

PROVIDER Update



Health Net®

REGULATORY | JANUARY 29, 2018 | UPDATE 18-072 | 1 PAGE

Medi-Cal Provider Data Verification

In accordance to the Health and Safety Code (HSC), section 1367.27, Health Net Community Solutions, Inc. (Health Net) is verifying providers' participation and demographic information in its 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 February 5, 2018. Providers are required to review the form carefully and confirm the information is correct as is or make corrections. Providers must sign, date and fax back the completed form to the provider network administrator (PNA) designated on the form.

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 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 directories is current and accurate or to provide an update to the information required to be in the directories, including whether the provider is accepting new patients for Health Net. If Health Net 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 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.

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 directory.

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center at 1-800-675-6110.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

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

PROVIDER SERVICES

1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@

healthnet.com

fax 1-800-937-6086