



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Outdated provider information can create barriers to timely access to care for members.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* members have access to accurate information for scheduling appointments and in selecting providers.

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.

Notify Health Net of demographic changes

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.

Provider outreach done by LexisNexis®

Health Net contracts with LexisNexis® Risk Solutions, in partnership with the American Medical Association, to outreach and validate demographic information twice a year. Practitioners that receive a request from LexisNexis via email, fax or phone, should respond timely to their request. A response is required to avoid being removed from the Health Net provider directory.

LexisNexis is only utilized for directly contracted relationships. If you receive a request and you do not manage the practitioner's direct contract, you need to reply to LexisNexis advising that you do not manage the direct contract relationship and provide the correct contact responsible for the direct contract. Do not direct LexisNexis to a participating physician group (PPG) contact as the validation is specific to the practitioner's direct contract with Health Net.

PPGs, hospitals and ancillary providers may also receive an email, fax or phone call once a year, at a minimum, requesting that they validate their demographics. Response is required in most cases to avoid being removed from the Health Net provider directory.

Required timelines for notifications

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

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

provider_services@healthnet.com

EnhancedCare PPO (IFP)

1-844-463-8188

provider.healthnetcalifornia.com

EnhancedCare PPO (SBG)

1-844-463-8188

provider.healthnet.com

Health Net Employer Group HMO, POS, HSP, PPO, & EPO

1-800-641-7761

provider.healthnet.com

IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO

1-888-926-2164

provider.healthnetcalifornia.com

Medicare (individual)

1-800-929-9224

provider.healthnetcalifornia.com

Medicare (employer group)

1-800-929-9224

provider.healthnet.com

Medi-Cal – 1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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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.

Additional information

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Provider Portal	Email Address
EnhancedCare PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com	provider_services@healthnet.com
EnhancedCare PPO (SBG)	1-844-463-8188	provider.healthnet.com	
Health Net Employer Group HMO, POS, HSP, PPO, & EPO	1-800-641-7761	provider.healthnet.com	
IFP (CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO)	1-888-926-2164	provider.healthnetcalifornia.com	
Medicare (individual)	1-800-929-9224	provider.healthnetcalifornia.com	
Medicare (employer group)	1-800-929-9224	provider.healthnet.com	
Medi-Cal	1-800-675-6110	provider.healthnet.com	N/A