

PROVIDER Update



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Timely Provider Demographic Data Validation Reminder

Accurate provider information allows for timely access to care

CalViva Health is the local initiative health plan for the Medi-Cal managed care program in Fresno, Kings and Madera counties. CalViva Health subcontracts to Health Net* to serve Medi-Cal beneficiaries in these counties. You are receiving this communication because you have contracted with Health Net and/or CalViva Health to provide services to CalViva Health Medi-Cal members. Health Net holds most provider network contracts in Fresno, Kings and Madera counties as CalViva Health's subcontractor. As a reminder,

- CalViva Health is the local initiative health plan for the Medi-Cal managed care program in Fresno, Kings and Madera counties.
- CalViva Health selected Health Net as its contractor to provide administrative and network services for its Medi-Cal members.
- When asked if you participate with CalViva Health, answer Yes per the Medi-Cal line of business included in your direct agreement with CalViva Health, Health Net or with your direct participating physician group (PPG) agreement.
- It is important that the correct participation response is provided when a patient or a regulator is inquiring if you accept CalViva Health and/or Medi-Cal.
- If you have a question regarding your current agreement, contact your PPG and/or Health Net to review the terms of your agreement.

Outdated provider information can create barriers to timely access to care for members. Contracting providers must keep their office information current to ensure CalViva Health members have access to accurate information for scheduling appointments and in selecting providers.

Providers are required to provide advance notification directly to Health Net or through their PPG when they have changes to their demographic information. On a monthly basis, providers should validate that their demographic information is reflected correctly on the Health Net website at www.healthnet.com under ProviderSearch.

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com

DEMOGRAPHIC INFORMATION

Providers' demographic data include the following:

Name	License number	Email address – used for members and is Health Insurance Portability and Accountability Act (HIPAA) compliant
Alternate name	National Provider Identifier	Practice website
Address	Office hours	Hospital affiliation
Telephone number	Patient age ranges (lowest to highest) seen by provider	Languages other than English spoken by the physician
Fax number	Specialty	Languages other than English spoken by the office staff
Panel status – Accepting new patients, accepting existing patients, available by referral only, available only through a hospital or facility, not accepting new patients		
Handicap accessibility status for parking (P), exterior building (EB), interior building (IB), restroom (R), exam room (ER), and exam table/scale (T) – if accessibility is not yes to all, then indicate no		

NOTIFICATION AND MAINTENANCE REQUIREMENTS

Providers directly contracting with Health Net or CalViva Health for Medi-Cal services must notify Health Net of changes by completing the online form or by reaching out to their provider network administrator (PNA). The online form is available on the provider website at provider.healthnet.com under *My Account > Profile > Update Provider Information*. Providers must have the *Update Provider Information* privileges to update and submit changes online.

Providers may also receive an email, fax or phone call from Health Net, or a third party on behalf of Health Net, to validate their demographics. This will occur once or twice a year, depending on the provider type, and response is required in most cases to avoid being removed from the directory.

As stated in the *Provider Participation Agreement (PPA)*, providers are required to provide a minimum of 30 days advance notice of any changes to their demographic information. If the change pertains to the status of accepting new patients, the provider must notify Health Net or the applicable PPG within five business days.

Providers contracting through a PPG must notify the PPG directly of changes, and the PPG notifies Health Net. PPGs must have policies in place that establish and implement processes to collect, maintain and submit their provider demographic changes to Health Net on a real-time basis. Real time is within 30 days, as defined by the Centers for Medicare & Medicaid Services (CMS). On behalf of CalViva Health, Health Net conducts random audits of PPGs to validate processes and policies to ensure they are maintaining provider demographic information on a regular basis.

ADDITIONAL INFORMATION

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.