

PROVIDER Update



Health Net®

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Prior Authorization Requirement Changes

Effective July 1, 2017, Health Net of Arizona, Inc. and Health Net Life Insurance Company (Health Net) are implementing changes to the prior authorization requirements for HMO, PPO, Ambetter from Health Net, and Medicare Advantage (MA) HMO products, as outlined in this provider update.

ACCESSING PRIOR AUTHORIZATION REQUIREMENTS

Prior authorization requirements are available on the Health Net provider website at provider.healthnet.com both pre-log in and post-log in. To access them pre-log in, go to *Working with Health Net > Policies for Non-Contracting Providers > Additional Resources > Services Requiring Prior Authorization*. To access them post-log in, go to *Working with Health Net > Contractual > Services Requiring Prior Authorization*.

Information regarding Health Net's prior authorization policies and procedures is available in the provider operations manuals, which are accessible through the Provider Library on the Health Net provider website at provider.healthnet.com under *Operations Manuals > Prior Authorization*.

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 applicable Health Net Provider Services Center, as listed in the right-hand column.

THIS UPDATE APPLIES TO ARIZONA PROVIDERS:

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

LINES OF BUSINESS:

- HMO
- PPO
- CommunityCare HMO
- Centene Corporation Employee Self-Insured PPO Plan
- Medicare Advantage (HMO)
- Ambetter from Health Net (Health Insurance Marketplace)

PROVIDER SERVICES

az_internetproviderinquiries@healthnet.com
HMO, PPO, Medicare Advantage – 1-800-289-2818
Ambetter from Health Net (Health Insurance Marketplace) – 1-888-926-1870
www.healthnet.com

NATIONAL PROVIDER COMMUNICATIONS

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

CHANGES

The table below indicates key changes to prior authorization requirements, effective July 1, 2017. "New" indicates new requirements, "Existing" indicates current requirements and "N/A" indicates not applicable.

Requirement	Comments	Line of Business	
		HMO/PPO/ Ambetter from Health Net	MA HMO
ADDITIONS			
Exondys 51, [™] Spinraza, [™] Zinplava [™]	Listed under <i>Outpatient Pharmaceuticals</i> (Submitted under Medical Benefit)	New	New
Elelyso, [®] Inflectra [™]	Listed under <i>Outpatient Pharmaceuticals</i> (Submitted under Medical Benefit)	New	N/A
Newly approved medications	Newly approved medications may require prior authorization Contact Health Net's pharmacy department to confirm whether a specific new medication requires prior authorization	New	New
CHANGES			
Chiropractic care and acupuncture visits	Contact American Specialty Health (ASH) for HMO and Ambetter from Health Net Contact Health Net for PPO Contact First Health for PPO members living outside Arizona	Existing	Existing