

<b>HEALTH PLAN OF SAN JOAQUIN</b>			
<b>Subject: HPSJ Service Area</b>			
<b>Department: Provider Services</b>			<b>Policy #:</b>
<b>Applies to: Medi-cal, H/F, HK and HCN</b>			<b>Scope:</b>
<b>Effective Date:</b> 08/14/08	<b>Revised Date:</b>	<b>Approved by:</b>	<i>Signature on file</i> (Title of Sr. Exec.responsible)

**PURPOSE:**

To define Health Plan of San Joaquin’s service area based on Line of Business (LOB)

- A. Medi-Cal (MCL)
- B. Healthy Families (H/F)
- C. Healthy Kids (HK)
- D. Healthy Connections (HCN)

**POLICY:**

Health Plan of San Joaquin (HPSJ) provides health care coverage to eligible members in San Joaquin, Stanislaus and Merced Counties for which it is licensed based on LOB.

**PROCEDURES:**

- A. Medi-Cal Service Area
  - 1. San Joaquin County (county code 39)
  - 2. HPSJ can only provide coverage for Medi-cal members in county 39
- B. Healthy Families Service Area
  - 1. San Joaquin County (39) Stanislaus County (50) Merced County (24)
  - 2. HPSJ can provide coverage for H/F LOB in counties 39, 50 and county 24
- C. Healthy Kids Service Area
  - 1. San Joaquin County (39)
  - 2. HPSJ can only provide coverage for HK LOB in county 39

**D. Healthy Connections Service Area**

1. San Joaquin County (39)
2. HPSJ can only provide coverage for HCN LOB in county 39

**E.** To be eligible to enroll in HPSJ plans, enrollees must reside within the county for which HPSJ is licensed for based on LOB

**REFERENCE:**

- A. DHS Contract ?
- B. MRMIB Contract ?
- C. Primary Care Physician Medical Service Agreement
- D. Provider Manual

<i>Created by/Date</i>	<i>Revised by/Date</i>	<i>Revised by/Date</i>	<i>Revised by/Date</i>	<i>Revised by/Date</i>	<i>Revised by/Date</i>
<i>Shamel 08/14/08</i>					