

# Quick Reference Guide

## Simplify Office Administrative Tasks



FROM |  Health Net®

Keep our Quick Reference Guide nearby to make pre-visit planning and post-visit tasks quick and easy.

### AmbetterHealthNet.com

#### Public Website:

- Patient care forms
- ProviderSearch Tool
- Provider Manual

- Ambetter from Health Net news
- Preferred Drug List
- Member resources

#### Secure Login:

- Verify member eligibility
- Access patient history
- Review authorization status

- View patient copay and deductibles
- Check the status of claims
- And more!

#### Member Eligibility

Check member eligibility via:

- Secure Web Portal
- Provider Services:  
1-888-926-1870 (TTY: 711)

#### Prior Authorization

Submit prior authorizations via:

- Prior Auth Request Line:
  - > Phone: 1-800-977-7518
  - > Fax: 1-800-840-1097
- Hospital Admission & Authorization:  
1-800-978-3424
- eviCore healthcare (Radiology):  
1-888-693-3211
- MHN (Behavioral Health):  
1-800-977-0281
- Envolve Pharmacy Solutions:  
1-800-410-6565

#### Claims

Timely Filing guidelines: 120 days from date of service.

Claims can be submitted via:

- Clearinghouses: EDI Payor ID 38309
- Paper claims must be submitted on a current CMS 1500 or UB-04 form.

#### Participating Providers

Use the ProviderSearch tool to locate in-network providers.

- Search by gender, location, specialty, and more.
- View other provider's hospital affiliations and current panel status.
- Print custom directory to provide to patients.

#### Appointment Planning Checklist

- ✓ Verify member eligibility.
- ✓ Check Patient History and determine if preventive care services can be addressed.
- ✓ Obtain any necessary authorizations prior to appointment.
- ✓ Use our ProviderSearch tool to refer patients to in-network providers.

## How to Secure Prior Authorization



FROM |  Health Net®

### Prior Authorization List

*Log into the secure portal at [AmbetterHealthNet.com](http://AmbetterHealthNet.com) to access the current list of services that require prior authorization.*

---

### Submit Prior Authorization

#### PRIOR AUTHORIZATION REQUESTS:



**PHONE:** 1-800-977-7518



**FAX:** 1-800-840-1097

*Requests requiring medical necessity review must be faxed with clinical documentation. Visit our website to find the Health Net Request for Prior Authorization Form.*

### Hospital Admission Requests:

1-800-978-3424

### Outpatient Diagnostic Procedures (eviCore healthcare):

1-888-693-3211 Fax: 1-888-693-3210

### Radiation Therapy (eviCore healthcare):

1-888-693-3211

### Behavioral Health Requests (MHN):

1-800-977-0281

### Involve Pharmacy Solutions:

1-800-410-6565 Fax: 1-800-977-4170

*Check prior authorization status by logging into the secure portal.*

#### Please note:

- Emergency and urgent care services DO NOT require prior authorization.
- Failure to complete the required authorization or certification may result in a denied claim.

# Introducing Ambetter



FROM |  Health Net®



**Better for You.**  
*Better for Your Patients.*

# Partnership You Can Trust

Ambetter from Health Net is dedicated to providing you with reliable services and support. As our partner, you have access to industry knowledge, resources and programs created to deliver efficiency for your practice, so you can focus on your patients.

## WHAT'S INSIDE:

- 1 Plan & Contact Information
- 2 Provider Tools
- 3 Ambetter Offerings
- 4 Frequently Asked Questions

## Working together to keep patients healthy.

We share your commitment to your patients. Our health plans are designed to meet their healthcare needs with top-quality coverage and valuable benefits.



**Ambetter from Health Net** offers complete care and valuable services to your patients who qualify for Individual and Family Plan coverage on the Health Insurance Marketplace.



**Health Net** also offers Small Group, Large Group, Medicare, and Medicaid healthcare plans that provide extra benefits and support for your patients who qualify.

## CONTACT US WITH ANY QUESTIONS.

### Ambetter from Health Net

AmbetterHealthNet.com  
1-888-926-1870 (TTY/TDD 711)  
ambetterprovider@healthnet.com

### Health Net

HealthNet.com

## Tools and Support for You

As your partner, Ambetter from Health Net has valuable resources to help you deliver the best quality of care to your patients.



### Secure Provider Portal

Log in to access patient information, check the status of claims and prior authorizations, and more!



### ProviderSearch Tool

Use this tool to locate other providers in our network, and print a custom directory to provide to patients.



### Provider Relations

Our provider relations representatives are dedicated to delivering education and training, industry news updates and regular in-service meetings.



### Patient Programs

Our goal is to make it easier for you to take care of your patients. And with Ambetter, your patients have access to programs that can help them stay healthy like our one-on-one over-the-phone health coaching sessions.

## Better Healthcare for Your Patients

Ambetter plans deliver top-quality, affordable coverage for your patients. But the focus doesn't stop there. Ambetter coverage extends far beyond your office to offer valuable programs and educational tools to your patients, making it easier for them to stay in charge of their health.

### OUR AMBETTER HEALTH PLANS OFFER:



### Comprehensive Medical Care

Every Ambetter plan includes essential health benefits that your patients need, such as preventive care, maternity care and emergency services.



### Prescription Coverage

Ambetter covers a wide range of prescriptions, so your patients can count on care when they need it most.



### myStrength Program

This whole health program is devoted to helping your patients manage depression, anxiety, and stress. Learn more at [www.mystrength.com/hnwell](http://www.mystrength.com/hnwell).



### 24/7 Nurse Advice Line

Your patients have nonstop access to our medical advice line for answers to all of their health questions.

# Frequently Asked Questions

## HEALTH INSURANCE MARKETPLACE

The Affordable Care Act has introduced new changes in healthcare coverage, including the Health Insurance Marketplace. The Health Insurance Marketplace is designed to deliver coverage for those who cannot get health insurance through an employer or other government programs. The Marketplace also offers additional savings to consumers who meet specific eligibility requirements.



*Below are some answers to frequently asked questions about the Health Insurance Marketplaces.*

### What is a Health Insurance Marketplace?

Every state has a marketplace for consumers to shop for health insurance. These are called Health Insurance Marketplaces (HIM).

Consumers can shop, compare and enroll in the plan which best meets their needs. The Health Insurance Marketplaces allow consumers to do their shopping online, in-person, over the phone or by mail. Consumers are able to look at information such as the provider network, benefits, premiums, deductible costs, copays, and coinsurance requirements before selecting a plan.

Some states set up their own marketplaces, also known as state-based exchanges (SBEs). Other states had the Federal Government set it up for them. When the Federal Government sets up a state's marketplace, this is known as a Federally Facilitated Exchange, or FFE.

### Who can buy a plan on a Health Insurance Marketplace?

Anyone is able to search online for a healthcare plan on their state's Health Insurance Marketplace. The requirements to get insurance through the Marketplaces are:

- Individuals must meet applicable state residency requirements
- Individuals must be U.S. citizens, national or non-citizen who is lawfully present
- Individuals may not be currently incarcerated

If someone currently receives health insurance through their employer that is considered too expensive, they could be eligible to find coverage through their state's marketplace.

### How is affordable coverage achieved on the Health Insurance Marketplace?

In some cases, the government may help pay some of a family's monthly premium. This is called a subsidy (or Advanced Premium Tax Credit, APTC). The amount of the subsidy depends on several factors, including:

- The size of the family
- Household income
- How these factors relate to federal poverty guidelines
- The cost of health plans available in the Health Insurance Marketplace

In general, people and/or their families whose income is between 100% and 400% of the Federal Poverty Level (FPL) may receive a subsidy to lower their monthly premiums. The subsidy is higher for those near 100% of the FPL, and less for those closer to 400% of the FPL.

Those families between 100% and 400% of the FPL that qualify for a silver level plan, may also be eligible for reduced deductibles and out-of-pocket expenses. These are known as cost-sharing reductions.

If someone doesn't receive a subsidy due to income status, they can still shop for a health plan on the Health Insurance Marketplace.

### What is the Federal Poverty Level (FPL)?

This is the measure of income level issued annually by the Department of Health and Human Services. These levels are used to determine eligibility for certain programs and benefits.

### When is open enrollment for the Health Insurance Marketplaces?

This year's open enrollment period starts November 1, 2016 and ends January 31, 2017.

## MORE INFORMATION

For more information, please visit our website at [AmbetterHealthNet.com](http://AmbetterHealthNet.com).



FROM |  Health Net®

Please contact us with any questions.

Visit **AmbetterHealthNet.com**,  
email **ambetterprovider.healthnet.com**,  
or call **1-888-926-1870 (TTY/TDD 711)**.

Ambetter from Health Net is underwritten by Health Net of Arizona, Inc.

© 2016 Health Net of Arizona, Inc. All rights reserved.