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SECTION 7: PROVIDER–MEMBER RELATIONSHIP

MEMBER RIGHTS AND RESPONSIBILITIES

HPSJ Members have specific rights and responsibilities outlined under Title 22, California Code of Regulations Section 72527 and in the *Medi-Cal Combined Evidence of Coverage and Disclosure Form* for the appropriate year. This document can be found on the HPSJ website, www.hpsj.com.

In addition, HPSJ recognizes the specific needs of Members and strives to maintain a mutually respectful relationship. The organization’s Member rights and responsibilities statement specifies that Members have:

- A right to receive information about the organization, its services, its Providers and Member rights and responsibilities
- A right to be treated with respect and recognition of their dignity and a right to their privacy
- A right to participate with Providers in making decisions about their health care
- A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- A right to voice complaints or appeals about the organization or the care it provides
- A right to make recommendations regarding the organization’s Member rights and responsibilities policy
- A responsibility to supply information (to the extent possible) that the organization and its Providers need in order to provide care
- A responsibility to follow plans and instructions for care that they have agreed to with their Providers
- A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible

ROLE OF PRIMARY CARE PROVIDERS (PCPs)

The PCP is the central relationship that all HPSJ Members are encouraged to develop in order to ensure personal attention, quality care, and efficient services. When HPSJ assigns a Member to a selected PCP, it is with the expectation that the PCP will provide most of the Covered Services. It is the PCPs responsibility to coordinate the services of other Providers or coordinate with HPSJ if out-of-network services are required.

Participating PCPs are expected and contracted to either perform or coordinate a number of key activities. These include, but are not limited to:

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- Provide appropriate medical care within their scope of practice for Members, including preventive care, acute care, and care for chronic conditions
- Coordinate necessary health assessments as required by HPSJ or other regulatory agencies
- Provide referrals to other Providers for Covered Services outside of the PCP scope of practice and follow HPSJ guidelines for out of network services
- Maintain continuity of Member’s care through coordination and follow up with other Providers as well as HPSJ when appropriate
- Ensure that care is provided in a safe, culturally responsive, and timely manner
- Provide Members with educational information on maintaining healthy lifestyles and preventing serious illness
- Provide screenings, health assessments, and other activities in accordance with the HPSJ policies, DHCS requirements, and other public health initiatives
- Conduct behavioral health screens based upon a provider assessment to determine whether a Member requires behavioral health or substance abuse services and refer for services, if needed (for more information please see the section in this Manual on Behavioral Health)
- Meet and maintain the access standards as outlined in this section under “Timely Access to Care”
- Cooperate with HPSJ’s Case Management and quality programs
- Maintain complete and accurate medical records for Members in a confidential manner, including documentation of all services and referrals provided to Members by the PCP, Specialists, and any ancillary providers

ROLE OF NON-PHYSICIAN MEDICAL PRACTITIONERS (NPMPs)

Non-Physician Medical Practitioners (NPMPs) provide a wide variety of medical care depending upon their licensure, certification and experience. This category includes physician assistants (PAs), nurse practitioners (NPs), and certified nurse midwives (CNMs). In order to provide Covered Services to Members, these providers must be credentialed by HPSJ.

Consistent with HPSJ and Medi-Cal guidelines, NPMPs must perform services under the general supervision of a Provider. The supervising Providers must be available to the NPMP either in person or through electronic means in order to provide:

- Supervision as required by State professional licensing laws
- Necessary instruction in patient management

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- Consultation
- Referral to Specialists or other licensed professionals

Supervision Limits of NPMPs

In accordance with Medi-Cal regulations, an individual physician may not supervise more than four (4) PAs (full-time equivalents). While there is no limit on the number of NPs or CNMs that a single physician may supervise, if the NPs or CNMs order drugs or devices, a single physician cannot supervise more than four (4). Supervising Providers are required to develop and document a system of collaboration and supervision with each NPMP they supervise. This document must be kept on file at the Provider’s office and available for review by either HPSJ or DHCS.

Member Awareness of Care from NPMPs

Providers who employ or use the services of NPMPs must ensure that Members are clearly informed that their services may be provided by NPMPs.

ROLE OF SPECIALISTS

While the PCP provides the central relationship with the Member, the role of the Specialist is also important to ensure appropriate care is provided for any given medical need. For this reason, it is important that HPSJ Specialists communicate frequently with PCPs in coordinating care and maintain adequate documentation of care provided.

Specifically, Specialists should:

- Provide all appropriate services within their scope of practice
- Follow HPSJ referral and Authorization guidelines in coordinating services with other Providers
- Provide the PCP with consult reports and other appropriate records
- Be available for, or provide, on-call coverage through another source twenty-four (24) hours a day for the management of Member care
- Maintain the confidentiality of medical information
- Cooperate with HPSJ’s Case Management and Quality Programs
- Meet and maintain the Access Standards as outlined in this Section 7 under “Timely Access to Care”
- Maintain complete and accurate medical records for Members in a confidential manner, including documentation of all services and referrals provided to the Member

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SUPPORTING MEMBERS IN SELF CARE

Providing quality health care to HPSJ Members includes supporting Members not only in remaining compliant with their medication and treatment protocols, but also supporting them in making important changes in their health behaviors. This includes providing information and education to prevent disease and illness.

PCPs are expected to engage frequently with Members to encourage preventive strategies such as improving diets, exercising, taking medications appropriately, and actively managing complex health conditions. Providers should ensure that clinicians and staff communicate with Members about health choices and preventative actions.

Health Education Services

Health education services are Covered Services and are available to Members at no cost. These services are designed to assist and support Providers in promoting self-management and healthy behaviors for Members. The Health Education Department is part of the HPSJ Medical Management /Health Promotion Department. This department is managed by the Health Education/Cultural & Linguistics Administrator. The Health Education Department is dedicated to the promotion and empowerment of healthy lifestyles. The goal is to help Members be engaged and informed so they can be active participants in their care and in the care of their children. Many of the services provided below are provided in both English and Spanish.

Community Health Education and Engagement Referral Program (CHEER)

HPSJ partners with community organizations in order to provide Members with quality health education classes. Members can enroll directly or they can be referred by any Provider. Enrollment can be completed on the HPSJ website at www.hpsj.com or by calling Customer Service at (209) 942-6320 or (888) 936-7526.

Health Education Classes

A quarterly community health education calendar is provided on the HPSJ website at www.hpsj.com. This calendar lists the classes currently available to Members in San Joaquin and Stanislaus Counties.

Classes include, but are not limited to, topics such as:

- Infant Care
- Child Birth Preparation
- Breast Feeding
- Pregnancy
- Postpartum
- Nutrition for Children
- Asthma
- Smoking Cessation
- Diabetes
- Chronic Disease Self-Management

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Health Education Materials

HPSJ has developed health education materials internally and also purchases appropriate materials from external resources. These materials are provided at no cost to Providers and Members.

Topics include, but are not limited to:

- Asthma/COPD
- Diabetes
- When to Take Your Child to the Emergency Room
- Colds & Flu
- Healthy Pregnancy and Healthy Baby
- Nutrition and Exercise
- Congestive Heart Failure

New materials are developed as needed. If you have any suggestions for additional health education materials, please contact the Provider Services Department at (209) 942-6340.

Other Educational Resources

Health Education services are also provided to Members through:

- HealthReach, 24-Hour Advice Nurse – In addition to Advice Nurse services, HealthReach has an audio library with over 1500 health topics recorded in English and Spanish
- *Focus on Health*, a quarterly newsletter that is mailed to HPSJ Members which includes health education and local resources
- Community Events & Health Fairs – HPSJ participates in health fairs and community events to promote personal health awareness and preventive health care to Members and the community

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SOCIAL SERVICES SUPPORT FOR MEMBERS

HPSJ’s Social Work Services team conducts Member needs assessments to help Members obtain necessary services that could impact their overall health care efforts. This team will conduct assessments, and based on their findings, will help coordinate necessary services. These services would include but not be limited to:

- Payee Information
- Food Resources (i.e., food banks)
- Mental Health Resources
- Support Group Information
- Transportation (i.e., Dial-A-Ride)
- Housing/Shelter Resources
- In-Home Support Services (IHSS)
- Substance Abuse Resources
- Maternal Child/Adolescent Health resources and education

For questions or information about care management, disease management, social services, or community resources, please call (209) 942-6320 or (888) 936-7526.

PARTICIPATION IN COMMUNITY INITIATIVES

HPSJ participates in a variety of workgroups and coalitions that convene to identify and develop health education interventions on important health issues. For more information about classes available in the community please go to the HPSJ website, www.hpsj.com.

PROVIDER PANEL CAPACITY

All HPSJ Providers are considered open to serve new and established Members unless there is written notice on file of any panel capacity limitations. Since the goal is to maintain maximum access for Members, capacity limitations and/or restrictions are discouraged unless absolutely necessary.

HPSJ is responsible for monitoring PCP availability and capacity on an annual basis as required by DHCS and State regulations. Availability ratio standards for PCPs and Non-Physician Medical Practitioners (NPMPs) are defined below:

- PCPs 1:2,000 Members
- NPMPs 1:1,000 Members

PCPs have an enrollment limit of 2,000 Members. PCPs with NPMPs may be assigned a maximum of 6,000 Members under State regulations and HPSJ’s policies are in accordance with these standards. All Participating PCPs are encouraged to accept a minimum potential enrollment of 200 Members.

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If there is a change in panel capacity, Providers must provide written notice to the Provider Services Department via fax (209) 461-2565 or mail to: 7751 S. Manthey Road, French Camp, CA 95231-9802.

OPEN AND CLOSED PANEL STATUS

PCPs are expected to maintain an “open” status for HPSJ Members consistent with their availability to patients of other health care plans and programs. PCPs must notify HPSJ within five business (5) days of closing their practices to new Members. This five business (5) day notice also applies to reopening a practice that has been previously closed.

If a Provider is contacted by a Member or potential Member and the Provider “closed” to new Members, it is important that Members or potential Members be directed to contact HPSJ so that they can be assisted in obtaining another Provider and if necessary, correct any errors in the Provider Directory.

TIMELY ACCESS TO CARE

PCPs should be located within ten (10) miles or thirty (30) minutes’ drive of the Member’s residence, when applicable. Specialists and other Providers should be within forty-five (45) miles or seventy-five (75) minutes of the Member’s residence. The proximity standard must be met whether using private or public transportation. HPSJ may approve exceptions to this standard in certain circumstances including but not limited to, PCPs located in areas that are underserved or where no medical delivery system exists.

HPSJ is committed to providing Timely Access to health care for Members. Below are the standards for appointments and wait times:

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Call Service Standards Medi-Cal		
	ACCESS MEASURE	TIME-ELAPSED STANDARD
HPSJ	Average Speed of Telephone Answer: The maximum length of time for Customer Service Department staff to answer the telephone	≤ 30 seconds
	Call Abandonment Rate	≤ 4.99%
	Behavioral Health (BH) Telephone Responsiveness: HPSJ does not have a separate BH telephone line.	≤ 30 seconds
	Behavioral Health (BH) Telephone Responsiveness: Calls to the BH telephone line go directly to HPSJ contracted BH vendor	≤ 5%
	After Hours Calls	<p>Automated systems:</p> <ul style="list-style-type: none"> ○ Must provide emergency instructions ○ Offer a reasonable process to contact the PCP, covering physician or other “live“ party ○ If process does not enable the caller to contact the PCP or covering practitioner directly, the “live” party must have access to a practitioner for both urgent and non-urgent calls. <p>Professional exchange staff: Must have access to practitioner for both urgent and non-urgent calls.</p>
PCP	Average Speed of Telephone Answer (Practitioner’s Office): The maximum length of time for Customer Service Department staff to answer the telephone.	30 seconds
	Call Return Time: The maximum length of time for PCP or on-call practitioner to return a call after hours.	30 minutes

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Preventive Care Appointment Standards– Medi-Cal		
	ACCESS MEASURE	TIME-ELAPSED STANDARD
PCP	First Prenatal Visit	<ul style="list-style-type: none"> ▪ Within 14 calendar days of request
	Newborn Visits after discharge from the Hospital	<ul style="list-style-type: none"> ▪ Within 48 hours for infants discharged in less than 48 hours of life after delivery ▪ Within 30 days from the date of birth if the infant was discharged more than 48 hours of life after delivery
	Child physical exam and wellness checks with PCP	Within 14 calendar days of request
	Initial Health Assessment (Members age 18 months and older)	Completed within 120 calendar days of Enrollment
Routine Primary Care Appointment Standards (Non-Urgent) Medi-Cal		
	ACCESS MEASURE	TIME-ELAPSED STANDARD
PCP	In-Office wait time for appointment	Not to exceed 15 minutes
	Non-urgent appointments (PCP Regular and Routine) Excludes physicals and wellness checks	Must offer the appointment within 10 business days of request.
	Non-urgent appointments for ancillary services (diagnosis or treatment of injury, illness, or other health condition)	Must offer the appointment within 15 business days of request.
Urgent Care Services Appointment Standards Medi-Cal		
	ACCESS MEASURE	TIME-ELAPSED STANDARD
PCP	Urgent Access to PCP or designee	24 hours a day, 7 days a week appointment availability during business hours from 8–5 pm and after hours on call access.
	Urgent Care Services appointments (Includes appointment with any physician, Nurse Practitioner, Physician’s Assistant in office)	Must offer the appointment within 24 hours of request

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Specialty Care Practitioner Appointment Standards		
SCP	ACCESS MEASURE	TIME-ELAPSED STANDARD
	In-Office wait time for appointment	Not to exceed 15 minutes
	Non-urgent appointments with Specialist (Regular and Routine)	Within 15 business days of request
	Specialist Urgent Care Services appointments that require prior Authorization	Not to exceed 96 hours of request
Emergent & Non-Emergent Care Appointment Standards Behavioral Health		
BHP	APPOINTMENT TYPE	TIME-ELAPSED STANDARD
	Non-Urgent Care Services appointments with a physician mental health care provider	Within 10 business days of request
	Non-Urgent Care Services appointments with a non-physician or ancillary mental health care provider	Within 10 business days of request
	Urgent Care Services appointments	Within 48 hours of request
	Access to care for non-life-threatening Emergency Services	Within 6 hours
	Access to life-threatening Emergency Services	Immediately
	Access to follow up care after hospitalization for mental illness	Must Provide Both: <ul style="list-style-type: none"> ▪ One follow-up encounter with a mental health provider within 7 calendar days after discharge, and ▪ One follow-up encounter with a mental health provider within 30 calendar days after discharge

PROVIDER REQUEST FOR MEMBER REASSIGNMENT OR DISMISSAL

Providers can file a grievance regarding a HPSJ Member and request Member reassignment or dismissal. PCPs must submit a grievance or request for Member reassignment in writing and must include the reason(s). The Provider Services Department will forward all requests for PCP reassignment to Member Services. Please note that Specialists can release Members from their care by following the same procedure. All grievances regarding Members will be forwarded to Member Services for follow-up.

INTERPRETER SERVICES

HPSJ offers 24/7 interpreter services to assist Providers and staff in communicating with Members.

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These services can be provided in person or by phone. During regular business hours, bi-lingual Member Services Representatives are available by phone, in person, or through a TTY line for the hearing impaired.

In-Person Interpreter

To schedule an in-person interpreter for medical appointments, contact the Customer Service Department at (209) 942-6320 or (888) 936-7526. This service must be scheduled seven (7) to ten (10) business days prior to the scheduled appointment.

Language Line

If a language is needed that is not provided by HPSJ staff, the *Language Line* service is available at no cost. Providers can access the *Language Line* by calling (800) 874-9426. For interpretive services after 5:00 p.m. and on weekends, Providers should contact HPSJ's *Advice Nurse* by calling (800) 655-8294. The call will be handled in a three-way conversation through the *Language Line* service.

Hearing Impaired

Interpreters can also be arranged for the hearing impaired through TTY by calling 711.

HEALTHREACH 24-HOUR NURSE ADVICE

HPSJ provides a 24/7 advice nurse and physician consult service through *HealthReach*. This service is available to all Members at no cost. Members may call and speak to a registered nurse/physician or access the audio health library for recorded messages on hundreds of health topics. An advice nurse through *HealthReach* can be contacted at (800) 655-8294.

TRANSPORTATION SERVICES

HPSJ will provide bus passes to HPSJ Medi-Cal Members needing transportation assistance to access Covered Services at contracted provider offices. NMT is available for medically necessary visits. Call the Customer Service at 888-936-7526 to determine eligibility and schedule service.