

HEALTH PLAN OF SAN JOAQUIN		
Subject: Provider Resources		
Department: Provider Services		Policy #:
Applies to: MCL, H/F, HK and HCN		Scope:
Effective Date: 12/09/08	Revised Date:	Approved by: <i>Signature on file</i> (Title of Sr. Exec.responsible)

PURPOSE:

Health Plan of San Joaquin (HPSJ) provides various resources to Providers to assist them in building their alliance with HPSJ, in addition to verifying member information, claims information as well as the Provider Manual. Among those resources are the following:

- A. San Joaquin County Health Commission Meeting
- B. Health Education Committee Meeting
- C. Quality Improvement/Utilization Management Committee Meeting (QI/UM)
- D. Pharmacy & Therapeutics Advisory Committee Meeting (P&T)
- E. Peer Review/Credentialing Committee Meeting
- F. Community Affairs Committee Meeting
- G. Physician Advisory Committee Meeting
- H. Doctor Referral Express (DRE)
- I. Advice Nurse
- J. Provider Services Representatives
- K. Provider Relations/Contracting Department
- L. Provider Newsletter (Plan Scan)
- M. Provider Alerts

POLICY:

- A. HPSJ Commission meets monthly on the 4th Wednesday from 5:30-7:00 p.m.
- B. HPSJ Health Education Committee meets monthly on the 2nd Monday 12:15-1:30 p.m.
- C. HPSJ QI/UM Committee meets bi-monthly on the 2nd Thursday from 7:00-9:00 a.m.
- D. HPSJ P&T Committee meets quarterly on the 3rd Tuesday from 7:00-8:30 a.m.
- E. HPSJ Peer Review/Credentialing Committee meets bi-monthly on the 3rd Thursday from 7:00-8:30 a.m.
- F. HPSJ Community Affairs Committee meets on the 3rd Thursday from 12:00 noon -1:30 p.m.
- G. HPSJ Physician Advisory Committee meets quarterly
- H. Providers must obtain an username and password from Provider Services to access DRE
- I. Providers can contact the HPSJ Advise Nurse after hours and on holidays to verify member eligibility
- J. Providers may contact HPSJ Provider Service Representatives directly during normal business hours
- K. Providers may contact HPSJ Provider Relations/Contracting Department directly during normal business hours
- L. All contracted providers are mailed a Provider Newsletter (Plan Scan) quarterly
- M. All contracted providers will receive Provider Alerts on an as needed basis

PROCEDURES:

A. HPSJ Commission Meeting

- 1. Health Plan is governed by the San Joaquin Health Commission which was established pursuant to State of California Chapter 652, Statutes of 1994, and the San Joaquin Board of Supervisors, Ordinance 95-3816, dated January 17, 1995. The eleven member Commission is appointed by the Board of Supervisors, and has

entered into contract with the State Department of Health Services to serve San Joaquin County Medi-Cal beneficiaries who choose to enroll in the Health Plan.

2. The Health Commission is served by advisory committees which provide avenues for health care providers, members, and interested community leaders to participate in Health Plan policy-making. We encourage participation on these committees.

B. Health Education Committee

1. Assesses the needs of the member population with regard to the use of primary care physicians; provides input on member education needs; makes recommendations on the Health Plan's health promotion and education efforts; reviews the results of member satisfaction surveys which suggest the need for member education; makes recommendations on the role of providers in conducting member education; reviews and makes recommendations on cultural appropriateness of member service guides, promotional materials, and other member communications prepared by staff.

C. Quality Improvement/Utilization Management Committee

1. Reviews and approves the Health Plan Quality Improvement and Utilization Management plans, reviews quality of care studies, provider facility and medical charts audits, access audits, HEDIS studies, and member/provider grievances and complaints; studies inappropriate utilization and practice patterns, and recommends corrective action, and develops and applies utilization review criteria for medical necessity decision making.

D. Pharmacy & Therapeutics Advisory Committee

1. Maintains a formulary that ensures reasonable, safe, cost effective, and quality drug therapy; reviews pharmacy utilization reports, studies inappropriate drug use and prescribing practices, provides recommendations on prescribing guidelines to represent current medical practice, and monitors drug utilization patterns and identifies areas for study.

E. Peer Review/Credentialing Committee

1. Reviews and makes recommendations on all provider applications for participation in the Health Plan and ensures that the requisite credential verification has been conducted by Health Plan staff. Performs additional responsibilities as identified in the Health Plan's Quality Improvement plan.

F. Community Affairs Committee

1. Participates in the Health Plan's public policy-making. The committee makes recommendations and reports directly to Health Commission. Fifty percent of the committee membership must be comprised of Health Plan members. The committee reviews member satisfaction, barriers to access, member needs and educational material, and cultural and linguistic services. The committee is chaired by a health commissioner.

G. Physician Advisory Committee

1. Serves as liaison between the Health Plan and the community at large. Provides advice and counsel to the Health Plan on a variety of issues such as the provider network, quality of care, corrective actions, and education. Recommendations are made directly to the Health Commission on corrective action or sanctions regarding participating providers.

H. Doctor Referral Express (DRE)

1. An internet-based Utilization Management tool for our providers. DRE provides quick, easy and secure online authorization entry, request review, clinical guidelines, eligibility verification and claim/encounter lookup.
2. It provides a connectivity link between the physicians, facilities and utilization management organizations. It provides communication between physicians, ancillary services, provider and membership

databases and the claims server via the internet. This process provides an automated link from the UM organization to the providers, facilities and the claims system improving communication, reducing the administrative costs and improving the authorization process.

I. Advice Nurse

1. Health Plan of San Joaquin (HPSJ) is contracted with St. Joseph's Medical Center Advice Nurse Program to make its services available to members and providers on a twenty-four (24) hour a day, seven (7) days a week basis. The Advice Nurse Line is (800) 655-8294. *The Advice Nurse line is not intended to replace or to substitute for physician availability to respond to calls from members who call the physician answering service.* Providers may, however, include the Advice Nurse Line number on their after-hours recording.
2. HPSJ will regularly monitor the Advice Nurse Program.

J. Provider Services Representatives

1. The Provider Services Team serves as an information resource for HPSJ Member Services Representatives, practitioners (both participating and nonparticipating), and contracted Hospitals
2. Provider Services will also handle such issues as:
 - a. Access issues
 - b. Pay for Performance (provider incentives)
 - c. Capitation issues
 - d. Balance billing issues
 - e. Provider network issues
 - f. Claims and EDI
 - g. Authorizations
 - h. In-service training

K. Provider Relations/Contracting Department

1. The Provider Relations/Contracting Team recruits and maintains a working relationship with contracted providers. The Contracting team works closely with the Provider Services Team when new providers are contracted. The contracting department advises the Provider Services Team when a new provider in-service is needed.

L. Provider Newsletter (Plan Scan)

1. Four times a year, the Provider Newsletter, Plan Scan, is published and mailed to HPSJ providers. The newsletter speaks to such issues as initial health assessments, grievances, access and preventative care. Also via the newsletter, providers are alerted to community programs such as the Asthma Coalition, to legislation and how it affects managed care, and to other current events and topics as they relate specifically to our providers and to the Health Plan as they relate generally to managed care.

M. Provider Alerts

1. On an as needed basis Health Plan disseminates (usually by fax) special communications to our providers in the form of Provider Alerts. These alerts are generated by the Provider Services Team and cover a wide variety of subjects such as notices of seminars and dinners, new policies (both at the State level as well as HPSJ), notices of extended benefits, formulary changes, educational opportunities and medical alerts.

<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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