

PROVIDER Update



Health Net®

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New Claims Submission Requirements

Health Net of Arizona, Inc. and Health Net Life Insurance Company (Health Net) are required to comply with requirements for providing complete claims information to regulatory agencies. Accordingly, electronic and paper fee-for-service (FFS) claims must reflect complete and accurate data in all the required fields using the HIPAA 5010 standard 837I (005010X223A2) and 837P (005010X222A1) transaction, or via Medicare processing guidelines for CMS-1500 or UB-04 (CMS-1450) claim forms in order to be accepted as complete or clean claims. This includes completing all required fields, as listed in the provider operations manuals on the Health Net provider website at provider.healthnet.com, located in the Provider Library under *Operations Manuals > Claims and Provider Reimbursement > Fee-for-Service Billing and Submission*. The following additional claim form fields are now required as noted in the operations manual.

- CMS-1500 claim form
 - Patient or subscriber medical release signature/authorization
 - Check if lab work was performed outside the physician's office and indicate charges by lab (box 20)
 - Early Periodic Screening, Diagnosis and Treatment (EPSDT)/family planning indicators (box 24)
 - Authorization, if applicable
- UB-04 (CMS-1450) claim form
 - Statement from and through dates for inpatient institutional claims
 - Service line date required for professional and outpatient procedures
 - Inpatient institutional claims must include admit date, hour and discharge hour (where appropriate) as well as present on admission (POA) indicators, if applicable
 - Inpatient professional claims must include admit and discharge dates of hospitalization
 - Charges for listed services and total charges for the claim
 - Admission type code for inpatient claims
 - Outpatient claims must include a reason for visit
 - National Drug Code (NDC) for drug claims, as required
 - Accommodation code in Value Code field with qualifier 24, if applicable
 - Share of cost in Value Code field with qualifier 23, if applicable
 - POA indicator

Providers who submit paper claims must submit the CMS-1500 or National Uniform Claim Committee (NUCC) standard UB-04 claim form in Flint OCR Red, J6983, (or exact match) ink.

THIS UPDATE APPLIES TO ARIZONA PROVIDERS:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- Advantage Platinum (HMO)
- Advantage Platinum (PPO, POS)
- Medicare Advantage (HMO)

PROVIDER SERVICES

az_internetproviderinquiries@healthnet.com
HMO, PPO, POS, Medicare Advantage – 1-800-289-2818
Health Insurance Marketplace – 1-888-926-1870
www.healthnet.com

NATIONAL PROVIDER COMMUNICATIONS

provider.communications@healthnet.com
fax 1-800-937-6086

Effective for claims received on and after September 1, 2016, FFS claims submitted to Health Net that lack all required data elements will not be processed for payment as a complete or clean claim. Electronically submitted claims will be rejected back to the submitter for missing data elements or invalid code sets. Claims submitted on a non-standard original form, in black and white, with handwriting, or missing required elements will be returned to the provider for resubmission.

ADDITIONAL INFORMATION

Providers are encouraged to access Health Net's provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center at:

Line of Business	Telephone Number	Email Address
HMO, PPO, POS, & MEDICARE ADVANTAGE	1-800-289-2818	AZ_InternetProviderInquiries@healthnet.com
HEALTH INSURANCE MARKETPLACE	1-888-926-1870	

Enroll for Electronic Payment and Remittance Options

Enroll for electronic remittance advice (ERA) and electronic funds transfer (EFT) to reduce administrative work and check-processing expenses, and expedite payment and remittance receipt. ERA requires you to also enroll with your clearinghouse. Enrollment forms for ERA and EFT are available online at provider.healthnet.com under *Working with Health Net > EDI > Transfer Funds Electronically*.