

# PROVIDER Update



Health Net®

CONTRACTUAL | JUNE 4, 2018 | UPDATE 18-362 | 2 PAGES

## Provider Data Verification

In accordance with 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 hospitals via fax on June 11, 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 hospital 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 hospital administrator acknowledging that the notification was received, and requiring the hospital 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 hospital administrator 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.

To ensure beneficiaries have access to accurate information, hospital administrators 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.

### 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.

#### 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

provider\_services@healthnet.com

#### EnhancedCare PPO (IFP)

1-844-463-8188

provider.healthnetcalifornia.com

#### EnhancedCare PPO (SBG)

1-844-463-8188

provider.healthnet.com

#### Health Net Employer Group HMO, POS, HSP, PPO, & EPO

1-800-641-7761

provider.healthnet.com

#### IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO

1-888-926-2164

provider.healthnetcalifornia.com

Medi-Cal – 1-800-675-6110

provider.healthnet.com

#### PROVIDER COMMUNICATIONS

provider.communications@

healthnet.com

fax 1-800-937-6086

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## ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Provider Portal	Email Address
ENHANCEDCARE PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com	provider_services@healthnet.com
ENHANCEDCARE PPO (SBG)	1-844-463-8188	provider.healthnet.com	
HEALTH NET EMPLOYER GROUP HMO, POS, HSP, PPO, & EPO	1-800-641-7761	provider.healthnet.com	
IFP (COMMUNITYCARE HMO, PPO, PURECARE HSP, PURECARE ONE EPO)	1-888-926-2164	provider.healthnetcalifornia.com	
MEDI-CAL	1-800-675-6110	provider.healthnet.com	N/A