

PROVIDER Update



Health Net®

REGULATORY | DECEMBER 28, 2018 | UPDATE 18-923 | 1 PAGE

CMS Required MIPS Adjustment for Noncontracting Providers

Effective January 1, 2019, delegated PPGs must pay eligible noncontracting professional providers their positive MIPS adjustment for covered services

Effective in 2019, per Centers for Medicare & Medicaid Services (CMS) guidelines, fee-for-service (FFS) payments to Merit-based Incentive Payment System (MIPS) eligible professional providers who are noncontracting at the time of service for Medicare Advantage (MA) covered services must include their positive MIPS adjustment when payment is made under or based on the Medicare physician fee schedule.

PPG RESPONSIBILITY

Health Net* participating physician groups (PPGs) delegated for claims payment must include the positive MIPS adjustment payment for MA covered services provided by eligible professional providers that are not contracted with the PPG at the time of service when payment is made under or based on the Medicare physician fee schedule.

Health Net has decided to apply negative adjustments. However, per CMS, the application of any negative MIPS adjustments is optional.

MIPS ADJUSTMENT DATA FILE

CMS will upload the payment adjustment data file to the Health Plan Management System (HPMS) by the end of 2018. The adjustment data file will provide a list of MIPS-eligible providers and will consist of four data elements:

- 1 National Provider Identifier (NPI).
- 2 Taxpayer Identification Number (TIN).
- 3 MIPS adjustment percentage.
- 4 A marker (percentage indicator) indicating that the MIPS adjustment percentage is positive (P) or negative (N).

Health Net will make the files available to impacted providers once available from CMS.

ADDITIONAL INFORMATION

If you have questions regarding the MIPS program, visit the CMS website at www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2019-MIPS-Payment-Adjustment-Remittance-Advice-FAQs.pdf. For all other questions contact the Health Net Provider Services Center by email at provider_services@healthnet.com within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column.

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

Medicare (individual)

1-800-929-9224

provider.healthnetcalifornia.com

Medicare (employer group)

1-800-929-9224

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

healthnet.com

fax 1-800-937-6086

*Health Net of California, Inc., is a subsidiary of Health Net, Inc. and Centene Corporation. Health Net is a registered service mark of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. Confidentiality Note for Fax Transmission: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments.