# Provider Data Verification

In accordance to the Health and Safety Code (HSC), section 1367.27 and California Insurance Code, section 10133.15, CalViva Health is verifying providers' participation and demographic information in its printed and online provider directory to ensure beneficiaries have access to accurate information when selecting providers.

## PROVIDER OUTREACH

Health Net Community Solutions, Inc. (Health Net), on behalf of CalViva Health, is sending the Provider Data Verification form to providers via fax on January 16, 2018. The Provider Data Verification form includes:

- The information CalViva Health has in its directory for the provider, including a list of networks and products in which the provider participates.

- A statement that failure to respond to the outreach notification may result in a delay of payment or reimbursement of claims.

- Instructions on how the provider can update 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 directory is current and accurate or to provide an update to the information required to be in the directory. If the health plan does not receive an affirmative response within 30 business days, the following will occur:

    - The health plan takes no more than an additional 15 business days to verify whether the provider's information is correct or requires updates. The receipt and outcome of each attempt to verify the information is documented by the health plan.

    - If the health plan 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 directory. The provider is removed from the provider directory at the next required update of the provider directory after the 10 business-day notice period. A provider is not removed from the provider directory 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. The health plan's goal is to receive responses on 100 percent of the forms.

## NON-RESPONDERS

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

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

○ Physicians

○ Participating Physician Groups

○ Hospitals

● Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
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