



HEALTH PLAN OF SAN JOAQUIN  
CORE CHANNEL ENROLLMENT/CHANGE FORM

Please submit via fax to HPSJ Provider Services (209) 461-2565

Providers wishing to enroll in the CORE Channel services with Health Plan of San Joaquin can complete this form and submit it to HPSJ Provider Services via Fax at (209) 461-2565. These services include Eligibility Inquiries (270), Claims Inquiries (276) and Claims Payment Advice (835).

Request Date: \_\_\_\_\_

Partner Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Email Address: \_\_\_\_\_

NPI: \_\_\_\_\_ Partner IP Address<sup>1</sup>: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Your Email: \_\_\_\_\_

Request Submitted By: \_\_\_\_\_ Your Role/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

EDI Sender ID<sup>2</sup>: \_\_\_\_\_ EDI Receiver ID<sup>2</sup>: \_\_\_\_\_

Username<sup>3</sup>: \_\_\_\_\_ Password<sup>3</sup>: \_\_\_\_\_

Delimiter Preferences; Segment: \_\_\_\_\_ Element: \_\_\_\_\_ Sub-Element: \_\_\_\_\_ Repeating: \_\_\_\_\_

**Notes:**

1. Provide the Internet IP address from which requests will be sent.
2. Provide the EDI Interchange Sender ID. If the provider does not have one enter "None".
3. Select a username and password to be used exclusively for these transactions.

**Transaction Types**

Transaction Type	Real-time	Batch
270-Eligibility		
276-Claims		

**Note to Providers:** Per CAQH requirements, the Health Care Claim Payment Advice (835, aka Electronic Remittance Advice) files are not allowed to contain non-standard procedure codes. Any 835 files containing such codes will be rejected in their entirety. This directly affects providers who submit claims using "Local Codes" specific to Medi-Cal. Therefore, it is recommended that provider who use Local Codes do not enroll in this program.

**Note:** Please allow up to five (5) business days for onboarding to be completed.