How to Secure Prior Authorization on the

New Health Net Provider *Portal*

provider.healthnetcalifornia.com

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Health Net
We connect providers and communities to address health issues and concerns.

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How to Secure Prior Authorization on the New Health Net Provider Portal

Log in to the new secure Health Net provider portal at **provider.healthnetcalifornia.com** to submit prior authorization requests and check prior authorization status.

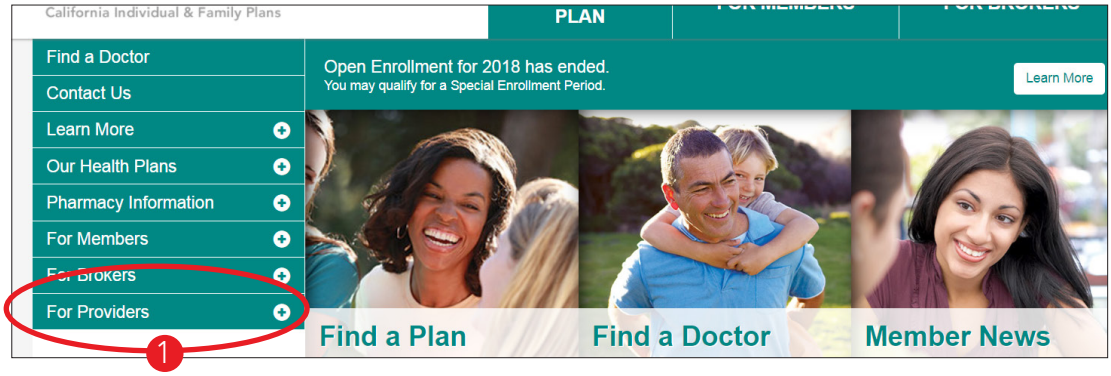
Pre-Auth Check Tool

Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) providers are able to utilize Health Net's online Pre-Auth Check tool to help determine whether services require prior authorization. To access the online tool, visit the applicable provider portal provided in the table below. Information provided on the Pre-Auth Check tool may not be the most current; therefore, if you have any questions or concerns about the submission or status of a prior authorization, contact the applicable Prior Authorization department as listed in the table below.

A prior authorization is not a guarantee of payment. Payment may be denied in accordance with Health Net's policies and procedures and applicable laws.

Product	Pre-Auth Check tool website	Telephone
EnhancedCare PPO (IFP)	ifp.healthnetcalifornia.com	1-844-463-8188
EnhancedCare PPO (SBG)	N/A	1-844-463-8188
Health Net (Employer group) HMO, POS HSP, PPO, EPO	N/A	1-800-641-7761
IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO	ifp.healthnetcalifornia.com	1-888-926-2164
Medicare Advantage (Individual)	CA.healthnetadvantage.com	1-800-929-9224
Medicare Advantage (Employer group)	N/A	1-800-929-9224
Medi-Cal	N/A	1-800-675-6110

1 Select the + drop-down menu next to For Providers.



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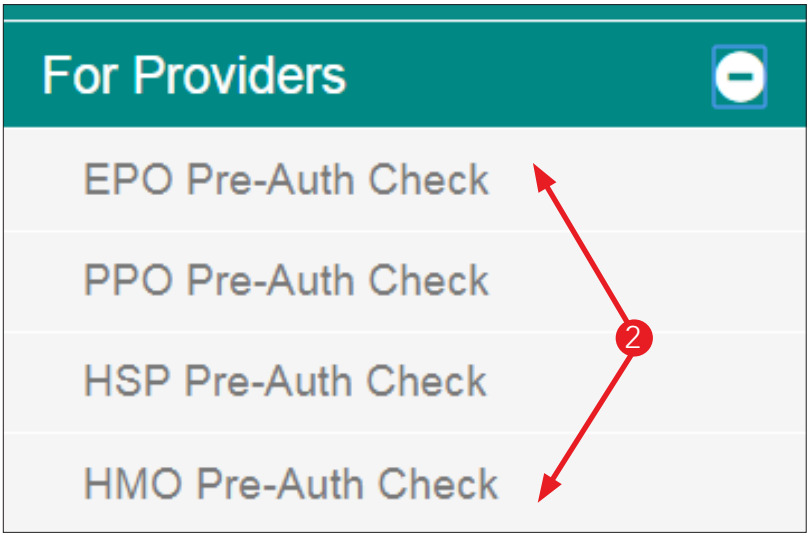
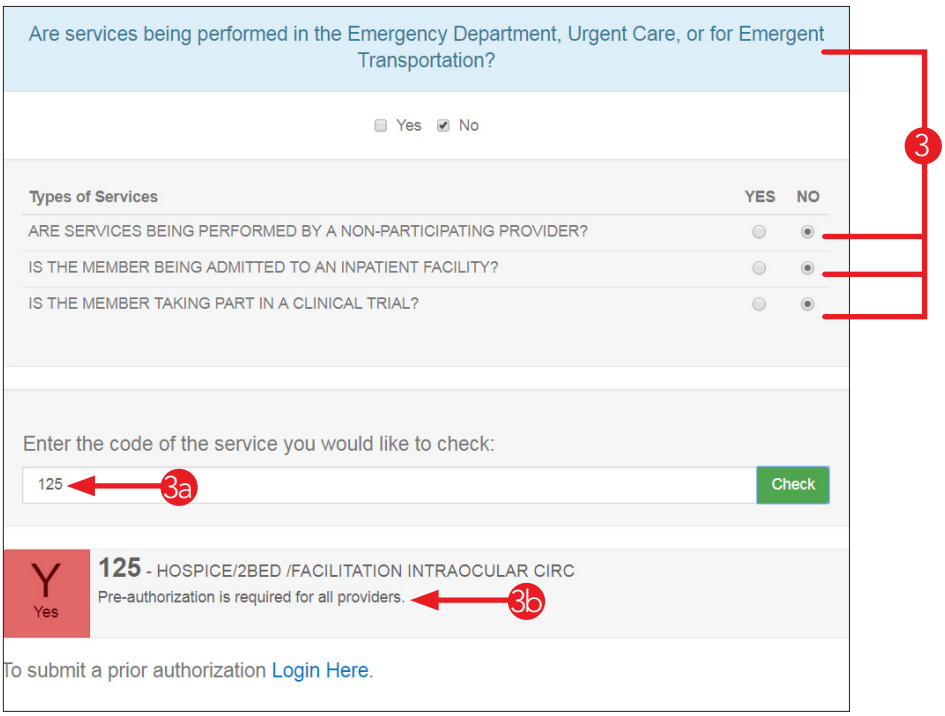
2 Select the member's appropriate line of business. Not all lines of business are listed in the screenshot below.



3 Answer the questions listed.

3a Enter the code of the service you would like to check.

3b If the code requires prior authorization, you will be prompted to log in to submit the authorization request.



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Submit Prior Authorization Online

Follow the steps below to submit prior authorizations online for Health Net members.

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*.

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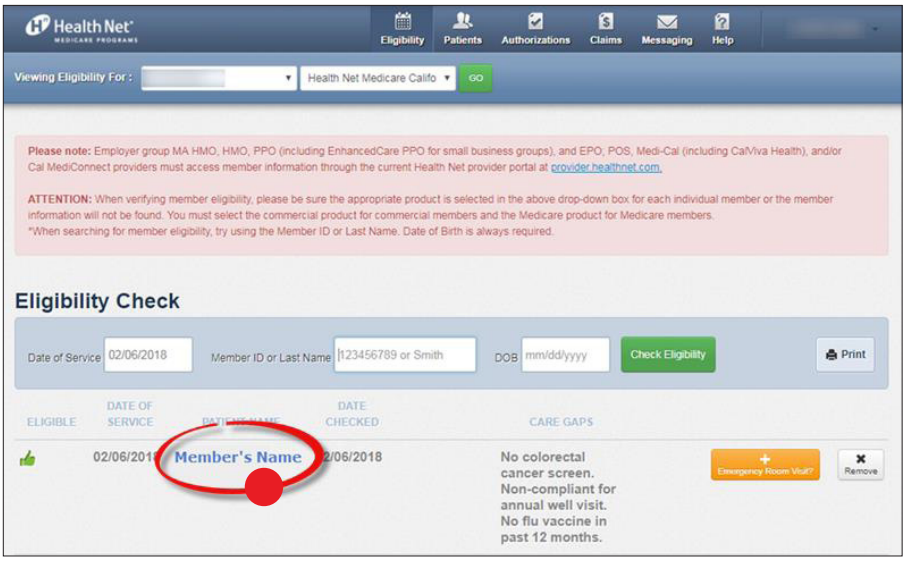
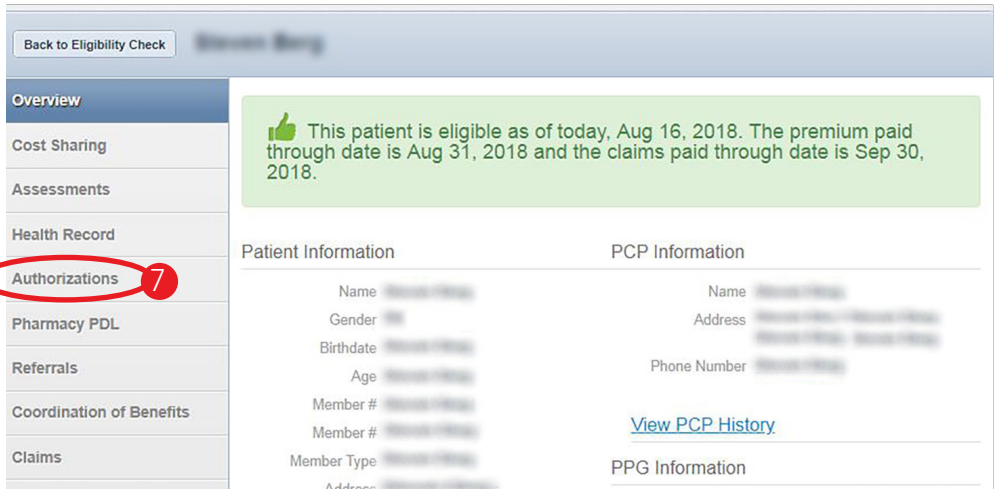
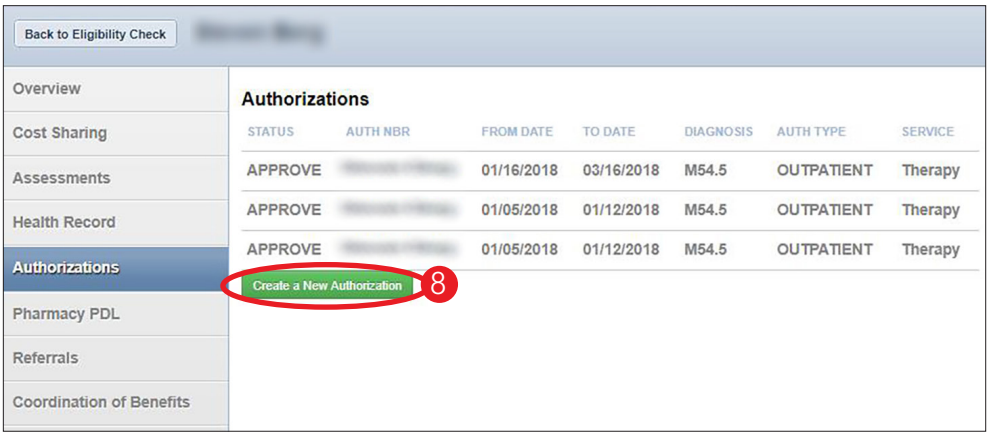
6 Select the hyperlink, which is the member's name.



7 Select *Authorizations,* located in the left-hand column.



8 Select *Create a New Authorization* to start a new authorization.



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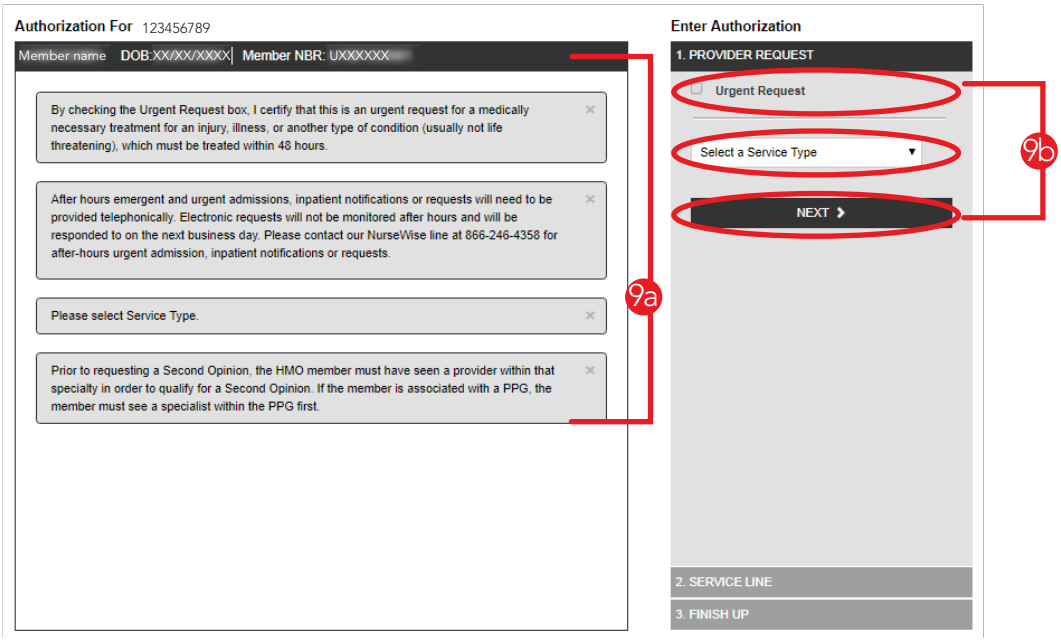
Provider Request

9 The authorization form displays two sections.

9a The left side displays a disclaimer, the definition of an Urgent Request and the prior authorization steps that have been completed thus far.

9b The right side is where data is entered for Provider Request, including Urgent Request, Service Type and Next.



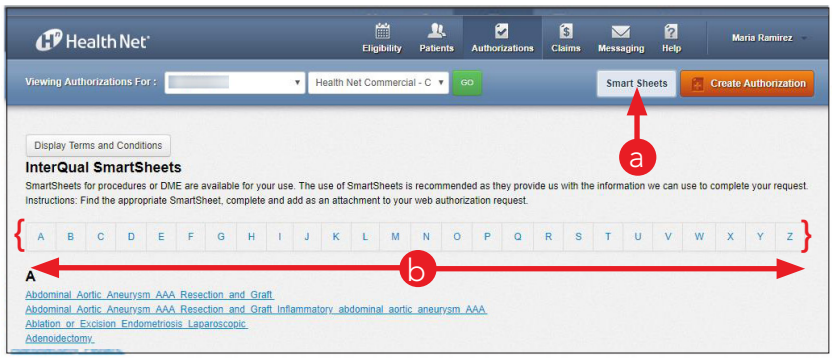
Smart Sheets

The use of Smart Sheets is recommended as they provide Health Net with information to complete the provider prior authorization request. Use Smart Sheets when submitting prior authorization for medical procedures or requests for durable medical equipment (DME). The option to use Smart Sheets will continue through the entire prior authorization process, so providers can create a Smart Sheet at any time prior to submitting the prior authorization request.

To use Smart Sheets:

a Select *Smart Sheets.*

b Find the appropriate Smart Sheets, complete the information and add it as an attachment (refer to step 32 later in the document) to your web authorization request.



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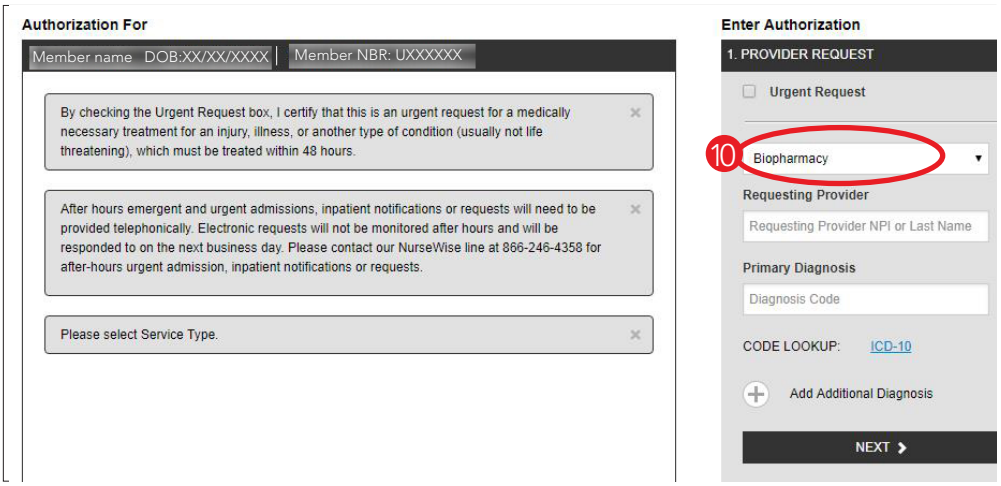
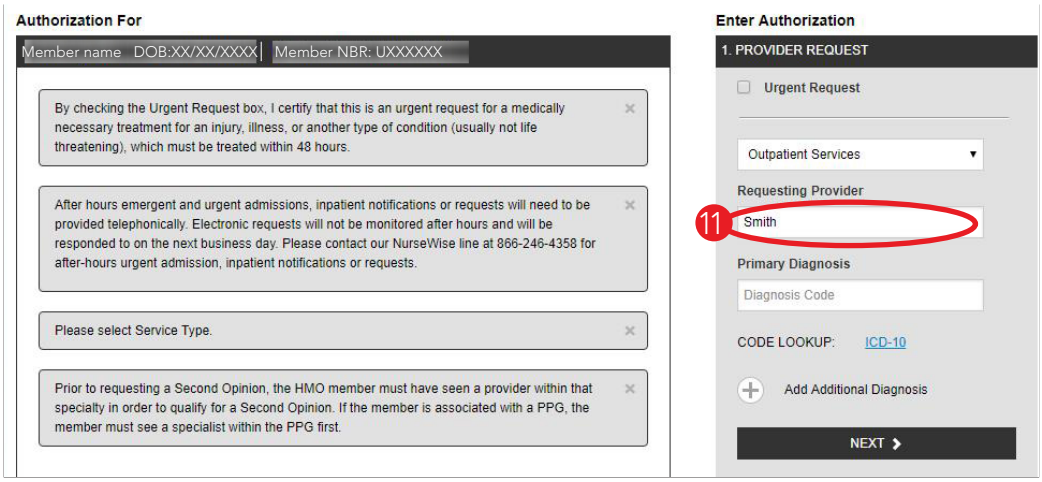
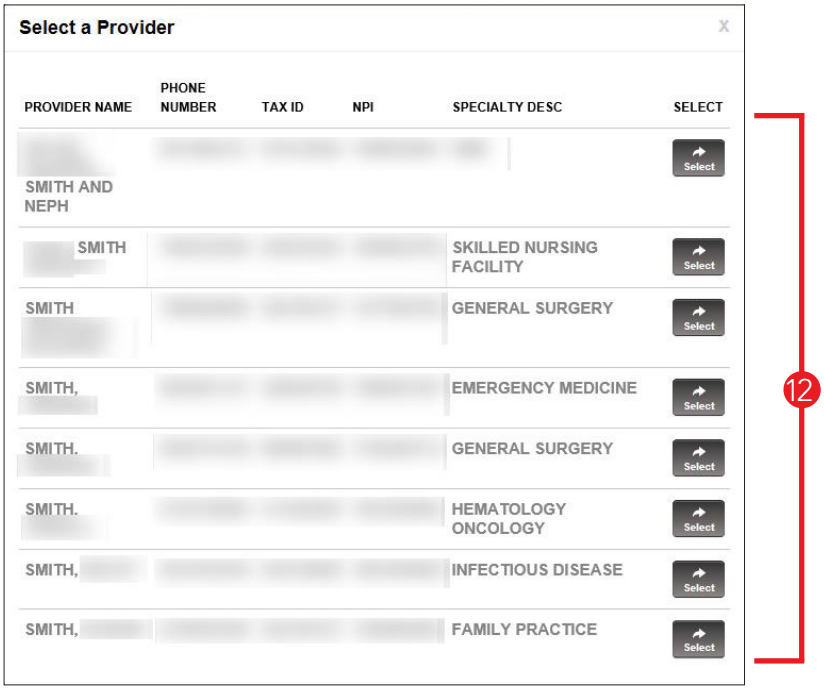
10 Select a service type from the drop-down list.



11 Once the service type is selected, the Requesting Provider information will display. The provider's last name or National Provider Identifier (NPI) can be entered in the Requesting Provider field to search.

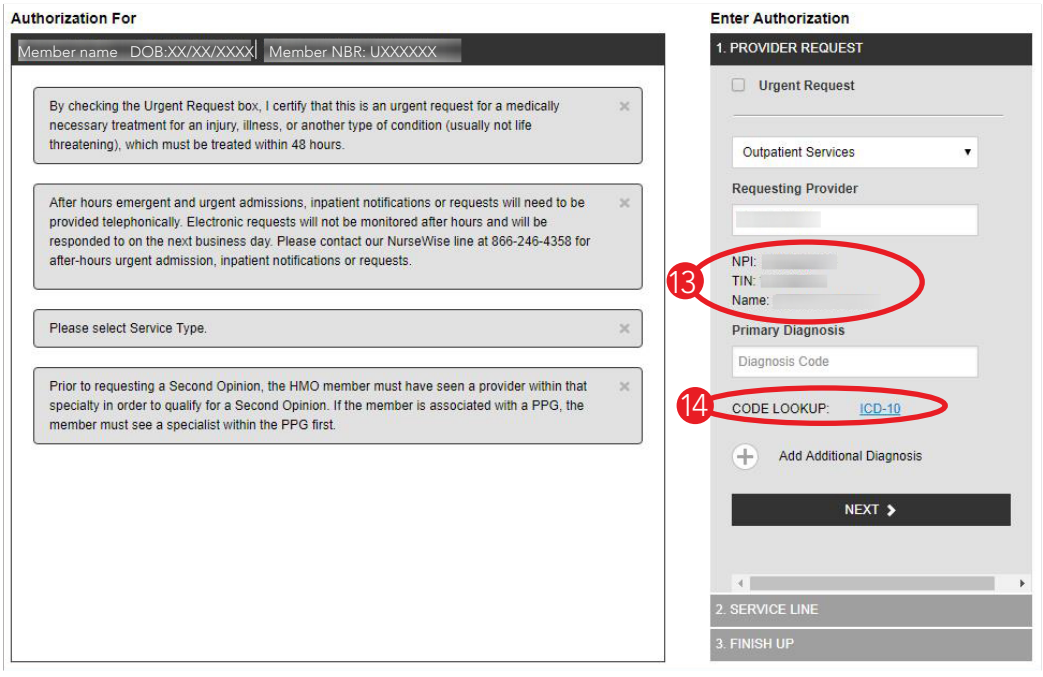


12 The list of providers and their specialty will display. Select the appropriate provider.



13 The requesting provider NPI will appear in the search field. The NPI, tax identification number (TIN) and name will display.

14 Enter the Primary Diagnosis code or click the *ICD-10* hyperlink to search for a code.



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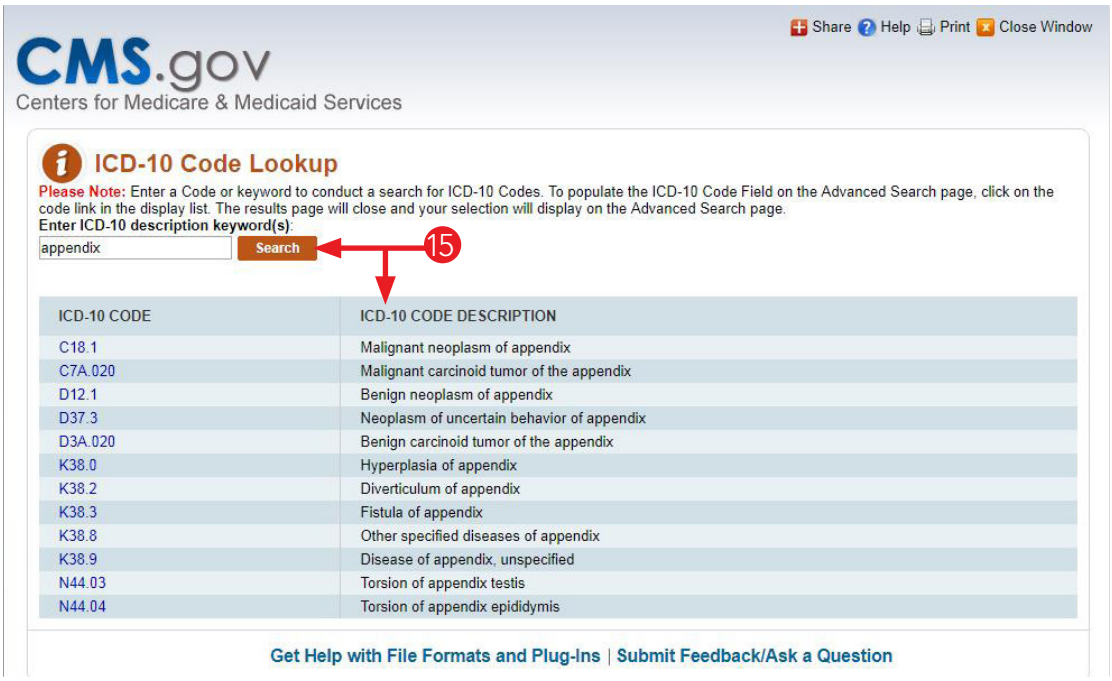
15 Enter the keyword for diagnosis and select *Search*. Select the appropriate diagnosis code from the list provided and enter it into the prior authorization request. The diagnosis code will not transfer into the secure provider website.

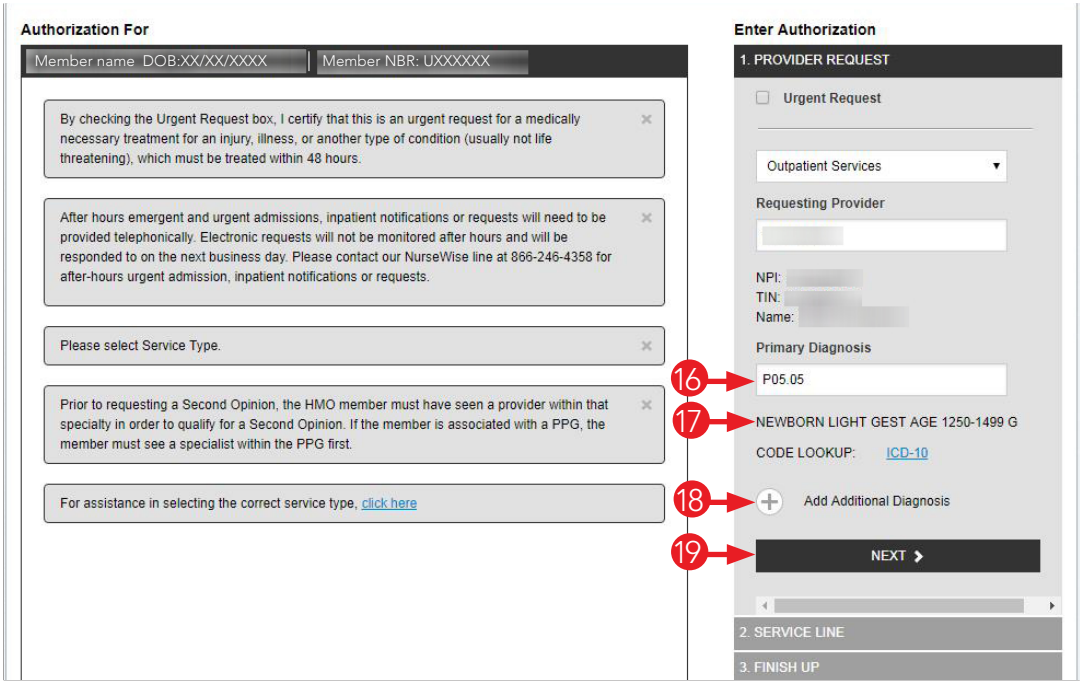


16 The Primary Diagnosis field must be completed with an ICD-10 diagnosis code. The name of a disease or symptom cannot be entered.

17 The diagnosis name will appear under the field where the ICD-10 code was entered.

18 If additional diagnosis codes are needed, select *Additional Diagnosis*. Enter the diagnosis code if known, or follow the steps in step 15 above.

19 When all of the diagnosis codes have been entered, select *Next*.



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Service Line

20 The Service Line section will open. The requesting provider information and the member's primary diagnosis and any additional diagnosis codes are displayed on the left side of the form. Fields required for the service lines are on the right side of the form.

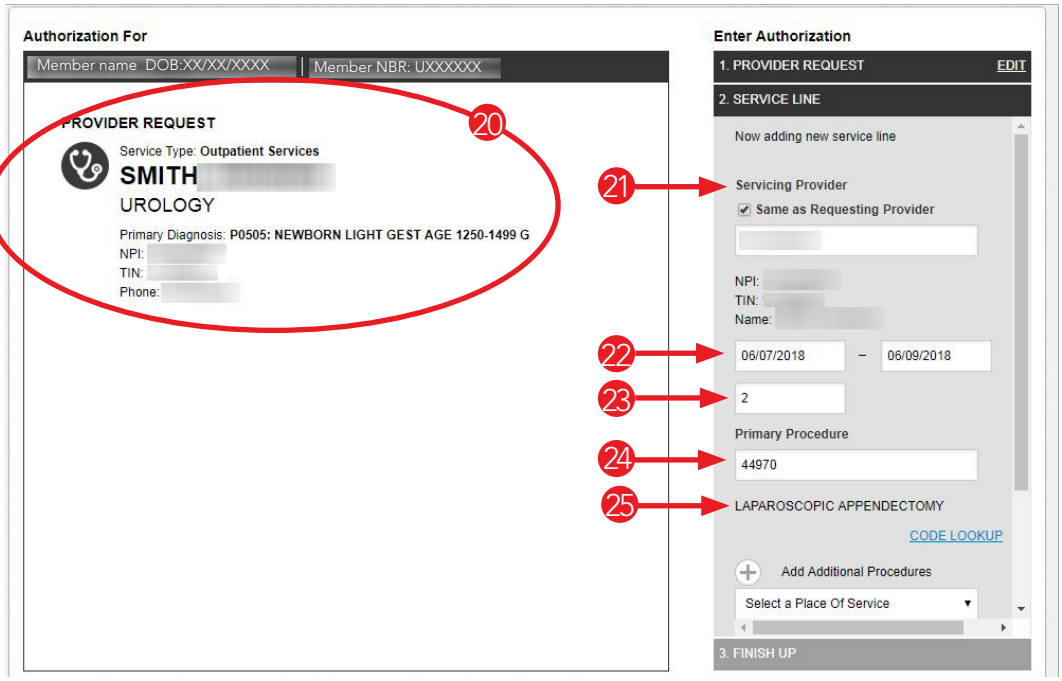
21 If the Servicing Provider is the same as the requesting provider, check the box. The provider information will auto-populate the provider's name, NPI and TIN.

22 The start and end date fields have calendar widgets that appear when the user clicks inside the field.

23 Enter the requested number of days, visits or units under the service dates.

24 Enter the primary procedure code in the Primary Procedure field or select *CODE LOOKUP* to search for a code.

25 The corresponding procedure name will appear under the procedure code.



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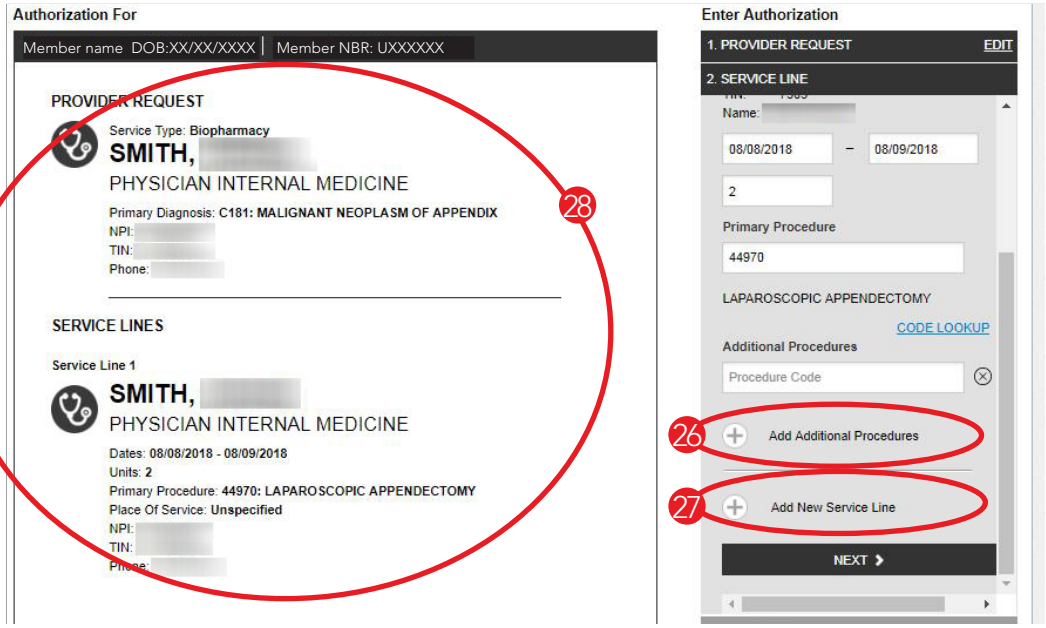
26 Additional procedure codes can be entered by selecting *Add Additional Procedures* and following the same steps as noted in step 24 above.

27 Select *Add New Service Line* for more services and follow steps 20–26 above; then select *Next*.

28 The left side of the screen will display the service line with the provider information and procedure.



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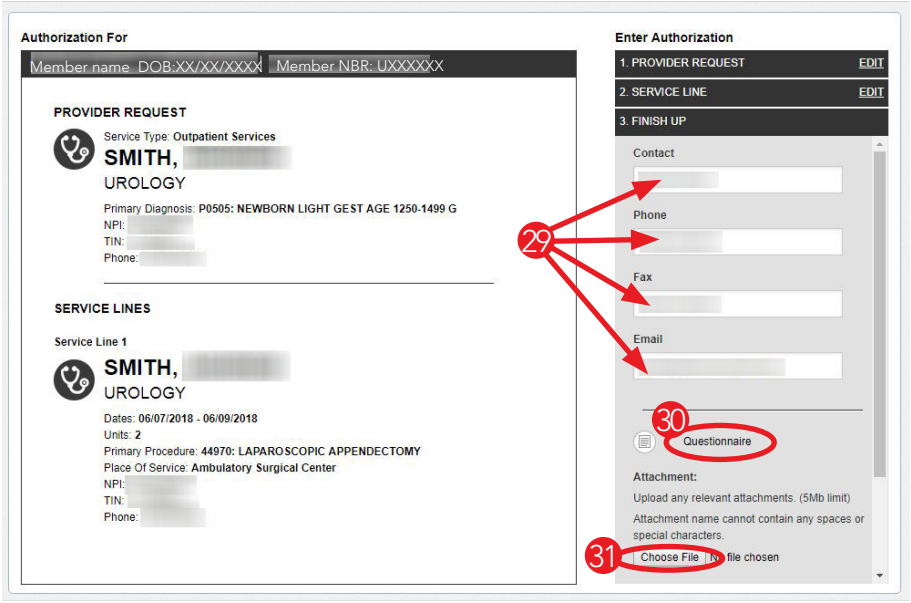
Finishing Up

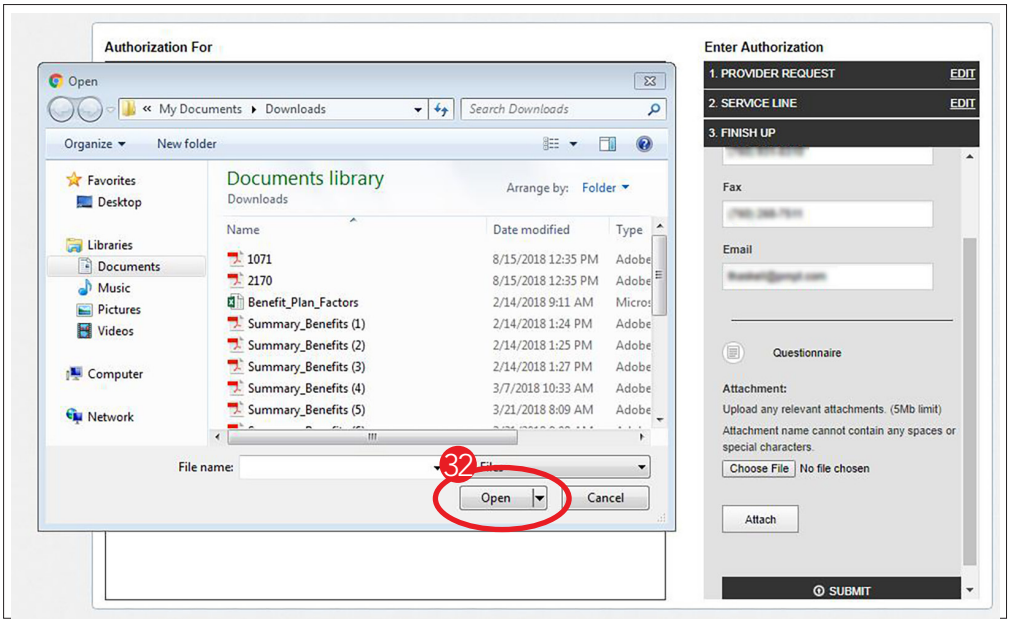
29 The Finish Up section auto-populates the user's name, telephone and fax numbers, and email address.

30 Open the *Questionnaire* by clicking the icon. The questionnaire will vary based on the service type selected. If additional information is not applicable, N/A must be entered. The questionnaire is a mandatory field. If it is not completed, an alert will appear.

31 Up to five attachments can be added to the prior authorization request, including the Smart Sheet. Select *Choose File*.



32 Highlight the appropriate document, image or Smart Sheet. Select *Open*.



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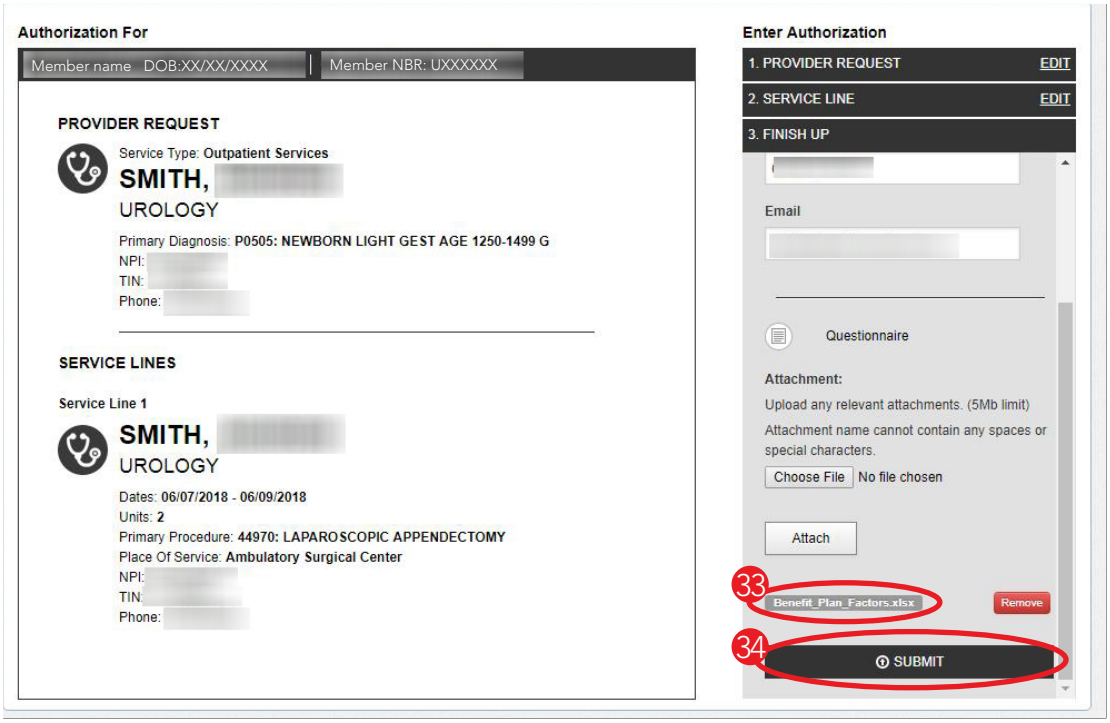
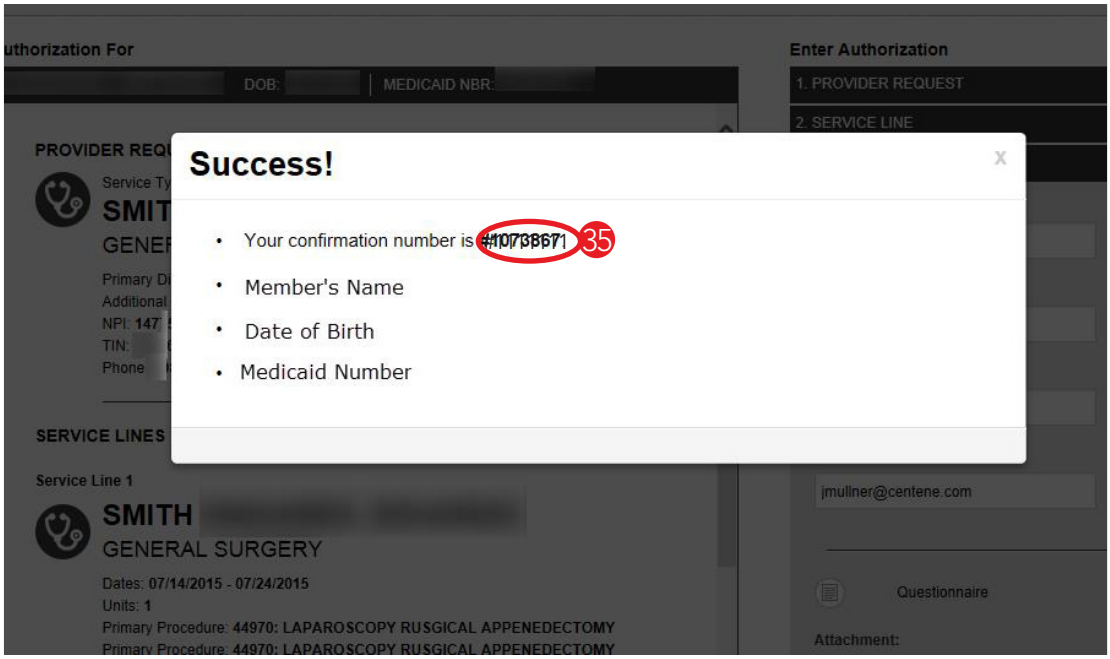
33 The document name will appear in the Browse field.

34 Verify that this is the correct document. Then select *Submit*.



35 Once submitted, the request is assigned a confirmation number. This number should be recorded in the member's medical record or file and used to determine authorization status.



Health Net Medical Management Department

Contact information for the Health Net Medical Management Department is listed in the table below.

Lines of business	*Telephone number*	*Fax number*	*Prior authorization provider portal*
• Medicare Advantage (Individual)	1-800-977-7282	1-844-501-5713	provider.healthnetcalifornia.com
• Individual Family Plan (IFP) – EnhancedCare PPO – CommunityCare HMO – PPO – PureCare HSP – PureCare One EPO	1-800-977-7282	1-844-694-9165	provider.healthnetcalifornia.com
• Medicare Advantage (Employer group) • EnhancedCare PPO (SBG) • Health Net (Employer group) HMO, POS, HSP, PPO, and EPO	1-800-977-7282	1-800-793-4473	provider.healthnet.com
• Medi-Cal (including CalViva Health)	1-800-421-8578	1-800-743-1655	provider.healthnet.com
• Cal MediConnect	1-800-977-7282	1-800-793-4473	provider.healthnet.com

Health Net Provider Services Department

Contact information for the Health Net Provider Services Department is listed in the table below.

Lines of business	*Telephone number*	*Provider portal*	*Email*
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, and 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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