Quick Reference Guide

Simplify Office Administrative Tasks

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

Public Website:
- Patient care forms
- ProviderSearch Tool
- Provider Manual

AmbetterHealthNet.com
- 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
- Envelope 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.

Ambetter from Health Net is underwritten by Health Net of Arizona, Inc.
© 2016 Health Net of Arizona, Inc. All rights reserved. PROV16-AZ-C-00052
Prior Authorization Guide

How to Secure Prior Authorization

Prior Authorization List
Log into the secure portal at 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

Envolve 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

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.

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.

24/7 Nurse Advice Line
Your patients have nonstop access to our medical advice line for answers to all of their health questions.
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 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

For more information, please visit our website at AmbetterHealthNet.com.
Please contact us with any questions.

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