

n05512

Medicare Opt Out Policy

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) does not contract with providers for any Medicare lines of business if they have opted out of participation in the Medicare program.

Policy Detail:

To ensure that NHP/NHIC only contracts with providers who are approved for participation in the Medicare program and who have not opted out of it, NHP/NHIC operates its Medicare Opt-Out Process.

I. Key elements of this process include:

- Monthly queries by the Credentialing Coordinator/ Manager of Provider Integration of the Medicare Out Report
- Forwarding/review/action of this report by Managed Care Contracting, Provider Relations, Provider Informatics, and Credentialing Departments to ensure that the Medicare provider network does not include providers who have opted out of the Medicare program.

II. Enforcement of this policy occurs through periodic audits of the Network Development Medicare Opt-Out Process.

Definitions:

None

Regulatory Citations:

MA 10 A
42 CFR 422.220

Related Policies:

None

Related Documents:

None

Origination Date: 11/14/2013	Approval Date: 9/3/2026	Next Review Date: 9/3/2027
Regulatory Body: CMS, NCQA	Approving Committee: Credentialing Committee	
Policy Owner: Andrea Albright	Department of Ownership: Credentialing	Revision Number: 12
Revision Reason: 10/07/2016 – Transferred to new policy template. 09/13/2017 – Annual update 08/23/2018 – Annual update 09/01/2019 – Annual update 09/03/2020-Annual update 9/2/2021 – Annual review 9/1/2022 – Annual review 2/2/2023 – Annual review, Approved by Credentialing Committee on 02/02/2023. 1/8/2024 – Annual Review, Approved at Credentialing Committee on 2/1/2024. 11/2024-Updated to reflect current process 10/21/2025 -Annual review, consent 9/3/2026 – Annual Review		