

# PROVIDER Update



Health Net®

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## Submit Encounter Data for 2018 Dates of Service by December 27, 2019

Medicare encounter data must be submitted for risk adjustment and affects how you are reimbursed

Providers must submit encounter data for any outstanding 2018 dates of service to Health Net\* by **December 27, 2019**. Refer to the table below to submit Medicare encounter data. Contact the clearinghouse as listed below with any questions.

Clearinghouse	Payer IDs	Contact information
<b>Emdeon</b>	95568 and 95570	1-877-469-3263 www.emdeon.com
<b>Transunion Healthcare</b>	95568 and 95570	(310) 973-2880 pdl_dddcsr@transunion.com
<b>Direct Health Net submitter</b>	95568	enc_group@healthnet.com (encounters only)

Health Net utilizes the standard Health Insurance Portability and Accountability Act (HIPAA) X12 837 format for encounter submissions as it is the most effective method to meet CMS submission deadlines.

### Risk-adjustment calculations

Health Net must submit encounter data with dates of service from January 1, 2018, through December 31, 2018, to the Centers for Medicare & Medicaid Services (CMS) by early January 2020 for the Medicare Risk Adjustment 2018 final cutoff.

CMS uses encounter data in its risk-adjustment (encounter data-based) formula to calculate risk-adjustment scores for each Medicare Advantage (MA) member. The accuracy and completeness of risk-adjustment calculations depend on reporting encounter diagnosis code data accurately and to the highest level of specificity.

Inaccurate or incomplete data submissions may result in a reduced payment from CMS to Health Net, which would affect provider reimbursements.

### Risk adjustment reports

The Provider Risk Adjustment Factor Reconciliation Report (PRRR):

- Identifies the diagnosis codes that are accepted by the CMS Risk Adjustment Processing System (RAPS) for 2018 and 2019 dates of service.
- Helps participating physician groups (PPGs) compare the diagnosis codes that are accepted at CMS for provider groups with the diagnosis codes in the system or charts for their MA members.

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

**Medicare (individual)**

1-800-929-9224

provider.healthnetcalifornia.com

**Medicare (employer group)**

1-800-929-9224

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@

healthnet.com

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- Available upon request (monthly) via email at [medicareops@healthnet.com](mailto:medicareops@healthnet.com).

Missing diagnosis codes should be submitted through the standard encounter method in the 837 format.

**Additional information**

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](mailto:provider_services@healthnet.com) within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column on page 1.