

PROVIDER Update



Health Net®

REGULATORY | SEPTEMBER 7, 2016 | UPDATE 16-453 | 1 PAGE

Health Net Medicare Enrollment Changes and CMS Part D Prescription Medication Requirements

The Centers for Medicare & Medicaid Services (CMS) requires Medicare Advantage organizations (MAOs) to verify participating providers' Medicare enrollment status. Practitioners must comply with CMS requirements when prescribing Part D medications. In accordance with CMS 42 CFR 423.120(c)(6), practitioners who prescribe Part D medications must be enrolled in Medicare in an approved status for their prescriptions to be covered under Part D. The final regulation is effective February 1, 2017.

In addition to CMS requirements, Health Net of Arizona, Inc. (Health Net) requires that all participating practitioners servicing its Medicare Advantage (MA) members, even if not prescribing Part D medications, be enrolled in Medicare in an approved status to continue participation in Health Net's Medicare network. Notifications will be sent to providers where Health Net cannot validate enrollment status, and practitioners must take action accordingly in order to continue participation.

MONITORING MEDICARE ENROLLMENT STATUS

Health Net continues to monitor Medicare enrollment status for participating practitioners, and first-tier, downstream and related entities (FDRs). In addition, delegated medical groups or independent practice associations (IPAs) who are contracting with Health Net must verify that their network of practitioners involved in servicing MA members are enrolled in Medicare.

Part D claims for medications prescribed by practitioners not enrolled in Medicare will be rejected at the pharmacy starting on February 1, 2017. To ensure prescription medications are not denied, practitioners who are not enrolled in Medicare must submit their Medicare enrollment applications to CMS as soon as possible to allow sufficient time to process their information.

REVALIDATION OF MEDICARE ENROLLMENT

Practitioners who are currently enrolled in Medicare in an approved status should confirm their revalidation deadline on the CMS website at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html and revalidate timely to avoid a lapse in their Medicare status.

A list of physicians and eligible professions enrolled in Medicare in an approved status is available on the CMS website at <https://data.cms.gov/dataset/Medicare-Individual-Provider-List/u8u9-2upx>. For additional information about enrollment requirements, visit the CMS website at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Prescriber-Enrollment-Information.html.

THIS UPDATE APPLIES TO
ARIZONA PROVIDERS:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- Advantage Platinum (HMO)
- Advantage Platinum (PPO, POS)
- Medicare Advantage (HMO)

PROVIDER SERVICES

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