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SECTION 1: INTRODUCTION

ABOUT HEALTH PLAN OF SAN JOAQUIN AND MOUNTAIN VALLEY HEALTH PLAN

Health Plan of San Joaquin (HPSJ) and Mountain Valley Health Plan (MVHP) are pleased to have you as part of our provider network. We recognize that the strength of our health care programs depends upon strong collaboration and communication with our Providers and their staff.

HPSJ, a not-for-profit health plan initiative for San Joaquin County, has been serving Members and the community since 1996. HPSJ is the leading Medi-Cal Managed Care Plan in San Joaquin and Stanislaus counties. As of January 1, 2024, our service area includes Alpine and El Dorado counties and our extensive referral network extends well beyond these local areas and includes facilities and providers in other parts of the Central Valley, the Bay Area, and the Greater Sacramento Area. As a result, when we refer to both entities throughout this document, we will use the acronym “Health Plan.”

We currently have two conveniently located offices to serve members and providers. For more information, visit our website at www.hpsj-mvhp.org. Our friendly staff looks forward to serving you!

SAN JOAQUIN COUNTY

7751 S. Manthey Road
French Camp, CA 95231-9802

Phone:
(209) 942-6320
(888) 936-PLAN (7526)

STANISLAUS COUNTY

1025 J Street
Modesto, CA 95354-0803

Phone:
(209) 942-6320
(888) 936-PLAN (7526)

MISSION, VISION AND VALUES

Our Vision

Healthy communities with equitable access to quality care.

Our Mission

Provide high quality healthcare for our members through community partnerships.

Our Values

Accountability	Diversity, Equity, and Inclusion (DEI)	Partnerships	Excellence	Stewardship	Teamwork
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SECTION 1: INTRODUCTION

We are accountable to members, providers, our communities, and each other.	We believe in promoting a foundation of compassion and respect for diversity, equity, and inclusion strengthening our organization and community by embracing opportunities for growth and leveraging the uniqueness of individual ideas, thoughts, and cultures.	We actively engage in community partnerships to advance quality care and health equity.	We act with integrity and aim for excellence in all we do.	We serve as a responsible steward of entrusted resources.	We demonstrate teamwork in all our interactions.
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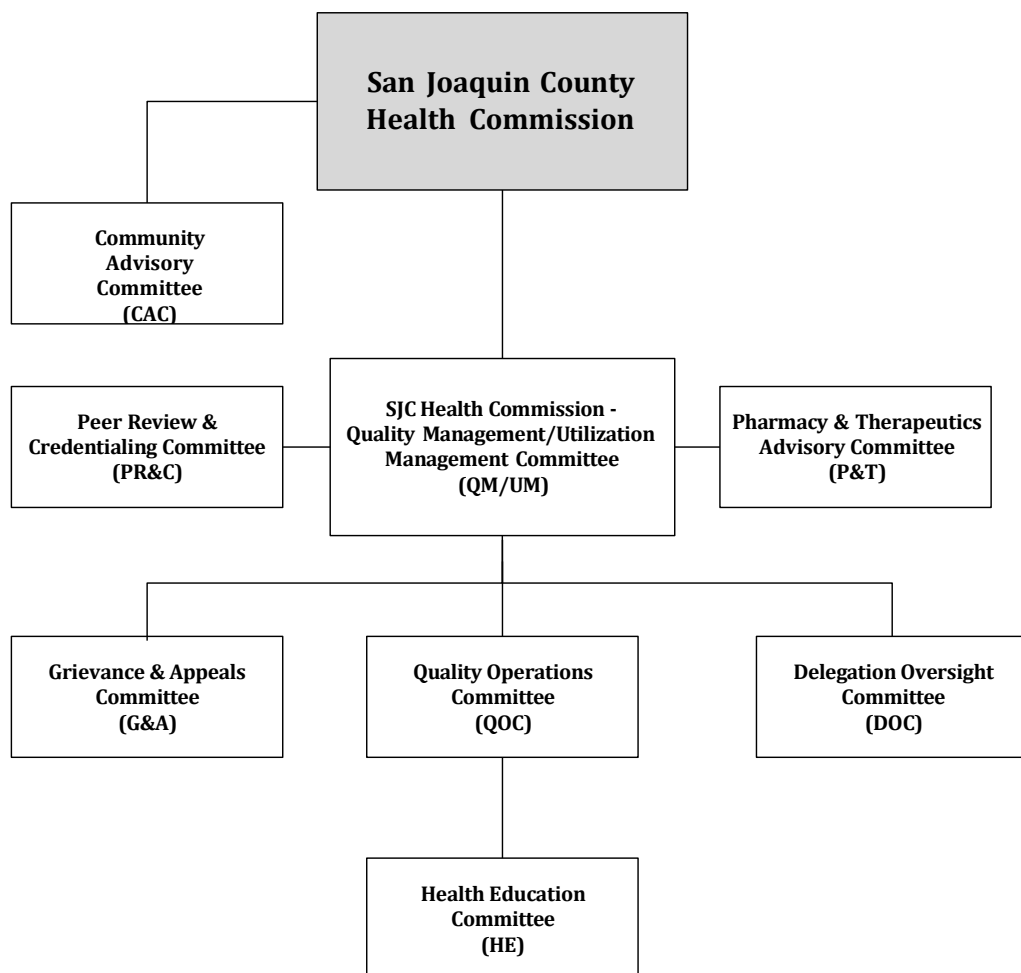
SECTION 1: INTRODUCTION

GOVERNANCE AND COMMITTEES

The Health Plan is governed by the San Joaquin County Health Commission (Commission), a thirteen (13) member commission appointed by the San Joaquin County (SJC) Board of Supervisors. It is comprised of two (2) SJC Supervisors, the County Administration Officer, the SJC Director of Health Care Services, the Hospital Council representative, Vice Chair of the Alpine County Board of Supervisors, Interim Director of the Health and Human Services Agency in El Dorado County, community physicians, and local representatives.

The Health Plan leadership is accountable to this governing entity. Within this structure is the Health Plan's operations and administration:

HPSJ Quality Management Committees



SECTION 1: INTRODUCTION

INTENT OF THE PROVIDER MANUAL

The Provider Manual is an extension of the Agreement that Providers entered into with the Health Plan. Providers must abide by the conditions set forth in their Agreement and in the Provider Manual. Certain sections and provisions of this Manual may not apply to all Agreements and lines of business or products.

The Health Plan may, from time to time, be required to make material changes to the Provider Manual to comply with :

- Federal and/or State laws
- Regulations of government agencies governing Benefit Plans covered by their Agreement
- Regulations of accreditation organizations
- Changes in HPSJ policies and/or procedures

Should Health Plan determine that a change to the Provider Manual is required, Health Plan shall provide Providers with forty-five (45) business days prior written notice of said changes to Provider Manual unless a shorter time frame is required by a State law, Federal law, government regulations or an accreditation organization.

Such changes shall become effective upon the expiration of forty-five (45) business days. If a Provider believes that such changes shall have a material impact on the Provider, then Provider shall notify Health Plan in writing prior to the effective date of the change and the Provider and Health Plan shall confer and/or negotiate in good faith regarding the change. If Health Plan agrees that such changes shall have a material impact on Provider, and Provider and Health Plan are unable to reach agreement regarding the change within forty-five (45) business days of Provider's notice to Health Plan, then the Provider may elect to terminate their Agreement pursuant to the "Termination without Cause" provision in their Agreement. The change to which the Provider objected shall not be in effect during the termination notice period.

If there are conflicts between this Manual and current State and Federal laws and regulations governing the provision of health care services, those laws and regulations will supersede this Manual.

The Provider Manual is intended to be used as a reference guide for Providers and their office staff. It includes:

Operational Procedures

Key Contacts

Links to Resources

Compliance Information

HOW TO USE THE PROVIDER MANUAL

The Provider Manual has been designed to be easy to search for and access through our website. Providers can go to www.hpsj-mvhp.org and access the Manual directly online. You can also download it by section or in its entirety. To obtain a copy in other formats, go to our online portal [Doctor's Referral Express \(DRE\)](#) or call our Provider Services Department at (209) 942-6340.