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SECTION 5: PROVIDER SERVICES

PROVIDER RIGHTS AND RESPONSIBILITIES

Provider Rights

HPSJ values its relationship with Providers and Providers have the right to know what they can expect from HPSJ. Providers' Rights include but are not limited to the following:

- **Communication with Members:** The right to freely communicate with Members about their treatment, including medication treatment options, regardless of benefit coverage limitations.
- **Review of Credentialing Information:** The right to review information HPSJ has obtained to evaluate the provider's individual credentialing application, including attestation, CV, and information obtained from any outside source (e.g., malpractice insurance carriers, State licensing boards), with the exception of references, recommendations, or other peer-review protected information. HPSJ is not required to reveal the source of information if the information is not obtained to meet HPSJ credentialing verification requirements or if disclosure is prohibited by law.
- **Correction of Credentialing Information:** The right to correct erroneous information when credentialing information obtained from other sources varies substantially from information submitted by the provider. The correction of erroneous information submitted by another source is detailed in the Credentialing section of this Provider Manual.
- **Credentialing Updates:** The right to be informed of a provider's credentialing application status upon request to HPSJ.
- **Staying Informed:** The right to receive information about HPSJ including but not limited to available programs and services, its staff and their qualifications, operational requirements, and contractual relationships.
- **Coordination of Care:** The right to information on how HPSJ coordinates its interventions with treatment plans for individual Members.
- **HPSJ Support:** The right to receive support from HPSJ in making decisions interactively with Members regarding their health care.
- **HPSJ Contact Information:** The right to receive contact information for staff responsible for managing and communicating with the Provider's Members.
- **HPSJ Communications:** The right to expect and receive communication from HPSJ staff regarding complaints, issues, or concerns relating to Provider rights and responsibilities and their staff.
- **Grievance and Appeals:** The right to receive policies and procedures about the grievance and appeals process.

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- **New Provider In-Service:** The right to receive a new Provider in-service within ten (10) business days of becoming active with HPSJ.
- **Provider Manual Updates:** The right to be alerted to Provider Manual material updates and changes to existing policies, procedures, and processes and new policies, procedures, and processes.

Provider Responsibilities

Providers have a responsibility to comply with various business operational standards while working with HPSJ and these standards and responsibilities are further outlined in the Agreement. These responsibilities include but are not limited to the following:

- **Provider Manual and Agreement:** The responsibility to abide by the conditions set forth in the Provider Manual and in the Agreement
- **Policies and Procedures:** The responsibility to comply with all HPSJ policies and procedures
- **Governmental Regulations:** The responsibility to comply with all regulations and medical standards set forth by the appropriate regulatory agencies to ensure appropriate medical care is given to all Members; the consequences of failing to comply are outlined in the Provider Manual and the Agreement
- **Committee Participation:** The responsibility to cooperate and participate with HPSJ in Quality Management and Improvement (QMI) activities, programs, and grievance procedures, and to comply with all final determinations rendered by the Quality Management Utilization Management (QMUM) and Grievance and Appeals (G&A) Committees, as stipulated in the Agreement
- **Medical Record Access and Confidentiality:** The responsibility to ensure HPSJ has access to Provider medical records, to the extent permitted by State and federal law; and the responsibility to maintain the confidentiality of Member information and records in accordance with applicable State and federal laws
- **Performance Data:** The responsibility to allow HPSJ to use performance data for the purposes of:
 - Quality improvement activities
 - Public reporting
 - Preferred status designation in the network (tiering) for narrow networks
- **Provider Termination:** The responsibility to notify HPSJ ninety (90) days in advance of an individual Provider who is terminating with a medical Group or sixty (60) days for an individual Provider directly contracted with HPSJ. The responsibility to comply with the specific termination provisions defined in the Agreement.

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PROVIDER DIRECTORY MAINTENANCE RESPONSIBILITY

In order to assure Members of timely and accurate information on the Providers available in the HPSJ network, it is important that Providers comply with HPSJ's policies regarding Provider Directory maintenance. HPSJ has a regulatory responsibility to publish an accurate Directory of all Providers. This Provider Directory will be maintained and updated in accordance with State and federal law, including but not limited to Section 1367.27 of the Health and Safety Code. HPSJ is required to update its Provider Directory weekly or more frequently if necessary to reflect the following changes:

- Provider is no longer accepting new Members
- Provider was previously not accepting new Members but is now open to new Members
- Provider is no longer contracted with HPSJ
- Provider has moved to another location
- A change as a result of a Member complaint reflecting an error (i.e., accepting new Member status, contact information, etc.)
- Any other information affecting the accuracy of the Provider Directory

Provider Demographic Information

This Directory will include, but not be limited to, the following demographic information for each Provider as required by Section 1367.27 (h) of the Health and Safety Code:

- Provider's Name
- Practice location(s)
- Contact information
- Office Email addresses
- Type of Practitioner
- Area of Specialty
- Board certification status
- National Provider Identification number
- California license type and number
- Name of medical Group or clinic
- Hospital admitting privileges
- Non-English language(s) spoken
- Availability of a qualified interpreter
- Status of accepting/not accepting Members

In addition to the above, the Provider Directory will also include information regarding handicapped accessibility and office hours.

Provider Directory Audits

HPSJ will contact Providers at least once every six (6) months to verify the accuracy of the information on file. The following are key timelines and process points:

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- Providers must respond to HPSJ within thirty (30) business days to confirm that the information is correct or provide changes needed to update the Directory.
- If no response is received from the Provider within the thirty(30)-business-day period, HPSJ will attempt to contact the Provider to validate the information or to get the required updates.
- HPSJ will attempt to verify the information or obtain updates within fifteen (15) business days following the initial thirty(30)-business-day period.
- If HPSJ is unable to verify information within the above time period, the Provider will receive a ten (10) business day notice of pending removal from the Provider Directory.
- Failure to respond to Provider notification for Directory changes may result in the delay of claims payment or Capitation Payments pursuant to Section 1367.27 of the Health & Safety Code. Please refer to the section in this manual on Provider Payments for more information on payment delays.

PROVIDER COMMUNICATION

At HPSJ we value our relationship with our Provider network and believe that prompt and effective communication is critical to ensure that you are receiving the information and support you need from us. Throughout the year, HPSJ is notified by regulators and accreditation agencies as to changes or clarifications that impact Members, billing, or other administrative processes. In order to keep you up to date, we have a number of strategies that we will employ:

Provider Alerts

The primary method of communication is a *Provider Alert*. *Provider Alerts* are typically short documents providing valuable updates, information, and action requests. They are sent by fax and email to the contact information provided by the practice, and they are provided during meetings, visits, and programs. *Provider Alerts* often contain time sensitive information, so they should be a priority for review and response, if necessary. To ensure receipt of these important *Provider Alerts* on a timely basis, it is essential that HPSJ is provided with accurate and current practice information including contact information for receipt of these notices. Current as well as past *Provider Alerts* are available on Doctor's Referral Express (DRE) and on the website, www.hpsj.com.

Provider Alerts generally address the following types of issues:

- Changes to HPSJ policies, procedures, and processes
- Important regulatory or legislative changes
- Upcoming meetings or events beneficial to Providers to support Members
- Training opportunities

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- HPSJ company announcements
- HPSJ initiatives requesting Provider input and/or feedback
- Changes in the Provider network that may impact the practice
- New programs and/or products in development where your input is requested
- Formulary updates

Provider Webinars

HPSJ provides webinars from time to time to update Providers with important information. Providers will be notified in advance of upcoming webinars via *Provider Alerts*, through DRE, and through updates on the website, www.hpsj.com.

Provider Newsletters

On a quarterly basis HPSJ publishes a provider newsletter called *PlanScan*. *PlanScan* is mailed to all Providers including Facilities. Both current and back issues of *PlanScan* are available on the HPSJ website, www.hpsj.com.

Provider Feedback

In-Service Evaluation

HPSJ provides orientation sessions for new Providers as well as ongoing training on new policies, procedures, and regulations. These orientation sessions or “in-services” are held on location at the Provider’s office or clinic. In order to evaluate whether these in-services meet the needs of new Providers, Providers are asked to complete a one-page evaluation form and fax it back to HPSJ after each onsite training. To ensure that evaluations are not influenced by the presence of HPSJ staff, Providers are asked to complete and fax the evaluation form to HPSJ after the Provider Services Representative has left the training site. These forms can be faxed to (209) 461-2458.

Provider Satisfaction Surveys

HPSJ typically performs satisfaction surveys on an annual basis in order to gain perspective on the level of service provided to Providers and office staff. These surveys are generally sent by mail. Providers are encouraged to complete these satisfaction surveys since the information gathered will be used to help improve services.

Focus Groups

HPSJ periodically conducts focus groups with Providers in order to gain feedback on how services can be enhanced. Providers invited to participate in a focus group will be contacted. Providers who agree to participate in the focus group are compensated for their participation.

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For more information or to provide feedback as to how HPSJ can enhance our service to Providers and improve satisfaction, please contact HPSJ at (209) 942-6340.

PROVIDER EDUCATION AND TRAINING

HPSJ provides several training opportunities to Providers. Here are some of the programs offered:

New Provider In-Service

Within ten (10) business days of a Provider becoming effective in the HPSJ network, a Provider Services Representative (PSR) will meet with Provider's designated office staff to provide a detailed orientation (i.e., in-service). This in-service will include:

- Overview of HPSJ
- Review of information contained in the Provider Manual
- Explanation of Doctors Referral Express (DRE)
- Assistance in setting up DRE access
- Guidance on electronic claims submission and online Authorization
- Guidance on coordinating preventive services (HEDIS) if applicable
- Answers to any questions you may have regarding working with us

On-going Provider In-Services

After the initial Provider in-service, HPSJ's Provider Services team will conduct a follow-up visit within ninety (90) days in order to assess the Provider's experience working with HPSJ and to address any questions or concerns. HPSJ staff is also available to conduct follow-up trainings to review or address any topic necessary to support Providers in performing their duties and functions. The goal is to ensure that working with HPSJ is a positive experience for Providers, their office staff and Members.

Valley Mountain Regional Center (VMRC) Mandatory Training

On an annual basis, usually in the fourth (4th) quarter, HPSJ and Valley Mountain Regional Center (VMRC) conduct a State-mandated Provider training program. VMRC serves children and adults with developmental disabilities in San Joaquin, Stanislaus, Amador, Calaveras and Tuolumne counties. This training program is designed to assist Providers in identifying and managing Members with disabilities and behavioral health issues.

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Other Training Opportunities

HPSJ also offers Providers and office staff the opportunity to attend “Lunch and Learn” programs as well as evening programs on various topics. These topics might include (but not be limited to):

- Doctor’s Referral Express (DRE) Refresher Training
- How to Successfully Pass a Facility Audit (FSR)
- How to Successfully Pass a Chart Audit
- Child Health and Disability Prevention (CHDP) and California Children’s Services (CCS)
- Improving HEDIS performance
- Fluoride Varnish Treatment Training

DOCTORS REFERRAL EXPRESS (DRE)

One of the most beneficial resources to help in providing efficient service to Members is DRE. DRE is the HIPAA-compliant secure provider portal that is available 24/7 to Providers. DRE also has a mobile application compatible with both iPhone and Android devices. This service is provided at no cost and will assist in managing medical care for Members. Throughout this Provider Manual, there are references to DRE that indicate the use of this tool to accomplish several administrative tasks such as:

- Eligibility verification
- Obtaining PCP Member rosters
- Sending emails to HPSJ departments
- Checking claims status
- Provider Dispute Resolution (PDR)
- Reviewing *Milliman Care Guidelines*
- Accessing HEDIS “Gap Reports”
- Accessing the Patient Benefit Dossier
- Obtaining/Status checking Authorization and referrals
- Formulary access
- Obtaining Member coverage and benefits information
- Accessing Member utilization history
- Code Finder
- Provider Lookup Tool
- Accessing Forms and Data

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In order to register for access to DRE, Providers must first notify HPSJ of their interest in setting up an account by phoning the Provider Services Department at (209) 942-6340. Assistance in setting up access to DRE can also be provided at the Provider's initial in-service or subsequent visits. Providers will be asked to provide the full names, of each individual who needs to have access. HPSJ will then provide each individual with the *Health Plan of San Joaquin Confidentiality Statement* which must be completed, signed, and faxed back to HPSJ at (209) 461-2565 before the account can be set up.

Upon receiving the *Health Plan of San Joaquin Confidentiality Statement*, each user will receive a call or e-mail providing them with a username and password to log into DRE.

Once registration is complete, office staff will be able to access DRE from the HPSJ website, www.hpsj.com. A Provider Services Representative will contact all new Provider offices connecting on DRE in order to schedule training. For assistance in obtaining or using the secure DRE login, contact the Provider Services Department at (209) 942-6340.