PROVIDER*Update*

Health Net®

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Timely Submission of Requested Information for Member Appeals

All Medicare-certified facilities must comply with the Centers for Medicare & Medicaid Services (CMS) guidelines and provide all requested documents to the quality improvement organization (QIO) and Health Net when a member files an appeal through the QIO. Due to the very stringent time frame indicated below, it is important facilities provide all requested medical records needed to produce the Detailed Explanation of Non-Coverage (DENC) or Detailed Notice of Discharge (DND) at the QIO's and Health Net's request as soon as possible.

Providers are required to use the CMS-approved model templates, Notice of Medicare Non-Coverage (NOMNC), DENC, and DND. For current CMS-approved templates, refer to the ICE website at www.iceforhealth.org.

DETAILED EXPLANATION OF NON-COVERAGE REQUIREMENTS

Medicare beneficiaries have the right to appeal the decision to terminate services from a skilled nursing facility (SNF), home health agency (HHA) or comprehensive outpatient rehabilitation facility (CORF) to the QIO. When a member requests an appeal, Health Net or delegated independent practice associations (IPAs) and medical groups must issue a DENC at the request of the QIO as soon as possible and no later than the end of the business day of notification by the QIO.

Additionally, providers must provide the member or member's representative a copy of the DENC by the end of the business day the appeal was initiated.

DETAILED NOTICE OF DISCHARGE REQUIREMENTS

Medicare beneficiaries have the right to appeal the decision to be discharged from the hospital to the QIO. If an appeal is requested, Health Net or delegated IPAs and medical groups must issue a DND at the request of the QIO as soon as possible and no later than noon the day following notification by the QIO.

Additionally, providers must provide the member or member's representative a copy of the DND by noon of the following day that the hospital appeal was initiated, or leave the DND by the member's bedside or in the member's chart. If the member is discharged before the DND can be delivered, the provider must send the DND to the member via certified mail in order to be compliant with CMS. Unless the member cancels the appeal request, the member must receive a DND even if he or she is discharged before the appeal has been completed.

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at AZ_InternetProviderInquiries@healthnet.com, through the Health Net provider website at provider.healthnet.com, or by telephone at 1-800-289-2818.

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

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