PROVIDER*Update*



REGULATORY

JANUARY 8, 2018

UPDATE 18-022

2 PAGES

Provider Data Verification

In accordance to the Health and Safety Code (HSC), section 1367.27 and California Insurance Code, section 10133.15, Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company (Health Net) are verifying providers' participation and demographic information in their printed and online provider directories to ensure beneficiaries have access to accurate information when selecting providers.

PROVIDER OUTREACH

Health Net is sending the Provider Data Verification form to providers via fax on January 16, 2018. The Provider Data Verification form includes:

- The information Health Net has in its directories for the provider, including a list of networks and products in which the provider participates.
- A statement that the failure to respond to the outreach notification may result in a delay of payment or reimbursement of a claim.
- Instructions and timelines to update the information.
- A statement requiring an affirmative response from the provider acknowledging
 that the notification was received, and requiring the provider to confirm that the
 information in the directories is current and accurate or to provide an update to
 the information required to be in the directories. If Health Net does not receive an
 affirmative response and confirmation from the provider that the information is
 current and accurate or, as an alternative, receive updated information from the
 provider within 30 business days, the following will occur:
 - Health Net takes no more than an additional 15 business days to verify whether the provider's information is correct or requires updates. Health Net documents the receipt and outcome of each attempt to verify the information.
 - If Health Net is unable to verify whether the provider's information is correct or requires updates, Health Net notifies the provider 10 business days prior to removal that the provider will be removed from the provider directories. The provider is removed from the provider directories at the next required update of the provider directories after the 10 business-day notice period. A provider is not removed from the provider directories if he or she responds before the end of the 10 business-day notice period.

To ensure beneficiaries have access to accurate information when selecting providers, providers should review the form carefully and confirm the information is correct as is or make corrections. Providers must sign, date and fax the completed form to the provider network administrator (PNA) designated on the form. Health Net's goal is to receive responses on 100 percent of the forms.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- O Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO/PPO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - O Riverside
 - Sacramento
 - O San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com HMO/POS/HSP, PPO & EPO – 1-800-641-7761 EnhancedCare PPO – 1-844-463-8188 Medi-Cal – 1-800-675-6110

www.healthnet.com

PROVIDER COMMUNICATIONS provider.communications@

healthnet.com fax 1-800-937-6086

NON-RESPONDERS

As mentioned, providers who do not respond may experience delays in payment or reimbursement of claims, and may be removed from the printed and online provider directories.

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 your designated PNA listed on the Provider Data Verification form or the applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Email Address
HMO/POS/HSP, PPO & EPO	1-800-641-7761	provider_services@healthnet.com
MEDI-CAL	1-800-675-6110	N/A

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