PROVIDER*Update*

Health Net®

REGULATORY | FEBRUARY 27, 2019 | UPDATE 19-156 | 3 PAGES

Contract Status Validation Needed by March 15, 2019, for Hospital Directed Payment Programs

Updated step-by-step instructions provided to validate contract status for the 2017–2018 state fiscal year

The Department of Health Care Services (DHCS) is implementing the state fiscal year (SFY) 2017–2018 Designated Public Hospital (DPH) Enhanced Payment Program (EPP) and Private Hospital Direct Payment Program (PHDP).

The DPH EPP and PHDP provide supplemental reimbursement to participating hospitals based on the actual utilization of qualifying services for eligible members covered under managed care organizations (MCOs), as reflected in Medi-Cal claims encounters reported to DHCS.

Health Net* has received first pass detail files from DHCS for SFY 2017–2018 Phase 1 (July 1, 2017–December 31, 2017). Hospitals have also received first pass files directly from DHCS and were asked to report the contract status for each line of their SFY 2017–2018 Phase 1 Detail File.

Note: First pass files are preliminary and may be missing service lines. DHCS will send a second pass file to be completed at a later date that will reflect all encounters received by December 31, 2018.

Health Net provided ***capitated*** providers with a unique file via email containing all of the encounters for services that were provided to your assigned members that were covered under your risk arrangement (services you were financially responsible for under the Division of Financial Responsibility matrix).

INSTRUCTIONS

To validate contract status for the unique file encounters provider report, providers are required to do the following:

1. Retrieve the file from your SFTP folder or use the file that you received via secure email. Hospitals also have retrieved or received files directly from DHCS to confirm contract status.
2. Do not add or delete any service lines.
3. Capitated providers are to complete **the file they received from Health Net** with "Contract Status" under the "Plan_Contract_Status" column.
4. Hospitals shall also complete **the file they received from DHCS** with "Contract Status" under the "Hospital_Contract_Status" 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

1-800-675-6110

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PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

5 Acceptable values for contract status are:

- C – Contracted
- H – Hospital to hospital
- N – Not contracted

6 To be deemed contracted, agreements must meet the DHCS requirements. See below for contract definition and demonstrable "unbroken contracting path."

7 When sending files, please use the following file naming convention and change the date to the date you are sending us the file. Safeguard all transmitted protected health information (PHI) by only sending through secured channels in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- Private hospitals: PHDP_Contract_Date sent back to Health Net_Capitated Provider Name.

  Example: PDHP_Contract_YYYYMMDD_Smith Medical Center

- Public hospitals: EPP_Contract_Date sent back to Health Net_Capitated Provider Name.

  Example: EPP_Contract_YYYYMMDD_Doe Medical Center

8 Capitated providers and fee-for-service (FFS) hospitals must return their completed files to Health Net **no later than March 15, 2019. Files must be submitted to both Teresa.L.Bailey@Centene.com and Marisela.D.Lorray@HealthNet.com.**

9 Please note that these files have encounters for all Medi-Cal members, including full and partial dual members. Please leave the file format and type as it was received and complete the information for all of the encounters and encounter lines in the file. Note that it is our understanding that the encounters for members who have Medicare (full or partial duals) may not qualify for directed payments.

10 Once files have been completed with both the Hospital Contract Statuses and the Plan Contract Statuses included, files will be sent to capitated providers, capitated hospitals and service-rendering hospitals for use in reconciliation when needed.

In addition to completing and returning the file with confirmation of contract status, Health Net will also require providers to attest to the accuracy of the reported contract data. A separate attestation form will be provided.

Lastly, DHCS will be collecting contract documents via a random sampling process to validate the reported contract status data. In the event any of your contracts are selected, you will need to submit supporting contract data to Health Net within 48 hours of our request.

We appreciate your attention to this matter and your cooperation in completing the necessary data timely so that we may submit the contract data files to DHCS by March 15, 2019, for the second pass.

CONTRACT DEFINTION AND CONTRACTING PATH

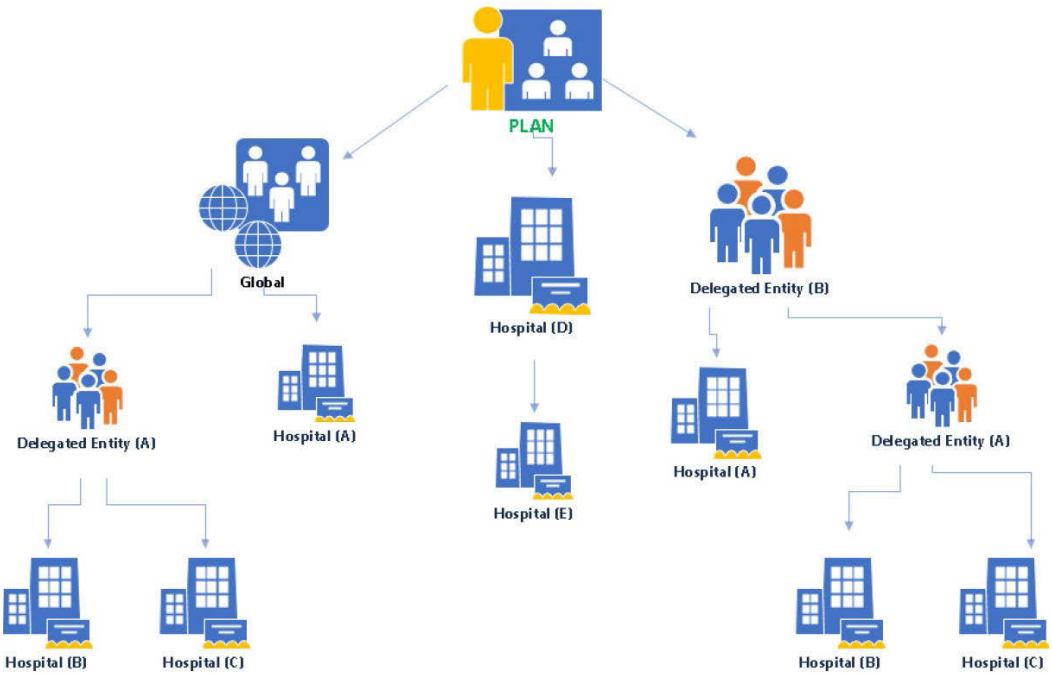
PHDP and EPP Contract Definition

Agreement MUST:	Agreement MUST NOT:
Cover one or more defined non-excluded populations of Medi-Cal beneficiaries	Be limited to a single patient only
Cover a defined set of one or more non-excluded hospital services	Be limited to treatment of a single case or instance only
Specify rates of payment or include a defined methodology for calculating specific rates of payment	Permit payment to be negotiated on a per-patient or
Be for a term of at least 120 days, be signed and dated, and be effective for the dates of service	Expressly permit the provider to select on a case-by-case basis whether to provide services covered in the agreement to a patient covered by the agreement

Furthermore, for delegated arrangements:

- There must be a demonstrable "unbroken contracting path" between the plan and the provider for:
  - The service rendered; and
  - The member receiving the service; and
  - The applicable dates of service.

  "Unbroken contracting path" means a sequence of contracts (as defined) linking the plan and a direct subcontractor, or a series of subcontractors, to the provider.



For more information about the directed payments program, visit www.dhcs.ca.gov/services/Pages/DirectedPymts.aspx.

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact both Teresa.L.Bailey@Centene.com and Marisela.D.Lorray@HealthNet.com. For contracting questions, contact your Provider Contracting representative.

For all other questions, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.