Timely Provider Demographic Data Validation Reminder

Accurate provider information allows for timely access to care

Outdated provider information can create barriers to timely access to care for members. Contracting providers must keep their office information current to ensure Health Net* Cal MediConnect Plan (Medicare-Medicaid Plan) 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 participating physician group (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.

You may receive calls from Health Net or a regulator regarding the status of your contract as well as other demographic information. It is important that an administrator or member of your team who is familiar with the provider's contract details responds to these inquiries. Any request from Health Net or a regulator should be responded to in a timely manner.

Notification and maintenance requirements

Providers directly contracting with Health Net 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 Health Net 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.

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). Health Net conducts random audits of PPGs to validate processes and policies to ensure they are maintaining provider demographic information on a regular basis.

If you have questions regarding the information contained in this update, 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
CAL MEDICONNECT
PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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