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SECTION 4: PROVIDER CONTRACTING

BECOMING A PARTICIPATING PROVIDER

The HPSJ Contracting Department is responsible for recruiting providers. It is also responsible for negotiating financially sound contracts with physicians, medical groups, hospitals, ancillary providers, and other health professionals in order to maintain a comprehensive provider network.

Requirement to enroll: Medi-Cal Fee-for-Service (FFS)

HPSJ is required to ensure that all contracted providers are enrolled in Medi-Cal Fee for Service (FFS). Providers need to show evidence of current Medi-Cal enrollment, Ordering, Referring or Prescribing (ORP), or proof that you are in the process of enrollment. There will be no exceptions granted by DHCS and as such, HPSJ is requiring you to be Medi-Cal enrolled. The provider is responsible for his/her own enrollment process directly with DHCS.

ORP: Ordering, Referring or Prescribing Provider must enroll either as a Medi-Cal billing provider, rendering provider, or as an ORP only (non-billing) provider

Providers who are in a group and do not bill HPSJ directly for services can have an ORP enrollment only. This means that if the provider intends to bill HPSJ directly they must be enrolled with Medi-Cal. If you order, refer, or prescribe items or services to Medi-Cal recipients, you must enroll as an ORP provider.

Once enrollment has been confirmed, HPSJ can begin the Credentialing and Contracting process

To begin the contracting process, providers should first review the Credentialing Section of this Manual to determine the credentialing requirements for becoming a Provider. Completing a credentialing application is the beginning of the contracting process for a provider to be added to the HPSJ provider network. In order to receive a credentialing application, please either go to our website, www.hpsj.com/providers/ and submit an electronic request, or call (209) 942-6320 to speak with a Contracting Representative.

Once an application and all required pre-contractual forms are submitted online and reviewed, and the credentialing process is initiated, the Contracting Department will follow up by providing the appropriate contract. The Contracting Representative will review any questions providers might have about the contracting process and provide additional information as needed. Regardless of the effective date of the contract, providers will not be able to accept assigned members or referrals from providers until credentialing and Commission approval has been completed and network acceptance documented.

Please review the Credentialing section of the manual for details.

SECTION 4: PROVIDER CONTRACTING

ADDING A NEW PROVIDER TO AN EXISTING AGREEMENT

When adding a new provider to an existing physician group contract, please provide at least ninety (90) days prior written notice to the HPSJ Contracting Department. Notification of added new providers can be delivered by fax to (209) 461-2565, or by mail to:

Health Plan of San Joaquin
Provider Services
7751 S. Manthey Road
French Camp, CA 95231-9802

To ensure there is no disruption in obtaining authorizations – and to avoid claims denials, it is imperative that any new provider who joins a Group (that is not delegated for credentialing) is approved by our Credentialing Department prior to providing any services to Members.

TERMINATING PROVIDERS

Individual providers and/or groups must give HPSJ at least one-hundred twenty (120) days advance written notice of any provider leaving the practice or group for any reason. In addition, it is critical that providers or groups comply with the specific termination provisions and notice periods outlined in their agreements.

CONTINUITY OF CARE OBLIGATIONS OF TERMINATING PROVIDERS

When Providers terminate from the HPSJ network for reasons other than medical disciplinary cause, fraud, or other unethical activity, they must work with HPSJ to ensure the continuation of medical care to the Members assigned to them or otherwise under their care.

HPSJ provides Members with advance notice when a Provider they are seeing will no longer be in network. Members and Providers are encouraged to use this time to transition care to other Providers in the HPSJ network.

Providers must continue to provide Covered Services to Members who are hospitalized for medical or surgical conditions or who are under their care on the date of termination. Providers must also continue to provide Covered Services to Members until the Covered Services are completed, or until alternate care can be arranged with another provider.

Providers must ensure an orderly transition of care for case-managed Members, including but not limited to the transfer of Member medical records.

FACILITY AND ANCILLARY CONTRACTING

Facility and ancillary providers seeking to contract with HPSJ should contact the HPSJ Contracting Department at (209) 942-6320 and speak with a Contracting Representative. Facility and ancillary providers will be provided with the necessary applications and documents needed in order to move forward in credentialing.

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The Department of Healthcare Services (DHCS) also requires Facility and Ancillary Medi-Cal managed care providers to be enrolled in Medi-Cal Fee-For-Service (FFS), unless **excluded**. Please visit www.dhcs.ca.gov/provgovpart/Pages/PAVE for a list of excluded or exempted provider types. This requirement is consistent with federal regulations. Health Plan of San Joaquin is required to ensure any contracted provider is currently enrolled in Medi-Cal FFS. While you are required to enroll in the FFS Medi-Cal program, you are not required to accept any FFS beneficiaries in your practice.