

*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.

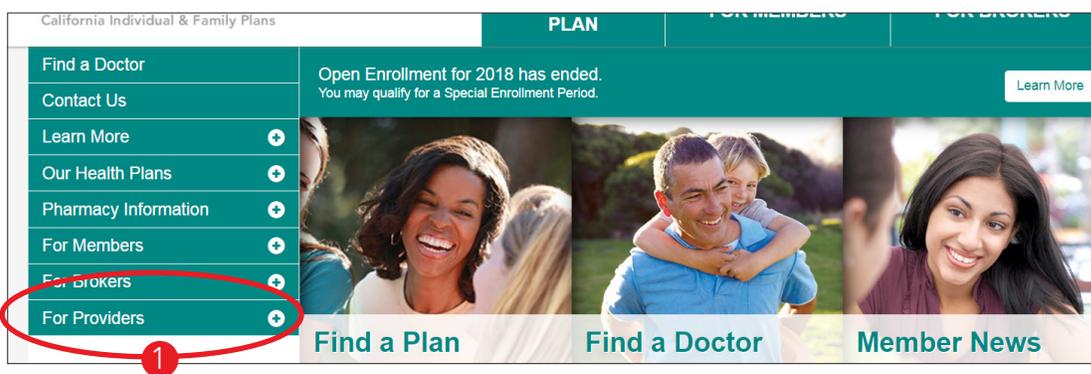
## Pre-Auth Check Tool

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.



(continued)

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

A screenshot of a web application interface titled "For Providers" in a teal header. Below the header is a list of four menu items: "EPO Pre-Auth Check", "PPO Pre-Auth Check", "HSP Pre-Auth Check", and "HMO Pre-Auth Check". A red double-headed arrow with a circled "2" in the center points from the "PPO Pre-Auth Check" item to the "EPO Pre-Auth Check" and "HMO Pre-Auth Check" items.

- 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.

A screenshot of a pre-authorization form. At the top, a question asks: "Are services being performed in the Emergency Department, Urgent Care, or for Emergent Transportation?" with radio buttons for "Yes" and "No" (the "No" button is selected). Below this is a table with the following content:

Types of Services	YES	NO
ARE SERVICES BEING PERFORMED BY A NON-PARTICIPATING PROVIDER?	<input type="radio"/>	<input checked="" type="radio"/>
IS THE MEMBER BEING ADMITTED TO AN INPATIENT FACILITY?	<input type="radio"/>	<input checked="" type="radio"/>
IS THE MEMBER TAKING PART IN A CLINICAL TRIAL?	<input type="radio"/>	<input checked="" type="radio"/>

Below the table is a text input field with the label "Enter the code of the service you would like to check:". The field contains the number "125". A green "Check" button is to the right of the field. A red arrow labeled "3a" points to the "125" in the input field.

Below the input field is a red box with a white "Y" and the word "Yes" below it. To the right of this box, the text reads: "125 - HOSPICE/2BED /FACILITATION INTRAOCULAR CIRC". Below this text, it says "Pre-authorization is required for all providers." A red arrow labeled "3b" points to this text.

At the bottom of the form, it says "To submit a prior authorization [Login Here](#)."

Red annotations include a bracket labeled "3" on the right side of the form, encompassing the top question and the table.

(continued)

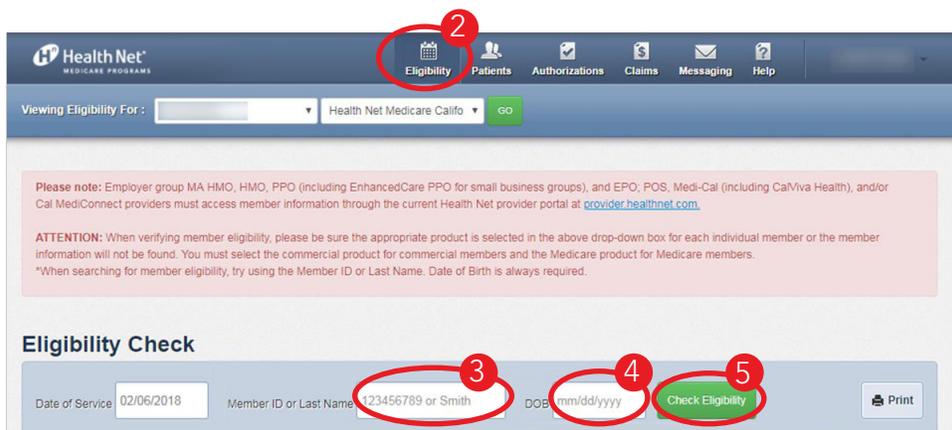
## Submit Prior Authorization Online

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](http://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.

Health Net  
MEDICARE PROGRAMS

Viewing Eligibility For:  Health Net Medicare Califo

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

ATTENTION: When verifying member eligibility, please be sure the appropriate product is selected in the above drop-down box for each individual member or the member information will not be found. You must select the commercial product for commercial members and the Medicare product for Medicare members.  
\*When searching for member eligibility, try using the Member ID or Last Name. Date of Birth is always required.

### Eligibility Check

Date of Service: 02/06/2018 Member ID or Last Name: 123456789 or Smith DOB: mm/dd/yyyy

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS
	02/06/2018	Member's Name	02/06/2018	No colorectal cancer screen. Non-compliant for annual well visit. No flu vaccine in past 12 months.

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

Back to Eligibility Check **Steven Berg**

**Overview**

- Cost Sharing
- Assessments
- Health Record
- Authorizations** 7
- Pharmacy PDL
- Referrals
- Coordination of Benefits
- Claims

This patient is eligible as of today, Aug 16, 2018. The premium paid through date is Aug 31, 2018 and the claims paid through date is Sep 30, 2018.

Patient Information		PCP Information	
Name	<input type="text"/>	Name	<input type="text"/>
Gender	<input type="text"/>	Address	<input type="text"/>
Birthdate	<input type="text"/>	Phone Number	<input type="text"/>
Age	<input type="text"/>		
Member #	<input type="text"/>	<a href="#">View PCP History</a>	
Member #	<input type="text"/>		
Member Type	<input type="text"/>	PPG Information	
Address	<input type="text"/>		

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

Back to Eligibility Check **Steven Berg**

**Authorizations**

STATUS	AUTH NBR	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	<input type="text"/>	01/16/2018	03/16/2018	M54.5	OUTPATIENT	Therapy
APPROVE	<input type="text"/>	01/05/2018	01/12/2018	M54.5	OUTPATIENT	Therapy
APPROVE	<input type="text"/>	01/05/2018	01/12/2018	M54.5	OUTPATIENT	Therapy

8

(continued)

## 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.

The screenshot shows two main sections of the authorization form. On the left, under 'Authorization For 123456789', there are four text boxes with disclaimers and instructions. On the right, under 'Enter Authorization', there are three steps: '1. PROVIDER REQUEST' (with 'Urgent Request' checked), '2. SERVICE LINE', and '3. FINISH UP'. A 'NEXT' button is visible in the first step.

## 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.

The screenshot shows the HealthNet website interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the navigation, there is a 'Smart Sheets' button and a 'Create Authorization' button. The main content area is titled 'InterQual SmartSheets' and contains a list of medical procedures. A red arrow labeled 'a' points to the 'Smart Sheets' button, and a red arrow labeled 'b' points to the list of procedures.

(continued)

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

**Authorization For**

Member name: DOB:XX/XX/XXXX | Member NBR: UXXXXXX

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-246-4358 for after-hours urgent admission, inpatient notifications or requests.

Please select Service Type.

**Enter Authorization**

1. PROVIDER REQUEST

Urgent Request

10 Biopharmacy

Requesting Provider

Requesting Provider NPI or Last Name

Primary Diagnosis

Diagnosis Code

CODE LOOKUP: [ICD-10](#)

+ Add Additional Diagnosis

NEXT >

- 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.

**Authorization For**

Member name: DOB:XX/XX/XXXX | Member NBR: UXXXXXX

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-246-4358 for after-hours urgent admission, inpatient notifications or requests.

Please select Service Type.

Prior to requesting a Second Opinion, the HMO member must have seen a provider within that specialty in order to qualify for a Second Opinion. If the member is associated with a PPG, the member must see a specialist within the PPG first.

**Enter Authorization**

1. PROVIDER REQUEST

Urgent Request

Outpatient Services

11 Smith

Requesting Provider

Primary Diagnosis

Diagnosis Code

CODE LOOKUP: [ICD-10](#)

+ Add Additional Diagnosis

NEXT >

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

PROVIDER NAME	PHONE NUMBER	TAX ID	NPI	SPECIALTY DESC	SELECT
SMITH AND NEPH					Select
SMITH				SKILLED NURSING FACILITY	Select
SMITH				GENERAL SURGERY	Select
SMITH,				EMERGENCY MEDICINE	Select
SMITH.				GENERAL SURGERY	Select
SMITH.				HEMATOLOGY ONCOLOGY	Select
SMITH,				INFECTIOUS DISEASE	Select
SMITH,				FAMILY PRACTICE	Select



- 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.

Authorization For	Enter Authorization
Member name: DOB:XX/XX/XXXX   Member NBR: UXXXXXX	<b>1. PROVIDER REQUEST</b>
<p>By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.</p>	<input type="checkbox"/> Urgent Request
<p>After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-246-4358 for after-hours urgent admission, inpatient notifications or requests.</p>	Outpatient Services
<p>Please select Service Type.</p>	Requesting Provider
<p>Prior to requesting a Second Opinion, the HMO member must have seen a provider within that specialty in order to qualify for a Second Opinion. If the member is associated with a PPG, the member must see a specialist within the PPG first.</p>	NPI: [red circle] TIN: [red circle] Name: [red circle]
	Primary Diagnosis
	Diagnosis Code
	<b>14</b> CODE LOOKUP: <a href="#">ICD-10</a>
	+ Add Additional Diagnosis
	<b>NEXT &gt;</b>
	<b>2. SERVICE LINE</b>
	<b>3. FINISH UP</b>

(continued)

- 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.

**ICD-10 Code Lookup**

**Please Note:** Enter a Code or keyword to conduct a search for ICD-10 Codes. To populate the ICD-10 Code Field on the Advanced Search page, click on the code link in the display list. The results page will close and your selection will display on the Advanced Search page.

Enter ICD-10 description keyword(s)

appendix

ICD-10 CODE	ICD-10 CODE DESCRIPTION
C18.1	Malignant neoplasm of appendix
C7A.020	Malignant carcinoid tumor of the appendix
D12.1	Benign neoplasm of appendix
D37.3	Neoplasm of uncertain behavior of appendix
D3A.020	Benign carcinoid tumor of the appendix
K38.0	Hyperplasia of appendix
K38.2	Diverticulum of appendix
K38.3	Fistula of appendix
K38.8	Other specified diseases of appendix
K38.9	Disease of appendix, unspecified
N44.03	Torsion of appendix testis
N44.04	Torsion of appendix epididymis

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- The Primary Diagnosis field must be completed with an ICD-10 diagnosis code. The name of a disease or symptom cannot be entered.
- The diagnosis name will appear under the field where the ICD-10 code was entered.
- If additional diagnosis codes are needed, select *Additional Diagnosis*. Enter the diagnosis code if known, or follow the steps in step 15 above.
- When all of the diagnosis codes have been entered, select *Next*.

**Authorization For**

Member name: DOB:XX/XX/XXXX | Member NBR: UXXXXXX

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-246-4358 for after-hours urgent admission, inpatient notifications or requests.

Please select Service Type.

Prior to requesting a Second Opinion, the HMO member must have seen a provider within that specialty in order to qualify for a Second Opinion. If the member is associated with a PPG, the member must see a specialist within the PPG first.

For assistance in selecting the correct service type, [click here](#)

**Enter Authorization**

1. PROVIDER REQUEST

Urgent Request

Outpatient Services

Requesting Provider

NPI: [REDACTED]  
TIN: [REDACTED]  
Name: [REDACTED]

Primary Diagnosis

P05.05

NEWBORN LIGHT GEST AGE 1250-1499 G

CODE LOOKUP: [ICD-10](#)

Add Additional Diagnosis

2. SERVICE LINE

3. FINISH UP

(continued)

## 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.

The screenshot displays the 'Authorization For' form, divided into two main sections: 'PROVIDER REQUEST' and 'Enter Authorization'.

**PROVIDER REQUEST (Left Panel):**

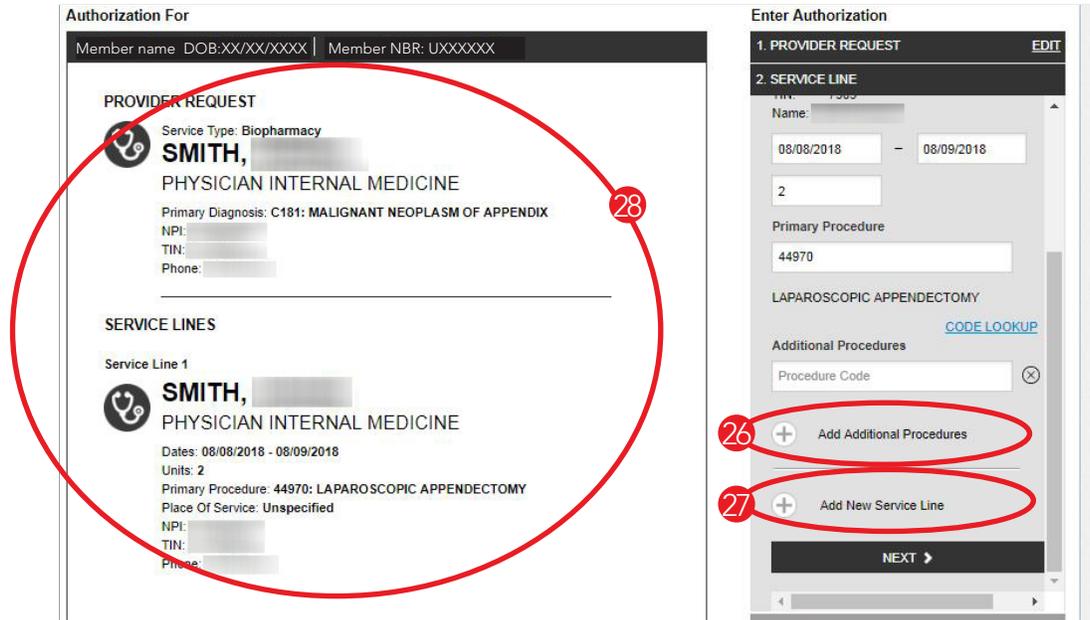
- Member name: DOB: XX/XX/XXXX | Member NBR: UXXXXXX
- PROVIDER REQUEST** (circled in red, labeled 20)
- Service Type: Outpatient Services
- SMITH (Redacted)
- UROLOGY
- Primary Diagnosis: P0505: NEWBORN LIGHT GEST AGE 1250-1499 G
- NPI: (Redacted)
- TIN: (Redacted)
- Phone: (Redacted)

**Enter Authorization (Right Panel):**

- 1. PROVIDER REQUEST (EDIT)
- 2. SERVICE LINE
- Now adding new service line
- Servicing Provider (labeled 21):
  - Same as Requesting Provider
  - (Redacted)
  - NPI: (Redacted)
  - TIN: (Redacted)
  - Name: (Redacted)
- Start Date: 06/07/2018 (labeled 22)
- End Date: 06/09/2018 (labeled 22)
- Units: 2 (labeled 23)
- Primary Procedure: 44970 (labeled 24)
- LAPAROSCOPIC APPENDECTOMY (labeled 25)
- [CODE LOOKUP](#)
- + Add Additional Procedures
- Select a Place Of Service (dropdown)
- 3. FINISH UP

(continued)

- 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.



(continued)

## 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*.

Authorization For

Member name: DOB:XX/XX/XXXX Member NBR: UXXXXXX

**PROVIDER REQUEST**

Service Type: Outpatient Services  
**SMITH, [REDACTED]**  
UROLOGY  
Primary Diagnosis: P0505: NEWBORN LIGHT GEST AGE 1250-1499 G  
NPI: [REDACTED]  
TIN: [REDACTED]  
Phone: [REDACTED]

**SERVICE LINES**

Service Line 1  
**SMITH, [REDACTED]**  
UROLOGY  
Dates: 06/07/2018 - 06/09/2018  
Units: 2  
Primary Procedure: 44970: LAPAROSCOPIC APPENDECTOMY  
Place Of Service: Ambulatory Surgical Center  
NPI: [REDACTED]  
TIN: [REDACTED]  
Phone: [REDACTED]

**Enter Authorization**

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

Contact

Phone

Fax

Email

**Questionnaire**

**Attachment:**  
Upload any relevant attachments. (5Mb limit)  
Attachment name cannot contain any spaces or special characters.

[Choose File](#) No file chosen

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

Authorization For

Open

My Documents Downloads

Organize New folder

Documents library

Downloads

Name	Date modified	Type
1071	8/15/2018 12:35 PM	Adobe
2170	8/15/2018 12:35 PM	Adobe
Benefit_Plan_Factors	2/14/2018 9:11 AM	Micros
Summary_Benefits (1)	2/14/2018 1:24 PM	Adobe
Summary_Benefits (2)	2/14/2018 1:25 PM	Adobe
Summary_Benefits (3)	2/14/2018 1:27 PM	Adobe
Summary_Benefits (4)	3/7/2018 10:33 AM	Adobe
Summary_Benefits (5)	3/21/2018 8:09 AM	Adobe

File name:

[Open](#) [Cancel](#)

**Enter Authorization**

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

Fax

Email

**Questionnaire**

**Attachment:**  
Upload any relevant attachments. (5Mb limit)  
Attachment name cannot contain any spaces or special characters.

[Choose File](#) No file chosen

[Attach](#)

[SUBMIT](#)

(continued)

33 The document name will appear in the Browse field.

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

The screenshot shows the 'Authorization For' form. On the left, the 'PROVIDER REQUEST' section includes member information (SMITH, UROLOGY) and a 'SERVICE LINES' section for 'SMITH, UROLOGY' with dates 06/07/2018 - 06/09/2018 and units 2. On the right, the 'Enter Authorization' section shows a list of steps: 1. PROVIDER REQUEST, 2. SERVICE LINE, and 3. FINISH UP. An attachment 'Benefit\_Plan\_Factors.xlsx' is listed with a 'Remove' button. The 'SUBMIT' button at the bottom is circled in red and labeled with '34'.

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.

The screenshot shows the same authorization form as above, but with a 'Success!' pop-up window overlaid. The pop-up contains the following information: 'Your confirmation number is #10738671', 'Member's Name', 'Date of Birth', and 'Medicaid Number'. The confirmation number is circled in red and labeled with '35'. The background form shows the 'PROVIDER REQUEST' section for 'SMITH, GENERAL SURGERY' and the 'SERVICE LINES' section for 'SMITH, GENERAL SURGERY' with dates 07/14/2015 - 07/24/2015 and units 1.

## Health Net Medical Management Department

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

<i>Lines of business</i>	<i>Telephone number</i>	<i>Fax number</i>	<i>Prior authorization provider portal</i>
• 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.

<i>Lines of business</i>	<i>Telephone number</i>	<i>Provider portal</i>	<i>Email</i>
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

