PROVIDER*Update*

Health Net®

Changes for New Medi-Cal Provider Proof of DHCS Application

Review changes to the DHCS PAVE process to participate in Health Net's Medi-Cal network

The Department of Health Care Services (DHCS) requires that all Medi-Cal managed care network providers enroll in the Medi-Cal Program. Newly contracted providers may only participate in Health Net's* Medi-Cal network if either of the following conditions is met.

- Show active in the DHCS monthly enrollment files of Medi-Cal fee-for-service (FFS) providers, or

- Complete a like process from another managed care plan (MCP) that meets the requirements under All Plan Letter (APL) 19-004 (previously APL 17-019), which shows proof of their enrollment.

Provider update 19-384, *New Medi-Cal Providers Must Show Proof of DHCS Application,* distributed May 16, 2019, stated that Health Net allows participation in our network up to 120 days with proof of DHCS application. Be advised that this time period no longer applies.

Refer to this update for proof of DHCS application and how new Medi-Cal providers are added to the network as explained below.

Provisional enrollment

Newly contracted providers may participate in Health Net's network pending the outcome of the DHCS screening and enrollment process. Providers must show proof they have applied with DHCS.

Proof of application

Proof of application means DHCS correspondence shows the provider's application was submitted and accepted. Proof of application can be one of the following:

- Screen shots from Provider Application and Validation for Enrollment (PAVE) which must include the data elements from the application tab.

- Written correspondence from DHCS which must include the provisional status form with all fields completed.

Proof of applications must contain the provider's National Provider Identifier (NPI), address and date the application was accepted. The proof of applications can be sent along with provider profiles that providers regularly send to Health Net.

We monitor participating physician group (PPG) rosters sent to Health Net. Any changes during the provisional period must be communicated with Health Net to comply with DHCS and to update our records.

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
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Failure to complete enrollment may result in the termination of that provider or removal from Health Net's Medi-Cal network.

How to apply

Application status can be tracked through the PAVE portal. Contact PAVE technical support at 1-866-252-1949, Monday through Friday, 8:00 a.m. to 6:00 p.m. Pacific time, except holidays.

Use these online resources:

- DHCS provider enrollment options can be located by provider type on the DHCS website at www.dhcs.ca.gov/provgovpart/Pages/Provider-Enrollment-Options.aspx.
- PAVE frequently asked questions (FAQs) – www.dhcs.ca.gov/provgovpart/Documents/PAVE_Project_for_Provider_Enrollment_Division/PAVE_FAQ.pdf.

Note: DHCS may take 180 days to review and approve non-PAVE enrollment applications.

Adding a provider to the Medi-Cal network

The provider must show proof they have applied with DHCS prior to being added into the network. Health Net adheres to the Medi-Cal FFS program rules, processing requirements and enrollment time frames defined in the California Welfare and Institutions Code (WIC) Section 14043.26.

Based on this rule, DHCS grants the applicant or provider a provisional status for a period of no longer than 12 months, effective from the 181st day in the event DHCS is unable to complete the provider's application within 180 days.

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