Health Net®
COMMUNITY SOLUTIONS

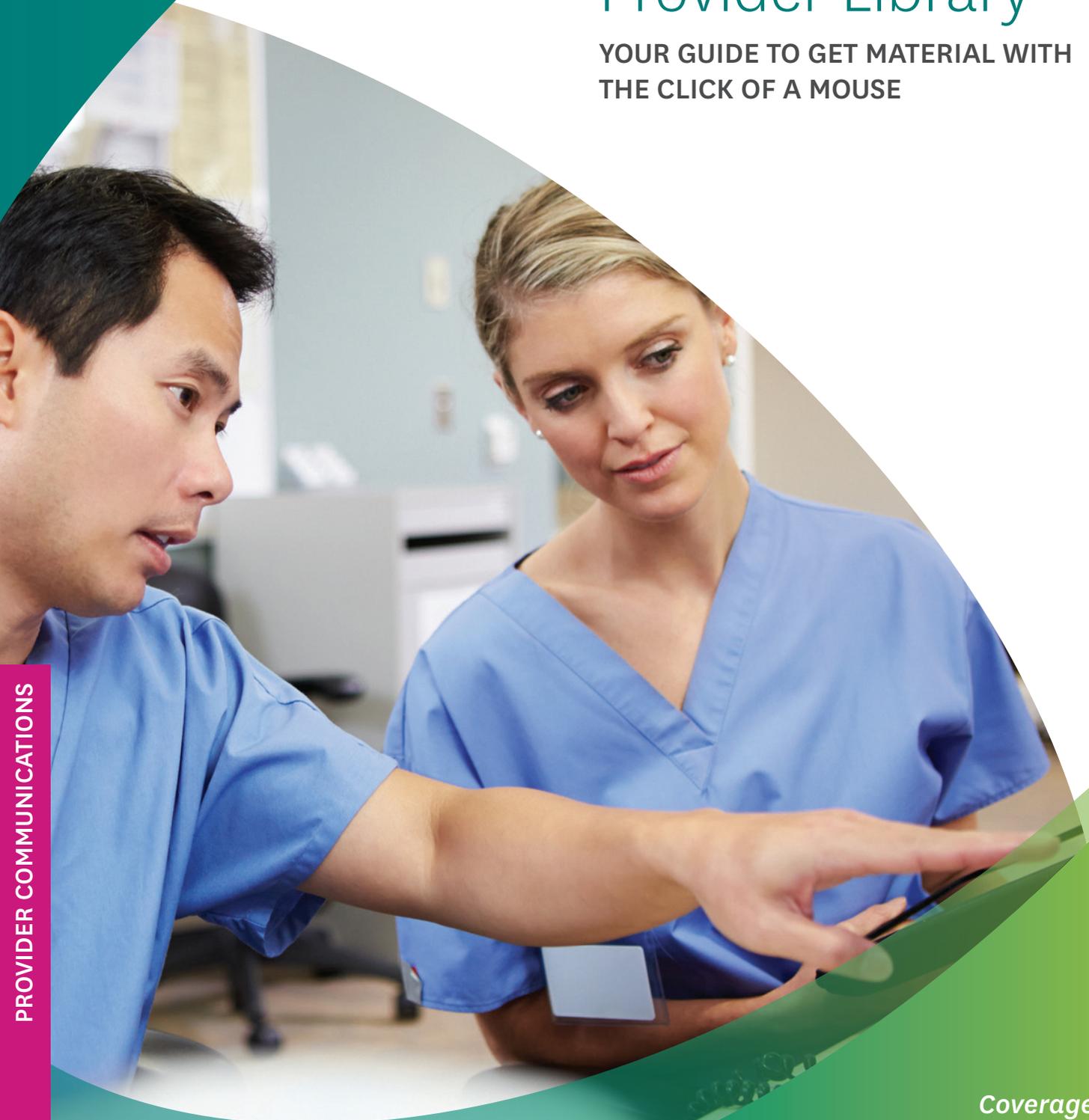# Stay Up on the Latest Info with the Provider Library

YOUR GUIDE TO GET MATERIAL WITH THE CLICK OF A MOUSE

Coverage for
every stage of life™

Find What You Need When You Need It

The Provider Library at provider.healthnet.com is designed so you can find relevant information to do business with us.

The library includes operations manuals, forms, contacts, and much more. You can also view provider communications (updates and letters) that have been sent out. These materials help you find information about programs, changes, policies, and procedures to support members' care.

Choose the fields to narrow your search

Search the entire library at once, or by category.

- Use as few as three characters.
- View content for relevance.
- Navigate paths to found items.

Know where you are at all times

You are here displays your location within the library. Return to a previous section using this breadcrumb.

Visit **provider.healthnet.com** to get started.

5 Easy Steps to Access the Provider Library

STEP 1: Log in to **provider.healthnet.com** and select *Working with Health Net > Contractual > Policy Library > Go To The Provider Library* or select the Provider Library link at the bottom of the provider home page.

STEP 2: The date auto defaults to the Current Date option, unless a specific date is entered.

STEP 3: Select a state.

STEP 4: Select your provider type.

STEP 5: Select the line of business desired.

STEP 6: (Optional) Check *the Remember my selections* box to return to the same library you selected earlier.

Provider Library

Use these Tips to Navigate the Provider Library

1 Current library
Displays the chosen library.

2 You are here
This breadcrumb shows the path for the current location in the library. Click on the highlighted sections of the path to return to that section or document.

3 Library menu
Use the left-side menu to open folders with documents and subfolders. Your selected item is highlighted and its content appears in the main window. To view another document, select another item in the library.

4 Content fly-out
If you hover your cursor over a menu item, the text displays as a fly-out message. Use it to scan documents to see if it's relevant to your search.

5 Print
Print a document or section of the operations manual (includes associated forms and contacts). Content is subject to change; make sure to access the website for the most current documents.

CA PPG/Medical Group/IPA Cal MediConnect

CHANGE LIBRARY ?

Search within this Library   Search: Operations Manuals ⬍   Keyword: Enter Keyword   SEARCH ?

1

Updates and Letters ▸
Forms ▸
Contacts ▸
Operations Manuals ▸

3

- Investigations
- **Organizational Providers Certification or Recertification**
- Practitioner's Rights
- Primary Source Verification for Credentialing and Recredentialing
- Recredentialing of Practitioners
- Site Evaluations
- Standards of Participation
- Terminated Contracts and Reassignment of Members

4

- Denial Notification
- Disenrollment

Online News ▸
Help ▸
Change Memos ▸

Bookmarks ?
Select: Bookmarks... ⬍
Bookmark this Page
Manage Bookmarks

Print Library ?
○ Entire Category (Operations Manuals)
○ Entire Section (Credentialing)
○ This Page (Organizational Providers Certification or Recertification)
PRINT

5

Current Library: CA PPG/Medical Group/IPA Cal MediConnect, Effective 07/10/2019 change
You are here: Select a Provider Library > Provider Library > Operations Manuals > Credentialing > Organizational Providers Certification or Recertification

2

Organizational Providers Certification or Recertification

An organizational provider (OP) is an institutional provider of health care that is licensed by the state or otherwise authorized to operate as a health care facility. Examples of OPs include, but are not limited to, hospitals, home health agencies, skilled nursing facilities (SNFs), and ambulatory surgical centers (ASCs).

Organizational providers that require assessments by the plan or its delegated entities include:

- Hospitals
- Home health, hospice and home infusion providers
- SNFs
- Free-standing and ASCs, including abortion clinics
- Dialysis/end-stage renal disease (ESRD) care providers
- Hospices
- Laboratories
- Office-based surgery suites
- Comprehensive outpatient rehabilitation facilities
- Physical therapy and speech pathology providers
- Portable X-ray suppliers
- Radiology/imaging centers
- Behavioral health facilities (inpatient, residential and ambulatory)
- Sleep study centers
- Urgent care centers
- Federally qualified health centers and rural health clinics
- Community-Based Adult Services (CBAS) centers
- Other providers as deemed necessary

Providers contracting directly with the plan must submit a completed, signed plan-approved hospital or ancillary facility credentialing application and any supporting documentation to the plan for processing. The documentation, at a minimum, includes:

- Evidence of a site survey that has been conducted by an accepted agency, if the provider is required to have such an on-site survey prior to being issued a state license. Accepted agency surveys include those performed by the state Department of Health and Human Services (DHHS), Department of Public Health (DPH) or Centers for Medicare & Medicaid Services (CMS).
- Evidence of a current, unencumbered state facility license. If not licensed by the state, the facility must possess a current city license, fictitious name permit, certificate of need, or business registration.
- Copy of a current accreditation certificate appropriate for the facility. If not accredited, then a copy of the most recent DHHS/DPH site survey as described above is required. A favorable site review consists of compliance with quality of care standards established by CMS or the applicable state health department. The plan obtains a copy of each surgery center's site survey report and ensures each provider has received a favorable rating. This may include a completed corrective action plan (CAP) and DHHS CAP acceptance letter.
- Professional and general liability insurance coverage that meets plan requirements.
- Overview of the facility's quality assurance/quality improvement program upon request.

Organizational providers are recredentialed at least every 36 months to ensure each entity has continued to maintain prescribed eligibility requirements.

Home > Provider > Working With Health Net > Provider Library

6 Change library

All documents in the library are tied to the specific traits, such as product line, provider type, effective date, and state. To view another library, select the *Change Library* button.

While in the current library, you can change one or more traits to select a new library. Select the *Submit* button to launch.

Or you can change the library using the *change* link, next to current library.

7 Search within this library

Search for content by using the drop-down menu to choose a category, such as operations manual or updates. You may also use All Categories to search the entire library.

- Use a key word, numbers or short phrases with no less than three characters. Select *Search* to find those items. The results appear in the main window as a list.

  – It may include documents, forms, updates, or other items with the key word or phrase. The path shows where to locate the item, and some text that contains the search string.

  – Scan the text to see if it's relevant. Click on the title to view the document.

- To return, use your browser's back button.

CA PPG/Medical Group/IPA Cal MediConnect

[CHANGE LIBRARY] (?) — 6

Search within this Library — 7   Search: All Categories ⇕   Keyword: HEDIS 2019   [SEARCH] (?)

| Updates and Letters ▸ |
| Forms ▸ |
| Contacts ▸ |
| Operations Manuals ▸ |
| Online News ▸ |
| Help ▸ |
| Change Memos ▸ |

Current Library: CA PPG/Medical Group/IPA Cal MediConnect, Effective 07/10/2019 change — 8
You are here: Select a Provider Library > Provider Library > Search Library

Search Results

Showing 1 - 3 of 3 Results for "**HEDIS 2019**"

📄
18-882 Quality Measures for Patient Opioid Use
Provider Library > Updates and Letters > 2018
...d older, and total.For further information, email the Health Net Quality Improvement Department atcqi_dsm@healthnet.com.References:Sample of code descriptions taken from the HEDIS 2019 Value Set.NCQA's HEDIS 2019 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2018.Page 2 of 2...
Bookmark this Link

📄
19-265 HEDIS Quick Reference Guide
Provider Library > Limited Distribution Updates and Letters > 2019
...he most specific ICD-10 code choice. This quick reference guide (QRG) has been updated with information from the July and October 2018 release of the HEDIS 2019 Volume 2 Technical Specifications. The information provided in this HEDIS QRG is to help you increase your practice's HEDIS rates. The info...
Bookmark this Link

📄
19-435 Breast Cancer Screening
Provider Library > Limited Distribution Updates and Letters > 2019
...1 Centers for Disease Control and Prevention. Basic Information.Retrieved from www.cdc.gov/cancer/breast/basic_info/index.htm, August 24, 2018.2NCQA. HEDIS 2019 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2018.HEDIS® Tip SheetEffectiveness of Care MeasureBreast CancerScree...

Bookmarks (?)
Select: Bookmarks... ⇕
Manage Bookmarks

Print Library (?)
Select a category from above to enable printing.

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8 Change effective date

To view content with a past date, select the *change* link to enter the date in an mm/dd/yyyy format. Or use the calendar feature. The chosen date appears at the top of the page in the *Current Library* path.