<table>
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<th>Service Area</th>
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<th>Network</th>
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<td>Direct- Excluding BHN</td>
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<td>AZPC/ Direct</td>
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How to Secure Prior Authorization

Pre-Auth Needed Tool
Use the Pre Auth-Needed Tool on the website to quickly determine if a service or procedure requires prior authorization.

Submit Prior Authorization
If a service requires authorization, submit via one of the following ways:

- **SECURE WEB PORTAL**
  provider.allwell.healthnetadvantage.com
  *This is the preferred and fastest method.*
  After normal business hours and on holidays, calls are directed to the plan’s 24-hour nurse advice line. Notification of authorization will be returned phone, fax, or web.

- **PHONE**
  1-800-289-2818

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

- **BEHAVIORAL HEALTH**
  1-800-977-0281

Please note:
- All out-of-network services require prior authorization except emergency care, out-of-area urgent care, and out-of-area dialysis.
- Failure to complete the required authorization or certification may result in a denied claim.
Procedures Requiring Prior Authorization

THE FOLLOWING LIST IS NOT ALL-INCLUSIVE

Please visit allwell.healthnetadvantage.com and use the Pre-Auth Needed Tool to check if a specific service or procedure requires prior authorization.

Out of Network Services

All out-of-network (non-par) services and providers require prior authorization, excluding emergency care, out-of-area urgent care, or out-of-area dialysis.

Outpatient Procedures/Services/Equipment

- Ambulance: Non emergent
- Behavioral health and substance abuse services
- Clinical trials: Notification
- Cosmetic procedures
- Drug testing for quantitative tests for drugs of abuse
- Durable medical equipment (DME)
- Experimental/investigational services and new technologies
- Gender reassignment services
- Genetic counseling/testing
- Home health services
- Infertility
- Maternity: Notification
- Observation stays greater than 48 hours
- Orthotics/prosthetics
- Outpatient Physical, Occupational and Speech Therapy services
- Pain management
- Radiation therapy
- Select Medicare Part B drugs
- Select radiology services
- Select surgeries
- Sleep studies
- Transplants
- Wound care

Inpatient Admissions

All elective/scheduled admission notifications requested at least 5 days prior to the scheduled date of admissions including but not limited to:

- Inpatient admission (elective or scheduled)
- Acute Rehabilitation
- Behavioral Health/Substance Abuse
- Long Term Acute Care (LTAC)
- Skilled Nursing Facility (SNF)
Thank you for participating in our Medicare Advantage plan. Because you have an essential role in the care of our members, we want to be sure to keep you up to date with important changes soon to come at Health Net.

Starting in 2018, our Medicare plans will be offered under the brand name Allwell.

The new Allwell brand unites our family of local and regional Medicare plans under one national umbrella and will allow us, over time, to establish a widely recognized name in the Medicare marketplace.

It is intended to evoke the confidence, peace of mind, security, and happiness our members strive for—and that we deliver through outstanding benefits and superior service, accompanied by the compassionate and expert care of our valued providers.

The new brand look and plan name will be launched on January 1, 2018. However, we will begin promoting the new brand during the upcoming Medicare Annual Election Period starting October 1, 2017.

You’ll be getting more information in the coming weeks leading up to our new brand launch. Meanwhile, we look forward to continuing to work with you in 2018 and beyond to provide the high level of coverage, service, and care our members—and your patients—deserve.

Sincerely,

Paul Barnes
President and CEO
Health Net of Arizona
Allwell from Health Net offers Payspan, a free solution that helps providers transition into electronic payments and automatic reconciliation.

**Payspan**
A Faster, Easier Way to Get Paid

- **Improve cash flow** by getting payments faster
- **Settle claims electronically** through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs)
- **Maintain control over bank accounts** by routing EFTs to the bank account(s) of your choice
- **Match payments to advices quickly** and easily re-associate payments with claims
- **Eliminate re-keying of remittance data** by choosing how you want to receive remittance details
- **Create custom reports** including ACH summary reports, monthly summary reports, and payment reports sorted by date
- **Manage multiple payers**, including any payers that are using Payspan to settle claims

Visit Payspanhealth.com and click Register.
You will need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN).
Simplify Office Administrative Tasks

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

Website: allwell.healthnetadvantage.com
- Patient care forms
- Pre-AUTH Needed tool
- Health Net news

Secure Provider Portal: Provider.allwell.healthnetadvantage.com
- Verify member eligibility
- Access patient health records
- View patient gaps
- Manage prior authorizations
- Submit and manage claims
- And more!

**Member Eligibility**
Check member eligibility via:
- Secure Web Portal
- TTY/TDD: 711
- Provider Services: 1-800-977-7522

**Patient Care Gaps**
Find recommended services that a member has not completed.
1. Visit the Secure Provider Portal.
2. Review patient information for any gaps in care.
3. Plan to address care gaps during future appointment.

**Pre-Visit Planning Checklist**
- Verify member eligibility.
- Check for patient care gaps and address them during upcoming office visit.
- Use Pre-AUTH Needed tool to determine if prior authorization is needed before appointment.

allwell.healthnetadvantage.com
Provider and Member Services: 1-800-977-7522
Prior Authorization

Use the Pre-Auth Needed tool on our website to determine if prior authorization is required.

Submit prior authorizations via:

- Secure Provider Portal
- Fax: 1-800-840-1097
- Phone: 1-800-289-2818

Claims

Timely Filing guidelines: 95 days from date of service.

Claims can be submitted via:

- Secure Portal
- Clearinghouses: EDI Payor ID 68069
- Mail paper claims to:
  
P.O. Box 9030
  Farmington, MO 63640-3060

Other Partners

To contact our other health services partners:

- Dental: 1-866-249-4435
- Vision: 1-866-392-6058
- Behavioral Health: 1-800-977-0281

allwell.healthnetadvantage.com

Provider and Member Services: 1-800-977-7522
Visibility of Multiple TINs
One point of entry allows for quick and easy access to Health Net member information for multiple TINS/practices.

Access Daily Patient Lists from One Screen
One concise view allows primary care providers to scan patient lists for Health Net member eligibility, care gaps, and much more.

Manage Batch Claims for Free
Submit and manage claims, including batch files, for free. View detailed Electronic Funds Transfer (EFT) payment history.

Simplify Prior Authorization Process
“Smart Sheets” feature prompts for required clinical information when submitting prior authorization requests.

Additional Features to Streamline Office Operations:
- View patient demographics & history
- Secure messaging between provider & Health Net
- Update provider demographics

QUESTIONS?
Contact Health Net at 1-800-289-2818

Get Started Now!
Visit Provider.allwell.healthnetadvantage.com and click Create an Account. Have your tax ID number ready during sign up.