CMS Provider Preclusion List and Monitoring Requirements

Get the CMS preclusion list online now to send member notices within specific time frames

The Centers for Medicare & Medicaid Services (CMS) updates and notifies Health Net* of its monthly preclusion list. The list includes providers and prescribers who are precluded from receiving payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries.

Starting January 1, 2019, CMS requires Health Net and its delegated entities to follow the below requirements and time frames.

- Post the CMS preclusion list on the provider portal for delegated participating physician groups (PPGs) and delegated hospitals to access on a monthly basis after it is updated by CMS.

- Notify impacted providers no later than 30 days from the CMS posting of the list. The notice includes a list of Cal MediConnect members who are losing access to the impacted provider (this does not apply to non-choice providers, such as emergency room (ER) physicians or pathologists).

- Notify members as soon as possible and no later than 30 days from the CMS posting of the list. Delegated entities are responsible to notify members when they pay claims from impacted providers.

- Give prior notice to members at least 60 days before denying claims for services by the impacted providers. This also applies to members who had services through/with, or prescriptions written by, the impacted provider in the previous 12 months.

- Deny payments/reject claims or member reimbursement 90 days after the posting of the preclusion list, but no earlier than 90 days.

- Remove impacted providers from Health Net's and any delegated entity's network at the end of the 90-day time frame.

90-DAY NOTIFICATION TIME FRAME EXAMPLE

This is an example of the notification time frame from the posting of the preclusion list to when payment denials and claims rejections begin:

Date[1]	Action
JANUARY 1	Health Net posts the CMS preclusion list on its provider website.
JANUARY 31	Health Net sends notification to the impacted members.
APRIL 1	Health Net begins denying payment/rejecting claims with dates of service (DOS) of April 1 and after.

[1] Follow this same process for monthly updates to the precluded provider listing as listed in this example.

THIS UPDATE APPLIES TO
CAL MEDICONNECT
PROVIDERS:

○ Physicians

● Participating Physician Groups

● Hospitals

● Ancillary Providers

PROVIDER SERVICES

provider_services@healthnet.com
Los Angeles County – 1-855-464-3571
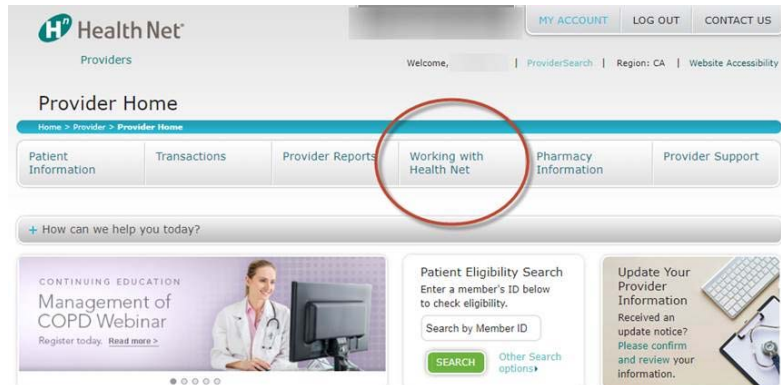San Diego County – 1-855-464-3572

www.healthnet.com

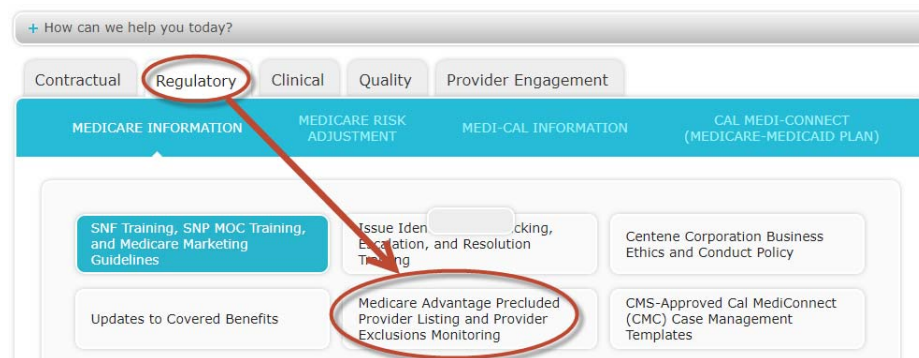PROVIDER COMMUNICATIONS
provider.communications@
healthnet.com

HOW TO ACCESS THE PRECLUSION LIST FILE

Access the CMS preclusion list online at provider.healthnet.com by following these instructions:
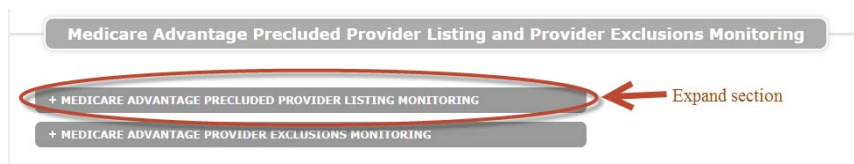
1. Log in and select *Working with Health Net*.

2. Select *Regulatory > Medicare Advantage Precluded Provider Listing and Provider Exclusions Monitoring*.

3. Expand *Medicare Advantage Precluded Provider Listing Monitoring*.

4. Scroll down and select *Monthly Precluded Data File (xls)*.