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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 information can be found via the following link [HPSJ Evidence of Coverage Section 7](https://www.hpsj.com/rights-responsibilities/) and can also be found on the HPSJ website, www.hpsj.com/rights-responsibilities/.

In addition, HPSJ recognizes the specific needs of Members and strives to maintain a mutually respectful relationship. Under the plan's rights and responsibilities statement, for providers and practice staff, this means Members must:

- Be treated with respect, giving due consideration to the Member's right to privacy and the need to maintain confidentiality of their Protected Health Information (PHI) and Private Information (PI)
- Be provided with information about the plan and all services available to members
- Be able to choose a primary care doctor within Health Plan of San Joaquin's network unless the PCP is unavailable or is not accepting new patients
- Participate in decision making with providers regarding their own health care, including the right to refuse treatment
- Be able to submit grievances, either verbally or in writing, about the organization, providers, care received, and any other expression of dissatisfaction not related to an Adverse Benefit Determination
- Be able to request an Appeal of an Adverse Benefit Determination within 60 calendar days from the date on the Notice of Adverse Benefit Determination (NABD) and how to continue benefits during the appeal process through the State Fair Hearing, when applicable
- Be able to request a State Fair Hearing, including information on the circumstances under which an expedited State Fair Hearing is available
- Receive no-cost interpretation services and written translation of critical informing materials in their preferred threshold language, including oral interpretation and American Sign Language (ASL)
- Be able to have a valid Advance Directive in place, and an explanation of what an Advance Directive is
- Be able to disenroll from HPSJ and change to another health plan in the county upon request
- Be able to access minor consent services
- Get no-cost written member informing materials in other formats (such as braille, large-size print no smaller than 20-point font, audio, and accessible electronic formats) upon request and 45 CFR sections 84.52(d), 92.202, and 438.10.
- Be free from any form or restraint or seclusion used as means of coercion, discipline, convenience or retaliation.
- Have access to and get copies of their medical records, and request that they be amended or

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corrected, as specified in 45 code of federal regulations §164.524 and 164.526.

- Have freedom to exercise these Member rights without retaliation or any adverse conduct by HPSJ, their providers or the State.
- Have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, and sexually transmitted infection services from provider of their choice without referral or Prior Authorization, inside or outside of the network. Also, to have Emergency Services provided in or outside HPSJ 's network pursuant to the federal law.

ADVANCE DIRECTIVES

HPSJ recognizes the Members' rights to formulate Advance Directives, including the right to be informed of State law in respect to Advance Directives and receive information regarding any changes to that law.

HPSJ notifies Members of their right to formulate an Advance Directive at the time of initial enrollment and annually thereafter through the Combined Evidence of Coverage and Disclosure Form. PCPs and Specialists providing care should assist adult Members over eighteen (18) years of age and older in receiving additional information and understanding their right to execute Advance Directives. Below are key actions that should be taken to assist Members.

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- At Member’s first PCP visit, office staff should ask if they have executed an Advanced Directive and the Member’s response should be documented in the medical record.
- If the Member has executed an Advance Directive, a copy should be included as a part of the Member’s medical record.
- Providers should discuss the potential medical situations with the Member and any designees named in the Advanced Directive. This discussion should be documented in the medical record.
- If possible, a copy of the Advance Directive should be placed in the Member’s chart.

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 PCP’s responsibility to coordinate the services of specialists and ancillary providers or coordinate with HPSJ if out-of-network services are required.

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

- 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 screenings 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 Section 15 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

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- 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.
- May establish new patient relationships via synchronous video Telehealth visits.
- May establish new patient relationships via audio-only synchronous interaction only when one or more of the following criteria applies:
 - a. The visit is related to sensitive services in accordance with California Civil Code Section 56.06(n).
 - b. The Member requests an audio-only modality.
 - c. The Member attests they do not have access to video.
- FQHCs, including Tribal FQHCs, and RHCs may establish new patient relationships through an asynchronous store and forward modality, as defined in BPC section 2290.5(a), if the visit meets all the following conditions:
 - a. The Member is physically present at a Provider’s site, or at an intermittent site of the Provider, at the time the Covered Service is performed.
 - b. The individual who creates the patient’s Medical Records at the originating site is an employee or Subcontractor of the Provider, or other person lawfully authorized by the Provider to create a patient Medical Record.
 - c. The Provider determines that the billing Provider can meet the applicable standard of care.
 - d. A Member who receives Covered Services via Telehealth must otherwise be eligible to receive in-person services from that Provider.

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). 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 to provide:

- Supervision as required by State professional licensing laws
- Necessary instruction in patient management
- Consultation
- Referral to Specialists or other licensed professionals

Supervision Limits of NPMPs

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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

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- 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

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 Department. 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 English, Spanish and Chinese (the threshold language for HPSJ).

The HPSJ Health Education Department –

1. Ensures that the health education services are provided directly by HPSJ or through subcontracts or formal agreements with other providers specializing in health education services.
2. Conducts targeted outreach to promote optimal program use and participation by Members,

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and ensures these programs are available and accessible upon self-referral or referral by contracted medical providers. All programs are available to Members at no charge.

3. Distributes appropriate health education notices and information through, but not limited to:
 - a. Member handbook
 - b. FOCUS YOUR HEALTH, the Member newsletter (quarterly)
 - c. Special mailings
 - d. Provider offices
 - e. Community outreach activities
4. Provides Members' access to an Audio Library, available through the Advice Nurse/Physician Line
5. HPSJ's multidisciplinary health education program includes intervention such as:
 - a. Self-care techniques and/or self-care publications
 - b. Public service announcements (PSAs) to reinforce healthy behaviors
 - c. Billboards (outdoor advertising) identifying health risks/healthy behaviors, etc.
 - d. Health/patient education materials (development and distribution)
 - e. Advice Nurse information and audio library promotions
 - f. Participation in community organizations promoting healthy behaviors
 - g. Community health education program development and referral
 - h. Outreach to target populations, utilizing community-based organizations, the faith communities, neighborhood groups, etc.
 - i. Trainings/seminars for provider staff to support their work with HPSJ patients
 - j. Authorization for nutrition consultation based on medical necessity
6. HPSJ provides health education through health promotion activities including, but not limited to:
 - a. Participating in community coalitions and meetings to understand the needs of our members in organic settings.
 - b. Finding, planning, facilitating, and/or participating in community events (e.g., health fairs, annual Black Family Day, HPSJ Walks for Health, etc.)

Health Education Materials

HPSJ has health education materials available at no cost to providers and members. These materials are provided at no cost to providers and Members.

Topics include, but are not limited to:

- Asthma
- COPD
- Diabetes
- Parenting

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- Colds & Flu
- Chronic disease or health conditions
- Prenatal care and unintended pregnancy
- Prevention of sexually transmitted diseases
- Alcohol and drug use
- Comprehensive tobacco cessation
- Nutrition
- Physical Activity
- Congestive Heart Failure
- Pregnancy

New materials are developed as needed. We welcome 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** – the 24-Hour Advice Nurse/Physician Line – In addition to Advice Nurse services, HealthReach has an audio library with over 1500 health topics recorded in English and Spanish; if necessary, the Advice Nurse can connect the HPSJ Member with a physician
- **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

SOCIAL SERVICES SUPPORT FOR MEMBERS

The HPSJ Social Work Services team conducts Member needs assessments to help Members obtain necessary services that could positively impact their overall health care efforts. Based on findings from the assessment, this team will help coordinate necessary services. These services could include, but are not limited to:

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

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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.

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 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. HPSJ's policies are in accordance with these standards. All Participating PCPs are encouraged to accept a minimum potential enrollment of 200 Members.

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 practice(s) 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 is officially “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

Under California law, HPSJ is obligated to provide or arrange for timely access to care. Contracted providers must follow the limits on how long members wait to get health care appointments.

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Contracted providers or members can contact HPSJ to obtain assistance if they are unable to obtain a timely referral to appropriate providers by calling the Customer Service Department at (209) 942-6320 or (888) 936-PLAN (7526).

You may also call the DMHC Help Center at (888) 466-2219 TDD (877) 688-9891 or at www.HealthHelp.ca.gov for assistance.

If HPSJ is not able to help with a timely referral, you or the member may file a complaint. *See additional information at www.hpsj.com/grievances-appeals.*

PCPs should be located within ten (10) miles or thirty (30) minutes from the Member's

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residence, when applicable.

Specialists and other providers should be within thirty (30) miles or 60 minutes from 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/transportation system exists.

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

- **Call Service Standards**
- **Preventative Care Appointment Standards**
- **Routine Primary Care Appointment Standards (Non-Urgent)**
- **Urgent Care Services Appointment Standards**
- **Specialty Care Practitioner Appointment Standards**

Telephone Access Standards		
	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	Telephone triage shall be available 24 hours a day, seven days a week. Telephone triage or screening wait time shall not exceed 30 minutes. Automated systems: <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. Professional exchange staff:

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PCP	Telephone answer time during business hours	Not to exceed 10 minutes
	Call return time for urgent message or triage time during business hours	30 minutes
	Call return for non-emergency and non-urgent messages during business hours	Within 24 hours
	Telephone access after hours	The phone message or live person must instruct members to dial 911 or go to the nearest emergency room. The phone message must provide instructions on how to get care.

Preventive Care Appointment Standards– Medi-Cal		
PCP	ACCESS MEASURE	TIME-ELAPSED STANDARD
	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 or in alignment with American Academy of Pediatrics Bright Futures Guidelines.
	Initial Health Assessment (Member's aged 18 months and older)	Completed within 120 calendar days of Enrollment
Routine Primary Care Appointment Standards (Non-Urgent) Medi-Cal		
PCP	ACCESS MEASURE	TIME-ELAPSED STANDARD
	In-Office wait time for scheduled appointment	Not to exceed 45 minutes
	Non-urgent appointments (PCP Regular and Routine) Excludes physicals and wellness checks	Within 10 business days of request.
	Non-urgent appointments for ancillary services (diagnosis or treatment of injury, illness, or other health condition)	Within 15 business days of request.

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Urgent Care Services Appointment Standards Medi-Cal		
PCP	ACCESS MEASURE	TIME-ELAPSED STANDARD
	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 that do not require prior authorization (Includes appointment with any physician, Nurse Practitioner, Physician's Assistant in office)	Within 48 hours of request

Specialty Care Practitioner Appointment Standards		
SCP	ACCESS MEASURE	TIME-ELAPSED STANDARD
	In-Office wait time for scheduled appointment	Not to exceed 60 minutes
	Non-urgent appointments with Specialist (Regular and Routine)	Within 15 business days of request
	Urgent Care Services (Specialist and other) 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 B H non-physician mental health care provider	Within 10 business days of request
	Non-Urgent Care appointments for ancillary services	Within 15 business days of request
	Urgent Care Services appointments that do not require prior authorization	Within 48 hours of request
	Access to care for non-life-threatening Emergency Services	Within 6 hours
	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

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PROVIDER REQUEST FOR MEMBER REASSIGNMENT OR DISMISSAL

Providers can file a grievance regarding an 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 Customer Service.

HPSJ providers have the right to request a member reassignment or dismissal. To assist you with this process, here are some best practices to ensure your request in process promptly.

1. A 30-day or more prior notice of dismissal/reassignment letter must be mailed to the member via United States Postal Service mail. The letter must include the following:
 - a. Date
 - b. Dismissal/Reassignment effective date
 - c. Member Name
 - d. HPSJ ID Number
 - e. Reason for dismissal/reassignment such as:
 - i. Disruptive behavior
 - ii. Our office will no longer be able to provide you with patient care services due to break down in doctor-patient relationship
 - iii. Non-compliance with our office policy regarding multiple missed appointments
2. Please ensure the letter is addressed to the member. If you are dismissing a minor, address letter to parent/legal guardian
3. A copy of the dismissal letter sent addressed to member must be faxed/scanned to Health Plan of San Joaquin
4. A dismissal letter must be received for each member
5. Please remember that you are still required to see the member for up to 30 days or up to the effective date of dismissal, whichever is more, after requesting reassignment or dismissal.

INTERPRETER SERVICES

HPSJ offers 24/7 interpreter services to assist providers and staff in communicating with Members. These services can be provided in person or by phone. During regular business hours, bi-lingual Customer Service 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 (888) 936-PLAN (7526), TTY/TDD 711. This service must be scheduled seven (7) to ten (10) business days prior to the scheduled appointment.

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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 (877) 959-6462. For interpreter services after 5:00 p.m. and on weekends, providers should contact HPSJ's 24/7 Nurse **Advice Line** 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.

Alternative Format Selection

Alternative format selection (AFS) is a way of communicating with members who are visually impaired. HPSJ provides alternative formats such as Braille, audio CD, large print, and electronic format for easy reading. HPSJ members have the right to request member informing materials in an alternative format at no cost.

If a member selects an electronic format, such as an audio or data CD, the information will be provided encrypted (i.e. password protected). However, the member can request to receive the information unencrypted (not password protected). Unencrypted materials may make the information more vulnerable to loss or misuse. If the member chooses unencrypted materials, they will have to fill out an informed consent before HPSJ can mail the materials.

Providers can call HPSJ Customer Service Department at 888.936.7526 with Alternative Format Requests or requests for auxiliary aids.

Requirements for Providers

HPSJ Contracted Providers are required to determine the needs of their patients and enter AFS at the time of the member's request. AFS requirements can be reported online at <https://afs.dhcs.ca.gov/>, or by calling the AFS Helpline at 1-833-284-0040.

HPSJ also maintains AFS preferences reported by members and/or received from DHCS. HPSJ will use this data to provide the alternative format requested by the member. Additionally, HPSJ will share AFS data with subcontractors and network providers as appropriate.

HEALTHREACH 24-HOUR NURSE/PHYSICIAN ADVICE LINE

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 or access the audio health library for recorded messages on hundreds of health topics. If the advice nurse concludes a physician contact is needed, she will connect the Member. Contact **HealthReach** at (800) 655-8294.

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TRANSPORTATION SERVICES

HPSJ can arrange medical transportation for members who qualify. Non-medical transportation (NMT) is available upon request to members for medically necessary visits.

Call HPSJ Customer Service at 888-936-7526 to determine eligibility and schedule service.
TRIAGE or SCREEN MEMBERS TO ASSESS URGENCY OF NEED FOR CARE

Appropriately licensed personnel for triaging the health concerns of an HPSJ member **includes:**

1. **Licensed physician,**
2. **Registered nurse (RN),**
3. **Certified nurse midwife (CNM),**
4. **Nurse practitioner (NP),**
5. **Physician assistant (PA), and**
6. Other licensed personnel acting within their scope of practice to screen patients.

Unlicensed personnel are NOT eligible to triage or screen Medi-Cal patients –

Unlicensed personnel who process patient phone calls or unscheduled office visits may ask questions on behalf of appropriately licensed health care personnel for the purpose of determining a patient's condition. However, unlicensed personnel shall not use a patient's responses to assess, evaluate, or determine the urgency of the patient's need for care.

Please refer to provider alert: [Provider Education: Only Licensed Personnel May Triage Medi-Cal Patients \(hpsj.com\)](#) for examples.