

<b>HEALTH PLAN OF SAN JOAQUIN</b>		
<b>Subject: PCP/Provider Network Changes</b>		
<b>Department:</b> Provider Services		<b>Policy #:</b>
<b>Applies to: Medi-cal, H/F and Commercial Plans</b>		<b>Scope:</b>
<b>Effective Date:</b> 08/11/08	<b>Revised Date:</b>	<b>Approved by:</b>  <i>Signature on file</i> (Title of Sr. Exec.responsible)

**PURPOSE**

To ensure that Health Plan of San Joaquin (HPSJ) possesses the most current information for its Participating Provider Network as indicated in the provider contract and provider manual. Network changes will encompass the following.

- A. Demographic changes (section 3.2 of contract)
- B. Tax identification number changes (section 4.1.6 of contract)
- C. Credentialing changes, addition of new staff, termination of staff  
Change in licensing or credentials (section 4.1.36 of the contract)

**POLICY:**

- A. Providers must notify HPSJ in writing at least 30 days in advance of any demographic changes, 60 days written notice of any new locations and 90 written notice prior to the closing of any locations.
- B. Providers must notify HPSJ of any tax identification changes including incorporations, business name changes or payment remittance changes.
- C. Provider must notify HPSJ in writing, within 5 days of occurrence of any significant changes in status that would effect the provider or staff ‘s credentials , licenses or certificates, including but not limited to those under title 28 or 19, or any other situation that may interfere with the provider’s duties or obligations under this agreement.

## **PROCEDURES**

### **A. Demographic Changes**

1. Provider must submit written notification of any address changes. It must specify if physical address and remittance address will be the same or different, it must also include phone number and fax number and an effective date.
2. Provider must submit a W-9 for all remittance address changes with an effective date and signature.
3. Provider Services, upon receipt of address change will review network status, if provider is contracted, Provider Services will generate a Customer Contact Log (ccl) and document request and then forward via scan to the Contracting Department. Contracting will then issue a Provider Contract Update (pcu) to Provider Maintenance for system update.
4. If provider is non contracted, provider services will generate ccl and forward to Provider Maintenance for system update.

### **B. Tax Identification Number Changes**

1. Provider must submit a new W-9 for all tax identification number changes. Provider must include effective date and signature on new W-9
2. Provider Services, upon receipt will create a ccl and forward to the Contracting Department, the contracting department will then issue a PCU to provider maintenance for system update
3. If provider is non contracted, provider services will generate a ccl and forward to provider maintenance for system update.
4. Provider Maintenance will archive W-9 on J:/Provider Data/ appropriate year.

**C. Credentialing or Licensing Changes**

1. Provider will notify HPSJ in writing, within 5 days of occurrence of any significant change.
  
2. Provider will notify HPSJ of any changes to specialty or licensing. Once received by Provider Services, a ccl would be generated and sent to Credentialing. Credentialing would then review and once verified they would notify contracting department of necessary changes.
  
3. Contracting would send out PCU to file maintenance for system update.
  
4. This would only be applicable to contracted providers, non contracted providers would not need to notify HPSJ.
  
5. Providers who are delegated by medical groups would notify their medical group. The medical group would then notify HPSJ file maintenance. Once reviewed, File maintenance would update system to reflect.

**REFERENCE**

- A. Primary Care Physician Medical Service Agreement
- B. 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>
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