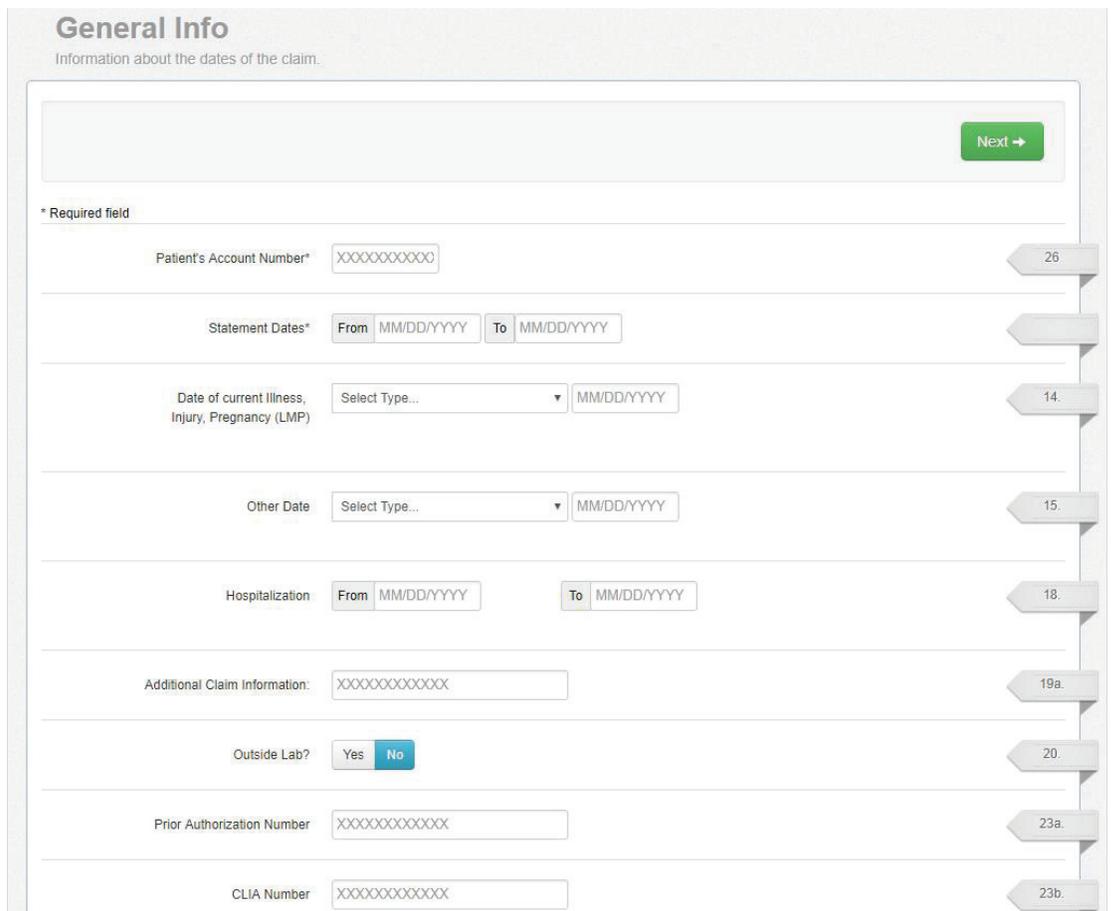
CMS 1500 1
Professional Claim →

CMS UB-04
Institutional Claim →

UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.

- 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*.



General Info
Information about the dates of the claim.

Next →

* Required field

Patient's Account Number* XXXXXXXXXXXX 26

Statement Dates* From MM/DD/YYYY To MM/DD/YYYY

Date of current illness, Injury, Pregnancy (LMP) Select Type... MM/DD/YYYY 14

Other Date Select Type... MM/DD/YYYY 15

Hospitalization From MM/DD/YYYY To MM/DD/YYYY 18

Additional Claim Information: XXXXXXXXXXXX 19a

Outside Lab? Yes No 20

Prior Authorization Number XXXXXXXXXXXX 23a

CLIA Number XXXXXXXXXXXX 23b

(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*.

THIS SECTION:
Diagnosis Codes
Diagnosis Code and Additional Insurance information.

← Back Next →

* Required field

ICD Version Indicator* ICD 10 Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted.

Diagnosis Codes* (Enter diagnosis code and click on Add button) 21.

V87 -- TRAF ACC SPC VICTIM MODE TRNSP UNKN

← Back Next →

- 7 Enter the Carrier Type and the Policy Number.
- 8 Select *Next*.

Primary Insurance

Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web.

Carrier Type* 9d

Policy Number* 9a

← Back

(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*.

The screenshot displays a web application interface for entering service line information. At the top, there are 'Back' and 'Next' buttons. Below them, a summary bar shows 'Total: \$99.99' and a 'New Service Line' button. The main area is titled 'Now Viewing Line 1: 33214 / \$99.99'. It contains several input fields and buttons:

- Dates of Service***: From 06/20/2018 To 06/21/2018 (24.a)
- Place of Service***: 04 -- HOMELESS SHELTER (24.b)
- Emergency**: Yes No (24.c EMG)
- Procedure Code***: 33214 (24.d)
- Modifiers**: XX Add (24.d)
- Diagnosis Code(s)***: V87 - TRAF ACC SPC VICTIM MODE TRNSP UNKN (24.e)
- Charges***: 99.99 (24.f)
- Units / Minutes / Days***: 1.0 Type UN - Units (24.g)
- Family Planning**: Yes No EPSDT Select... (24.h)
- NDC**: NDC (NDC)
- Supplemental Information**: Supplemental Information

At the bottom, there are 'Back' and 'Next' buttons, and a 'Delete' and 'Save/Update' button.

(continued)

- 12 In the Providers information section, enter referring and billing provider information; enter Service Facility Location.
- 13 Select *Next*.

THIS SECTION:
Providers
Providers on this claim.

← Back Next →

Please note: a taxonomy code is required for all claim submissions

* Required field

Referring Provider

NPI Find Provider Qualifier 17.

Last Name or Organizational Name Find Provider First Name

Rendering Provider

Only enter rendering provider information if not the same as Billing Provider information.

NPI Tax ID Find Provider 24.j

Taxonomy # Last Name or Organizational Name First Name Clear X

Billing Provider

Tax ID 33.

Name* NPI Taxonomy

Address* City* State* Zip*

Service Facility Location

Same As Billing Provider 32.

Name NPI

Address City State Zip

← Back 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*.

THIS SECTION:
Attachments
Add attachments to the claim (5MB limit). Supported types are .jpg, .tif, .pdf and .tiff

← Back If there are no attachments, click Next. Next →

Attachments

*Do NOT send password protected files. You must click ATTACH for each file being submitted.

File* Attachment Type*

Choose File No file chosen

Select Type...

Attach

Required Field Required Field

There are no attached files.

← Back If there are no attachments, click Next. 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	EP/SDT	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		
Rendering Provider					
Billing Provider	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.

Choose a Claim Type

CMS 1500
Professional Claim →

CMS UB-04
Institutional Claim →

UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.

- 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*.

THIS SECTION:
General Enter Information for the Admission and Condition Codes

* Required field

Next →

Patient Control #* 1234 3.a

Medical Record # 1222 3.b

Type Of Bill* 111 4.

Statement Dates* From 03/01/2018 To 03/15/2018 6.

Prior Payments 54.

Prior Authorization Number 63.

Admission

Time Date 03/01/2018 Hour 04 12-13.

Type* 9 - INFORMATION NOT AVAILABI 14.

Source* 8 - Court/Law Enforcement 15.

Discharge

Status* 03 - Discharged/transferred to a skilled nursing facility (SNF). 17.

Hour* 10 16.

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).

Total: \$1,000.00
Non-Covered : \$0.00

+ New Service Line

PROCEDURE / CHARGES

1: 122 / \$1,000.00

* Required field

Now Viewing Line 1: 122 / \$1,000.00

Revenue Code* Lookup 42.

OB/2BED /DX PROC IRIS CILARY SCLRA&ANT C

HCPCS / Rate / HIPPS Code 44.

NDC Guide

Modifiers Add Please enter the modifier and click the Add button.

Service Date* 45.

Service Units* 46.

Charge Amount* 47.

Non-Charge Amount 48.

Delete Save / Update

Delete Save / Update

(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.

Institutional Claim for **MEMBER NAME** Your Progress

THIS SECTION:
Additional Insurance Enter additional insurance details.

You may skip this section if there is no additional insurance. [Next →](#)

Primary Insurance
Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web.

Carrier Type	Select... <input type="button" value="v"/>	50
Policy Number	XXXXXXXX	60
Amount Allowed	XXXX.XX	
Deductible	XXXX.XX	
Copay	XXXX.XX	
Co-Insurance	XXXX.XX	
Amount Paid	XXXX.XX	
Denial Reasons	Select... <input type="button" value="v"/> Amount XXXX.XX Add Denied Reason	

[← Back](#) [Next →](#)

(continued)

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

14 Select *Next*.

Institutional Claim for MEMBER NAME Your Progress

THIS SECTION:
Diagnosis Codes Enter all relevant diagnosis codes.

* Required field

← Back Next →

ICD Version Indicator* ICD 10 Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted.

Principal Diagnosis Code* Z002 POA Indicator Select... 67.

Admitting Diagnosis Code* Z002 69.

13 Diagnosis Codes (67A-Q) XXXX e.g. 1405 POA Indicator Select... Add 67.a-q

Patient Reason for Visit XXXX e.g. V87; Add 70.

External Cause of Injury Code (ECI) XXXX e.g. V87; 72.

Prospective Payment Code 71.

Condition Codes XX e.g. D0 Add 18-28.

Occurrence Codes and Span Codes XX e.g. D0 From MM/DD/YYYY To MM/DD/YYYY Add 31-36.

Value Code XX Amount XX.XX Add 39-41.

Procedure Codes XXXX e.g. 1405 Procedure Date MM/DD/YYYY Add 74.

← Back 14 Next →

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

16 Select *Next*.

THIS SECTION:
Attachments Add attachments to the claim (5MB limit). Supported types are .jpg, .tif, .pdf and .tiff

← Back If there are no attachments, click Next. 16 Next →

Attachments

*Do NOT send password protected files. You must click ATTACH for each file being submitted.

File* 15 Browse... Attachment Type* Select Type... Attach

There are no attached files.

(continued)

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

THIS SECTION:
Review and Submit Please review your claim before submitting.

Almost done! Submit →
You can go back to review your claim or submit now.

Claim ID: 000000000

General Info [Edit](#)
Patient Control #: 111111111111
Medical Record #:
Type Of Bill: XXX
Statement From Date: 01/01/2018
Statement To Date: 02/01/2018
Prior Payments:
Prior Authorization Number:
Admission Date: 01/01/2018
Admission Hour: 03
Admission Type: 1
Admission Source: 6
Discharge Status: 09
Discharge Hour: 04

Provider Details [Edit](#)

Provider Type	NPI	Taxonomy	Name	Tax ID	Address (1)	Address (2)	City	State	Zip
Billing Provider									
PayTo Provider									
Provider Type	NPI	Taxonomy	First Name	Last Name	IRS/Tax ID Num	Organization			
Attending Provider									
Rendering Provider									
Operating Provider									
Other Operating Provider									
Other Provider									

Service Lines [Edit](#)

Line	Revenue Code	HCPCS/Rate/HIPPS	Modifiers	NDC	Date	Units	Charge amount	Non-Charge Amount
1	122				01/05/2018	1	\$1,000.00	

Primary Insurance [Edit](#)

- COB Carrier Type:
- COB Policy Number:
- COB Amount Allowed:
- COB Deductable:
- COB Co-Pay:
- COB Co-Insurance:
- COB Amount Paid:

Diagnosis Codes [Edit](#)
Admitting Diagnosis Code : Z002
Principal Diagnosis Code : Z002
Principal POA Indicator :
External Cause of Injury Code (ECI) :
Prospective Payment Code :

Attachments [Edit](#)

← Back 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

The screenshot shows the Health Net dashboard interface. At the top, there are navigation tabs for Eligibility, Patients, Claims, Messaging, and Help. The 'Claims' tab is highlighted with a red circle and the number 1. Below the navigation, there is a search bar for 'Viewing Claims For' and a 'GO' button. A red arrow points from the 'Claims' tab to the 'Claims' section of the dashboard, which is also highlighted with a red circle and the number 2. The 'Claims' section includes a sub-menu with options: Individual, Saved, Submitted, Batch, Payment History, My Downloads, and Claims Audit Tool. Below this is a table of claims with the following columns: CLAIM NO., CLAIM TYPE, MEMBER NAME, SERVICE DATE(S), BILLED/PAID, and CLAIM STATUS. The table contains 10 rows of data, each representing a claim with a unique number, type (CMS-1500), member name (PROVIDER NAME), service date (06/18/2018 - 06/18/2018), and billed/paid amounts. A red arrow points from the 'Claims' sub-menu to the table. At the bottom of the table, there is a pagination message: '340 items found, displaying 1 to 10. Page 1/34 1,2,3,4,5,6,7,8 Next Last'.

CLAIM NO. ↑	CLAIM TYPE ↑	MEMBER NAME ↑	SERVICE DATE(S) ↑	BILLED/PAID ↑	CLAIM STATUS ↑
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$320.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$324.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$355.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$388.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$220.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$287.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$323.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$416.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$220.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$352.00 / \$0.00	⌵

View details of individual claims

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

Health Net
 Eligibility Patients Claims Messaging Help Dawn Dugan
 Viewing Claims For: XXXXXXXXXX Health Net Commercial - C GO Upload EDI Create Claim

Please note: Employer group MA HMO, HMO, PPO (including EnhancedCare PPO for small business groups), and EPO; POS, Medi-Cal (including CalViva Health), and/or Cal MediConnect providers must access member information through the current Health Net provider portal at provider.healthnet.com.

Claims Individual Saved Submitted Batch Payment History My Downloads Claims Audit Tool Filter

CLAIM NO. ↑	CLAIM TYPE ↓	MEMBER NAME ↓	SERVICE DATE(S) ↓	BILLED/PAID ↑	CLAIM STATUS ↑
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$320.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$324.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$355.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$388.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$220.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$287.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$323.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$416.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$220.00 / \$0.00	⌵
R123CXE45678	CMS-1500	PROVIDER NAME	06/18/2018 - 06/18/2018	\$352.00 / \$0.00	⌵

340 items found, displaying 1 to 10. Page 1/34 [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#) [Next](#) [Last](#)

- 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.

Back to Claims Copy Claim Claim No.: R123CXE456789

Ref/Acct No.: 0000000000000000
 Member ID: U123456789
 Member Name: MEMBER NAME
 Member DOB: 02/12/1998
 Servicing Provider: PROVIDER NAME
 DOS Range: 06/18/2018 - 06/18/2018

Received Date: 06/19/2018
 Billed Amount: \$320.00
 Payment Date:
 Status: PENDING

LINE	DOS	PROC	DX	MODIFIERS	PLACE OF SERVICE	CHARGED	PAYMENT DATE	CHECK NO.	STATUS	STATUS DESCRIPTION
1	06/18/2018	00000	M542, M545	GP	11	\$134.00			PENDING	Pending Payment or Denial
2	06/18/2018	00000	M542, M545	GP	11	\$68.00			PENDING	Pending Payment or Denial
3	06/18/2018	00000	M542, M545	GP	11	\$65.00			PENDING	Pending Payment or Denial
4	06/18/2018	00000	M542, M545	GP	11	\$36.00			PENDING	Pending Payment or Denial

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*.



Back to Claims **Correct Claim** Copy Claim Claim No.: R123CXE456789

Ref/Acct No.: 000000000000
Member ID: U123456789
Member Name: MEMBER NAME
Member DOB: 11/30/1987
Servicing Provider: PROVIDER NAME
DOS Range: 03/14/2018 - 03/14/2018

Received Date: 03/18/2018
Billed Amount: \$168.00
Payment Amount: \$0.00
Payment Date: 03/21/2018
Status: PAID

LINE	DOS	PROC	DX	MODIFIERS	PLACE OF SERVICE	CHARGED	PAYMENT AMOUNT	PAYMENT DATE	CHECK NO.	STATUS	STATUS DESCRIPTION
1	03/14/2018	XXXXX	R1013, K828		11	\$168.00	\$0.00	03/21/2018	00000 00000	PAID	REIMBURSEMENT OF FEE SCHEDULE AND/OR CONTRACTED RATES

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*.



Back to Claims **Copy Claim** Claim No.: R123CXE456789

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.

DATE CREATED ↑	CLAIM TYPE ↑	CLAIM ID ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑		
08/21/2018	CMS-1500	XXXXXXXX	Member Name	U123456789		\$99.99	Edit	Delete
08/21/2018	CMS-1500	XXXXXXXX	Member Name	U123456789		\$0.00	Edit	Delete
08/19/2018	CMS-1500	XXXXXXXX	Member Name	U123456789		\$323.00	Edit	Delete

Submitted Claims

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

SUBMITTED STATUS ↑	DATE SUBMITTED ↑	WEB # / REF # ↑	CLAIM NUMBER ↑	CLAIM TYPE ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑
	03/15/2018	000000000		CMS-1500	MEMBER NAME	123456789		\$500.00

Batch Claims

- 1 To submit batch claims, select *Batch*.
- 2 To upload a batch of claims, click the *Upload EDI* button.

Health Net

Eligibility Patients Authorizations Claims Messaging Help Maria Ramirez

Viewing Claims For: 000000000 Health Net Commercial - C GO

[Upload EDI](#) [Create Claim](#)

Please note: Employer group MA HMO, HMO, PPO (including EnhancedCare PPO for small business groups), and EPO; POS, Medi-Cal (including CalViva Health), and/or Cal MediConnect providers must access member information through the current Health Net provider portal at provider.healthnet.com.

Claims Individual Saved Submitted **Batch** Payment History My Downloads Claims Audit Tool

(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.

The screenshot shows the 'Batch Claims Upload' interface. At the top, there are dropdowns for 'Viewing For:' (000000000) and 'Health Net Commercial - <' with a 'GO' button. The main content area is divided into four numbered steps:

1. Check your codes: The Submitter ID for the ISA06 must be WebBatch or WEBBATCH. ISA07 must be 30. The receiver ID for ISA08 must be 421400317. The Application Senders code for GS02 should match the value used in the ISA06. The Application Receivers code for GS03 should match the value used in the ISA08. For additional EDI information, please refer to Resources.
2. File Type: A dropdown menu with options '837I' and '837P'. A red circle with the number '3' highlights this dropdown.
3. Upload File: A 'Choose File' button and 'No file chosen' text. A red circle with the number '4' highlights the 'Choose File' button.
4. A 'Submit' button with a right-pointing arrow. A red circle with the number '5' highlights this button.

On the right side, there is a 'Resources' sidebar with a 'NOTE' label in a red box. The resources listed are 'Companion Guides' and 'Batch Claims FAQs', both with right-pointing arrows.

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.

The screenshot shows the 'Claims' interface with the 'Batch' tab selected. The 'Batch' tab is highlighted with a red circle and the number '1'. Below the tabs, there are filter fields for 'Start Date' (03/08/2018) and 'End Date' (03/15/2018), with a note 'Date span limited to a 3-month period.' Below these are 'Confirmation #' and 'Batch Claim Status' filters, both set to 'ALL'. A red box highlights the 'Search' button, which is also circled with a red circle and the number '3'. At the bottom, there is a disclaimer: 'The last 24 months of batch claims submission data is available online. Passing the format verification process is not a guarantee of claim(s) payment. Claim(s) payment is contingent upon accuracy of data submitted. You will receive an explanation of payment (EOP) or 835 for your claims submission depending on your contract arrangement. For questions regarding errors please contact the health plan.'

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.

Health Net®

Eligibility Patients **Claims** Messaging Help Dawn Dugan

Viewing Claims For: 000000000 Health Net Commercial - C GO Upload EDI Create Claim

Please note: Employer group MA HMO, HMO, PPO (including EnhancedCare PPO for small business groups), and EPO: POS, Medi-Cal (including CalViva Health), and/or Cal MediConnect providers must access member information through the current Health Net provider portal at provider.healthnet.com.

Claims Individual Saved Submitted Batch **Payment History** My Downloads Claims Audit Tool Filter

Transactions

All activity posted to your account between 05/21/2018 and 06/21/2018.

Instructions: To view transaction details, click the check date.

CHECK DATE ↑	CHECK NUMBER ↑	CHECK CLEAR DATE ↑	MAILING ADDRESS ↑	PAYMENT AMOUNT ↑
06/20/2018	0000022369		123 ABC AVE DEFGHI, CA, 12345	\$1,783.95
06/20/2018	0000022367		123 ABC AVE DEFGHI, CA, 12345	\$228.53
06/20/2018	0000022370		123 ABC AVE DEFGHI, CA, 12345	\$1,197.88
06/20/2018	0000022368		123 ABC AVE DEFGHI, CA, 12345	\$754.25
06/20/2018	0000022366		123 ABC AVE DEFGHI, CA, 12345	\$497.03
06/20/2018	0000000000		123 ABC AVE DEFGHI, CA, 12345	\$0.00
06/20/2018	0000022365		123 ABC AVE DEFGHI, CA, 12345	\$321.58
06/15/2018	0000021472		123 ABC AVE DEFGHI, CA, 12345	\$630.13
06/15/2018	0000021469		123 ABC AVE DEFGHI, CA, 12345	\$64.30
06/15/2018	0000000000		123 ABC AVE DEFGHI, CA, 12345	\$0.00

78 items found, displaying 1 to 10. Page 1/8 [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [Next](#) [Last](#)

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- 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*.

Claims Individual Saved Submitted Batch **Payment History** My Downloads Claims Audit Tool **Filter**

Payment History

Search for claim payments posted between 02/15/2017 and 08/15/2018. Data available online is limited to the last 18 months.

Instructions: Enter Search Criteria, then click the "Search" button. For best results, enter the date range to include at least 2 days before and 2 days after the targeted date(s).

With a Check/Trace Date between 07/15/2018 and 08/15/2018 With an Amount between XX.XX and XX.XX

Check/Trace number Search

To search, enter one or more of the following search criteria. The Submission Date range you provide is limited to a one-month span. Only the last 24 months of claims data is available online.

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*.

The screenshot shows the Health Net Claims portal interface. At the top, there are navigation tabs for Eligibility, Patients, Claims (circled with a red '1'), Messaging, and Help. Below the navigation, there are filters for 'Viewing Claims For' (000000000) and 'Health Net Commercial - C'. A 'GO' button and 'Upload EDI'/'Create Claim' buttons are also visible. A red circle with a '2' highlights the 'Payment History' tab in the 'Claims' section. Below this, the 'Transactions' section is displayed, showing a table of payment activity. The first row of the table, with a check date of 06/20/2018, is circled with a red '3'. The table columns are: CHECK DATE, CHECK NUMBER, CHECK CLEAR DATE, MAILING ADDRESS, and PAYMENT AMOUNT.

CHECK DATE	CHECK NUMBER	CHECK CLEAR DATE	MAILING ADDRESS	PAYMENT AMOUNT
06/20/2018	0000022369		123 ABC AVE DEFGHI, CA, 12345	\$1,783.95
06/20/2018	0000022367		123 ABC AVE DEFGHI, CA, 12345	\$228.53
06/20/2018	0000022370		123 ABC AVE DEFGHI, CA, 12345	\$1,197.88
06/20/2018	0000022368		123 ABC AVE DEFGHI, CA, 12345	\$754.25
06/20/2018	0000022366		123 ABC AVE DEFGHI, CA, 12345	\$497.03
06/20/2018	0000000000		123 ABC AVE DEFGHI, CA, 12345	\$0.00
06/20/2018	0000022365		123 ABC AVE DEFGHI, CA, 12345	\$321.58
06/15/2018	0000021472		123 ABC AVE DEFGHI, CA, 12345	\$630.13
06/15/2018	0000021469		123 ABC AVE DEFGHI, CA, 12345	\$54.30
06/15/2018	0000000000		123 ABC AVE DEFGHI, CA, 12345	\$0.00

78 items found, displaying 1 to 10. Page 1/8 1, 2, 3, 4, 5, 6, 7, 8 Next Last

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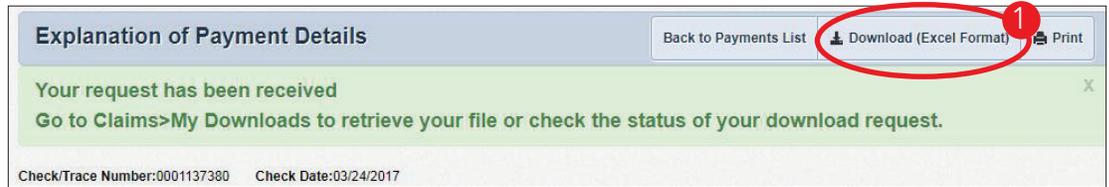
- 4 This view shows each patient payment, by service line detail, made on the check.

The screenshot shows the 'Explanation of Payment Details' page. At the top, there are navigation links for 'Important Information', 'Back to Payments List', 'Download (Excel Format)', and 'Print'. Below this, the 'Check/Trace Number: 0000000000' and 'Check Date: 06/20/2018' are displayed. The main content area is divided into two columns of information. A red circle with a '4' highlights the 'Patient Name' field in the first column. The information is repeated for two service lines.

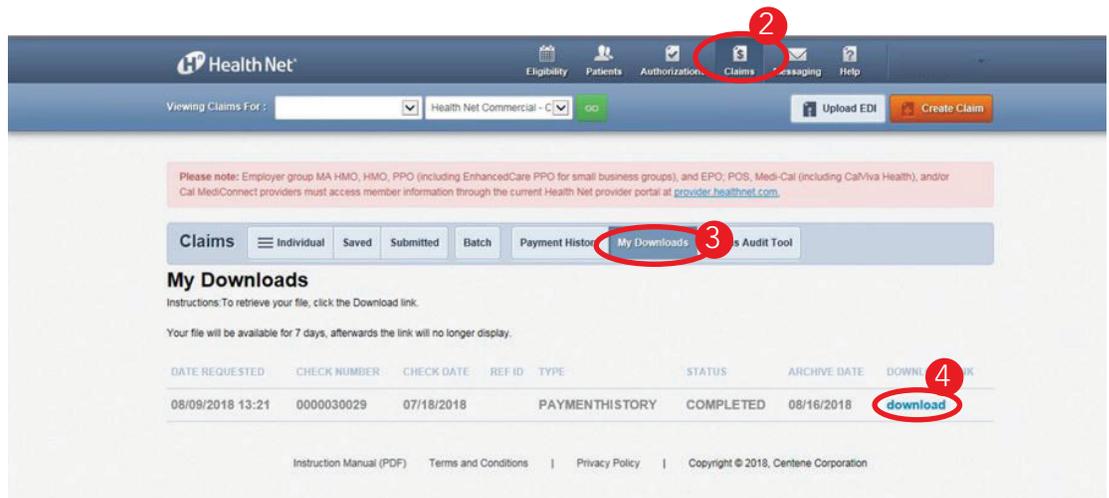
Explanation of Payment Details	
Insured Name: INSURED NAME Patient Name: PATIENT NAME Control Number: R123CXE45678 Service Provider: PROVIDER NAME	Group: CALIFORNIA REHABILITATIO ID: R123CXE45678 Account: 000000000000 NPI: 000000000000
Insured Name: INSURED NAME Patient Name: PATIENT NAME Control Number: R123CXE45678 Service Provider: PROVIDER NAME	Group: CALIFORNIA REHABILITATIO ID: R123CXE45678 Account: 000000000000 NPI: 000000000000

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.

Claims Individual Saved Submitted Batch Payment History My Downloads Claims Audit Tool Filter

CLAIM NO. ↑	CLAIM TYPE ↑	MEMBER NAME ↑	SERVICE DATE(S) ↑	BILLED/PAID ↑	CLAIM STATUS ↑
R123CXE45678	CMS-1500	MEMBER NAME	08/18/2018 - 08/18/2018	\$320.00 / \$0.00	⌵
R123CXE45678	CMS-1500	MEMBER NAME	08/18/2018 - 08/18/2018	\$324.00 / \$0.00	⌵

(continued)

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

PASS-THROUGH TERMS AND CONDITIONS

1. California Health and Wellness, licenses a code auditing reference tool on the Web (the "Software") that enables California Health and Wellness to disclose its code auditing rules and associated clinical rationale to Providers. California Health and Wellness provides access to such Software to its Providers subject to the terms and conditions contained in this agreement ("Agreement"), which may be updated from time to time at California Health and Wellness' or its licensors' sole discretion without notice.
2. Provider's right to access and use the Software is non-transferable, non-exclusive, and for the sole purpose of internal use within the United States.
3. Provider will limit access to the Software to (i) only employees and agents of Provider and (ii) only to the extent necessary to request the outcome of specific code combinations that Provider proposes to submit to California Health and Wellness regarding billing activity; and/or (iii) request information about submitted code combinations to evaluate the results of claims activity from California Health and Wellness only as related to Provider's practice management.
4. Provider shall protect the confidentiality of the information contained in and provided by the Software and that it has access to in this web site, by using at least the degree of care and security it uses to protect its own confidential information. Provider acknowledges and agrees that any unauthorized disclosure or distribution of the confidential information may result in irreparable injury to California Health and Wellness or licensor(s), entitling the injured entity to obtain immediate injunctive relief in addition to any other legal remedies available.
5. Provider shall not modify, translate, decompile, disclose, create nor attempt to create any derivative work of the Software.
6. Provider acknowledges that the Software is in no way intended to prescribe, designate or limit medical care to be provided or procedures to be performed.

- 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.

Clear Claim Connection™

CLAIMS ONLINE | CLAIMS | HISTORY | ABOUT | Help | Logoff

Claim Entry

Gender: Male Female
 Date of Birth: (mm/dd/yyyy)

Click grid to enter information.
 * For quick entry, use your Down Arrow key after you enter a Procedure Code. Date of Service will default to today's date, and Place of Service will default to 11 (Office). Tabbing through Date of Service and Place of Service will give you the same defaults.

Line	Procedure	Quantity	Mod 1	Mod 2	Date of Service	Place of Service	Diagnosis
1	<input type="text"/>	-- select --	<input type="text"/>				
2	<input type="text"/>	-- select --	<input type="text"/>				
3	<input type="text"/>	-- select --	<input type="text"/>				
4	<input type="text"/>	-- select --	<input type="text"/>				
5	<input type="text"/>	-- select --	<input type="text"/>				

[Add More Procedures >>](#)

(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.

Clear Claim Connection™
 McKesson Edit Development Glossary About Help Logout

Claim Audit Results

Gender:
 Date of Birth:

Click on recommendation of "Disallow" or "Review" to obtain clinical edit clarification.

Line	Procedure	Description	Quantity	Mod 1	Mod 2	Date of Service	Place of Service	Diagnosis	Recommend
1	80053	COMPREHEN METABOLIC PANEL	1			7/21/2012	23 (ER - Hospital)	311	Allow
2	85025	COMPLETE CBC W/AUTO DIFF WBC	1			7/21/2012	23 (ER - Hospital)	311	Allow
3	81001	URINALYSIS AUTO W/SCOPE	1			7/21/2012	23 (ER - Hospital)	311	Allow

The results displayed do not guarantee how the claim will be processed.

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

