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### 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, credentialing verification (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 respective titles, 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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### 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 have a current Provider Directory 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 (contract termination has occurred)
- Provider has moved to a different location
- Provider has added a location
- Provider has changed its office hours
- A change in languages spoken in the office
- As a result of an error identified through a member complaint
- 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 physical 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 several communications strategies that we will employ:

#### Provider Alerts

The primary method of communication is a *Provider Alert*. *Provider Alerts* are typically condensed 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 also available on Doctor's Referral Express (DRE) and on the website, [www.hpsj.com](http://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 and requirements

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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
- New programs, products or member benefits Formulary updates

### **Provider Webinars**

HPSJ provides webinars 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](http://www.hpsj.com).

### **Provider Newsletters**

On a quarterly basis HPSJ publishes a provider newsletter called *PlanScan*. *PlanScan* is made available electronically to all Providers including contracted Facilities. Both current and back issues of *PlanScan* are available on the HPSJ website, [www.hpsj.com](http://www.hpsj.com). This publication can be emailed to providers by request.

### **Provider Feedback**

#### *In-Service Evaluation*

HPSJ provides orientation sessions for new Providers as well as training on new policies, procedures, and regulations. These orientation sessions or “in-services” may be held either on location at the provider office/clinic; through telephonic methods including webinar. 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) 462-5265.

#### *Provider Satisfaction Surveys*

HPSJ performs satisfaction surveys on an annual basis in order to gain perspective on the level of service provided to Providers and office staff and to determine the overall satisfaction of the health plan from the provider perspective. Providers are encouraged to complete these satisfaction surveys since the information gathered will be used to help improve services.

#### *Focus Groups*

HPSJ may conduct 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 by HPSJ’s Provider

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Services Department. Providers that agree to participate in the focus group may be compensated for their participation.

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 training opportunities to Providers based on operational relevance and regulatory requirements. Some training topics include:

#### 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
- Fraud Waste & Abuse State mandated training material and Attestation
- Cultural Competency & Language training and Attestation
- Review of information contained in the Provider Manual, including the Department of Health Care Services (DHCS) Timely Access standards and After-hour requirements
- 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 additional 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)

There is training available through Valley Mountain Regional Center (VMRC), designed to assist Providers in identifying and managing Members with disabilities and behavioral health issues. VMRC serves children and adults with developmental disabilities in San Joaquin, Stanislaus, Amador, Calaveras and Tuolumne counties.

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### Other Training Opportunities

HPSJ also offers Providers and office staff the opportunity to attend trainings in either in-person setting during the day, as well as evening training on various operational and quality related topics. Topics could 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
- Health Insurance Portability and Accountability Act (HIPAA)

### DOCTORS REFERRAL EXPRESS (DRE)

One of the most beneficial resources to help in providing efficient service to Members is Doctors Referral Express (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 to the Provider 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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### Doctor's Referral Express (DRE) Portal Access

To receive access to Doctor's Referral Express (DRE), Providers and their authorized users must have an active contract with the Health Plan of San Joaquin (HPSJ). Each provider office user (physician, medical assistant, office employee, biller, authorization clerk, etc.) is required to have their own unique access to DRE that is approved by the provider office administration. Sharing log-in and password information is prohibited.

For security purposes, the user will be required to validate that an online account to be set up in their name and will be required to attest to the on-line Health Plan of San Joaquin Confidentiality Statement. Upon receiving the application and completing the online attestation, each user will receive a confirmation e-mail from HPSJ providing them the resolution of the DRE access request. All fields must be completed in the online application before DRE Provider portal access will be activated. The Practice/Clinic NPI and Tax ID# will be required during the registration process.

Once the registration is completed, the user will be able to access DRE at the HPSJ website: [www.hpsj.com](http://www.hpsj.com). A Provider Services Representative will contact all new provider offices connecting to DRE to schedule training. To be compliant with HPSJ security standards, all DRE users will be required to validate on a quarterly basis. For questions regarding DRE access and training, please call the Provider Services department at (209) 946- 6320.

DRE access can be obtained by linking to the HPSJ on-line web page [www.hpsj.com/providers](http://www.hpsj.com/providers).