

PROVIDER Update



Health Net®

NEWS AND ANNOUNCEMENTS | JUNE 27, 2018 | 1 PAGE

Prior Authorization Denials

Health Net of Arizona has noticed a significant increase in provider claims denying for lack of prior authorization. Providers receiving the following claim denials: EXa1 (Allwell), EXA1, EX5L, EXA8, EXHf, (HNA) or EXAN, EXhs, EXHN and EXhp (Ambetter) are encouraged to thoroughly review this communication as a means to prevent further denials.

Providers are able to utilize our online authorization tool to help determine whether services require plan prior authorization. To access the online tool visit:

Allwell from Health Net	Allwell.healthnetadvantage.com
Ambetter from Health Net	Ambetterhealthnet.com
Health Net Access	Healthnetaccess.com

All attempts are made to provide the most current information on the Pre-Auth Needed Tool however; this does **not** guarantee payment. Payment of claims is dependent on member eligibility, covered benefits, provider contracts, correct coding, and billing practices. For specific details, please refer to the Health Net's provider operations manual. If you are uncertain whether prior authorization is needed, please submit a request for an accurate response.

STEPS TO UTILIZE THE PRIOR AUTHORIZATION TOOL

1. Visit-The appropriate website (as indicated above)
2. Click on the + on the For Providers Tab (HNA providers, hover over For Provider)
3. Click-Pre-Auth Check Tool
4. Answer the populated yes or no questions. (HINT: If any of the answers are yes a prior authorization will be required.)
5. If all answers are no, a box will populate and allow you to key in a procedure code.
6. Once the code is entered click the green "check" button and the new window will indicate if the service requires prior authorization.

AUTHORIZATION VENDORS

- Complex imaging, MRA, MRI, PET, and CT Scans need to be verified by NIA.
- Radiation Therapy and Sleep Studies need to be verified by Evicore
- Vision Services need to be verified by Envolve Vision (Ambetter/HNA) & Eye Med (Allwell)
- Dental services need to be verified by Dental Health and Wellness (Ambetter), Dental Benefit Provider (Allwell) & ENvolve Dental (HNA)
- Chiropractic services need to be verified by ASH
- Behavioral Health services need to be verified by MHN (Allwell/Ambetter) & MMIC (HNA)

ADDITIONAL INFORMATION

Non-participating providers must submit Prior Authorization for all services except those performed in the Emergency Department or Urgent Care.

If you have questions regarding the information contained in this update or if additional training is needed on the online Pre-Auth Check Tool please contact your Provider Engagement

THIS UPDATE APPLIES TO THE FOLLOWING **HEALTH NET OF ARIZONA** PROVIDERS TYPES:

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

LINES OF BUSINESS:

- Ambetter/ CommunityCare (HMO)
- Allwell/ Medicare Advantage (HMO)
- Health Net Access (Medicaid)

PROVIDER SERVICES:

Allwell from Health Net (Medicare Advantage)

BW_ProviderRelations@centene.com
1-800-977-7522

Allwell.healthnetadvantage.com

Ambetter from Health Net (Health Insurance Marketplace)

BW_ProviderRelations@centene.com
1-888-926-5057
www.ambetterhealthnet.com

Health Net Access

BW_ProviderRelations@centene.com
1-888-788-4408
www.healthnetaccess.com