

PROVIDER Update



Health Net®

REGULATORY | MARCH 23, 2017 | UPDATE 17-253 | 1 PAGE

Updates to Health Net's Medicare Provider Network Requirements

The regulation from the Centers for Medicare & Medicaid Services (CMS) requiring pharmacies to validate the prescriber's Medicare enrollment when a Part D covered prescription is filled has been postponed and will now become effective January 1, 2019. A certified letter was distributed in October 2016 to providers identified as not enrolled in Medicare to inform them that they would be terminated from the Health Net of Arizona, Inc. (Health Net) Medicare Advantage network by February 1, 2017. *Due to the postponement of the regulation, Health Net will not remove any providers from the Health Net Medicare network based on this regulation at this time.* Health Net continues to evaluate Medicare enrollment of our current network to determine if any further action is needed prior to the final regulation effective date.

MONITORING MEDICARE ENROLLMENT STATUS

Health Net continues to monitor Medicare enrollment status for participating practitioners, and first-tier, downstream and related entities (FDRs). Health Net's participating practitioners servicing its Medicare Advantage (MA) members, and who are able to participate in Medicare, even if not prescribing Part D medications, must be enrolled in Medicare in an approved status to continue participation in Health Net's Medicare network. Non-physician providers who are excluded from enrolling in Medicare must maintain current records of annual completion of Medicare Part C & D general compliance, and Fraud, Waste and Abuse training modules.

EXPECTATION OF DELEGATED MEDICAL GROUPS OR INDEPENDENT PRACTICE ASSOCIATIONS

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 is enrolled in Medicare, unless they are in a category that is excluded from enrolling.

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 professionals 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.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at AZ_InternetProviderInquiries@healthnet.com, through the Health Net provider website at provider.healthnet.com, or by telephone at 1-800-289-2818.

THIS UPDATE APPLIES TO ARIZONA PROVIDERS:

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

LINES OF BUSINESS:

- HMO
- PPO
- CommunityCare HMO
- Centene Corporation Employee Self-Insured PPO Plan
- Medicare Advantage (HMO)
- Ambetter from Health Net (Health Insurance Marketplace)

PROVIDER SERVICES

az_internetproviderinquiries@healthnet.com
1-800-289-2818
www.healthnet.com

NATIONAL PROVIDER COMMUNICATIONS

provider.communications@healthnet.com
fax 1-800-937-6086