



Visit **provider.healthnet.com** to get started, and follow the paths to access the site's menu and tools.

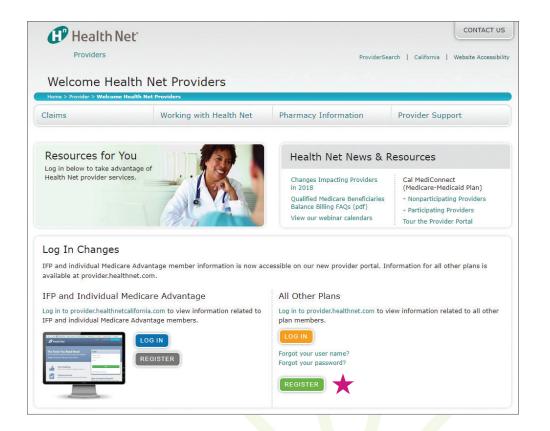
Spend Time With Your Patients Instead of Searching a Website

The provider portal helps:

- Anticipate your business needs.
- Provide next steps.
- Make it easy to find just what you need, when you need it.1

The website groups functions together, such as transactions for claims, referrals and authorizations. It also displays secure, patient history to view your pending claims or referrals for your patients.

This allows you to take care of business, and get back to what is important – your patients. You have the keys to help make your job easier...right at your fingertips.



Get started - Register today!

To complete registration, you need the appropriate tax ID number (TIN) or license number, personal and company information.

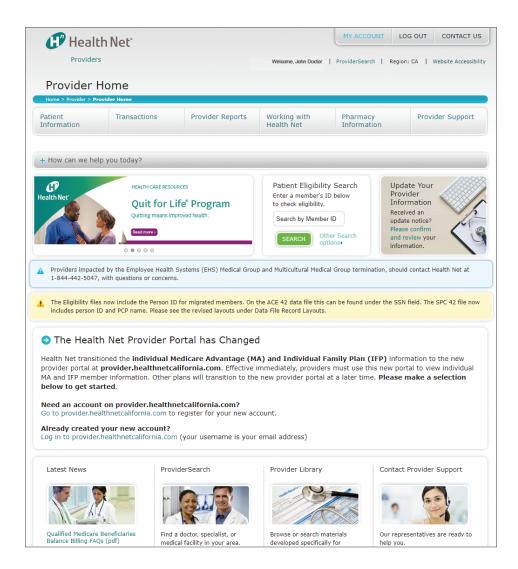
Go to www.healthnet.com and select Provider > Register.

- Review Terms of Use, select I agree to these terms, choose the California region, and then select Continue.
- Select your provider type and complete the fields.
- Select physician, then solo practitioner or delegated administrator, and
 enter your information in the required fields to access the site. A delegated
 administrator is normally an information technology, office or security manager
 who opens accounts and checks staff access to information on the site.

Once registered, administrators can set up users and assign roles. For security reasons, administrators must set up an end-user account for themselves in order to access patient information.

For other provider types, such as participating physician groups (PPGs), hospitals or ancillary providers, a few days are required before you can access the site. Once you are issued an account, you must create a user name, password and select the personalized *Sign-In Seal*.







Print or save the screen shots for your records.

My Account

Once registered, you can set up and manage the users on your account. At the top of the home page, select *My Account* to view or update your profile or create accounts.

Patient Information

Quickly find and check member eligibility online and view member copayments, prior authorization requirements, primary care physician (PCP) information, and more. Plus, you can print or save the screen shots for your records.

Select *Patient Information* and enter the subscriber identification (ID) or Social Security number (SSN), name and date of birth, or client index number (CIN). Then, select *Search* to view eligibility and benefits.

You may also select Patient History to view transaction history data for that enrollee.

ProviderSearch

ProviderSearch helps you refer patients to other providers. Search functions are for all types of providers, such as physicians, PPGs, hospitals, and ancillary providers. Maps and directions will also display.

Search results may also be printed. Select ProviderSearch at the top of the screen, or select the link at the bottom of the home page.

Transactions²

Web-based transaction tools are organized in one place to save you time. Under this tab, you can check the status of claims, referrals and authorizations. Some examples include Submit Claims, Check Auth Status and Check Referral Notification.



Electronic submission saves you time.

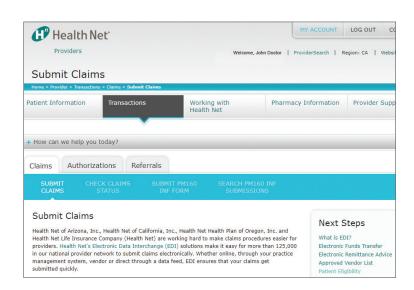
SUBMIT CLAIMS

Claims submission is easy through electronic data interchange (EDI). Submit claims online through your practice management system, a vendor or through a data feed.

Learn about and sign up for electronic remittance advice (ERA) to reduce office work and improve claims related issues. Select *Transactions > Claims > Submit Claims > Health Net's Electronic Data Interchange (EDI)* to learn more about online claims submission.

CHECK CLAIMS STATUS

Use the online claims inquiry tool to obtain the claims data you need. Look up claims by member information, date of service or claim number. Select *Transactions* > *Claims* > *Check Claims Status*.



Authorizations

Find the status of an authorization request fast. Select *Transactions* > Authorizations > Check Auth Status or Submit Auth Request, Review Auth Issues, Complete in Process Auth.

Search by member ID or member name, SSN, tracking or authorization number, and even dates to further refine your search.

REFERRALS

Referral information is online to save you time. Select *Transactions > Referrals > Check Referral Notifications*. Use the drop-down menu to select referrals you submitted, choose a date range and select *Search* or refine the search by member ID or tracking number.

Provider Reports

Log in to view monthly reports for capitated PPGs and hospitals. You may access member reports when report access is granted by your PPG or hospital's delegated administrator.

Use Google Chrome to access the provider portal; other browsers, such as Internet Explorer, do not allow access to reports. Select *Provider Reports* > *Available Reports* and choose specific reports and types for more information.

Data File Record Layouts and Help with Reports provides more information and how to download data files.



Use Google Chrome to access the provider portal for reports.

Working with Health Net

Access the resources you need to do business with us.

Go to the provider portal to view information about Cal MediConnect Plan (Medicare-Medicaid Plan), Medi-Cal or Medicare:

- Provider orientation materials, including an electronic version of the Cal MediConnect 2019 Operations Guide. Select Working with Health Net > Regulatory > Cal MediConnect (Medicare-Medicaid Plan) > Provider Orientation.
- Provider training, resources and frequently asked questions (FAQs). Select Working with Health Net > Regulatory > Cal MediConnect (Medicare-Medicaid Plan) > Participating Providers Overview.
- Patient health education materials to download. Select Working with Health Net > Regulatory > Medi-Cal Information > Health Education Materials.

SERVICES REQUIRING PRIOR AUTHORIZATION

For current prior authorization requirements, select Working with Health Net > Contractual > Services Requiring Prior Authorization.

MEDICAL POLICIES

Evidence-based medical policies support you in making correct utilization and care management choices related to requests for services for members. Select *Working with Health Net > Clinical > Medical Policies* to view a medical policy, preventive guideline or clinical practice guideline.

PROVIDER LIBRARY

Go to the Provider Library for:

- · Operations manuals.
- Provider communications (updates and letters).
- Forms.
- Contacts.
- Online News and more.

Select Working with Health Net > Contractual > Policy Library > Go to the Provider Library. A link to access the Provider Library is also at the bottom of the home page.

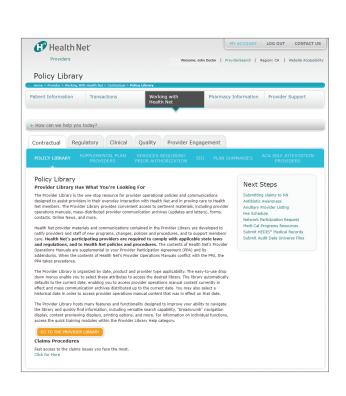
Pharmacy Information

Pharmacy tools, such as drug lists, medication prior authorization requirements, and more, are easy to use. To access these lists or guidelines, select *Pharmacy Information > Drug Information for California State Health Programs or Drug Information for Medicare Plans*.

Provider Support

This section gives you quick access to telephone numbers. It also covers questions you may have as a new provider on many topics. Select *Provider Support* > *Health Net Knowledge Base*.





How Can We Help You Today?

This source expands to quick links for tools that can help you take care of business in a matter of minutes. Examples include CCS Case Search or Request a Second Opinion.

CCS CASE SEARCH

Your timely referral to public health programs is crucial so your patients receive the full scope of health services available through Health Net* and public funded agencies.

Physicians and PPGs can easily identify members eligible for CCS. This program is for children and adolescents under age 21 with serious or chronic medical conditions that meet CCS-eligibility criteria.

CCS authorizes and pays for health care services related to CCS-eligible medical conditions. Providers have the ability to look up members associated with their PPGs that have CCS-authorized cases. Select How can we help you today? > Eligibility > CCS Case Search.

REQUEST A SECOND OPINION

Reduce time spent on paperwork. Use this tool to help you and your patients when they want a second opinion on a medical diagnosis or treatment.

The tool prepopulates available information about the enrollee and helps to complete the information required to eliminate potential delays in authorization due to missing information. Select *How can we help you today? > Tools > Request a Second Opinion*.



The CCS tool makes it easier for providers to identify members under age 21 eligible for the CCS program.

