TABLE OF CONTENTS

SECTION 4: PROVIDER CONTRACTING

BECOMING A PARTICIPATING PROVIDER

Health Plan Provider 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.

The Department of Healthcare Services (DHCS) requires all Medi-Cal managed care plan providers, including facility and ancillary providers, to be enrolled in Medi-Cal Fee-For-Service (FFS), unless excluded.

Health Plan is required to ensure that all contracted providers are enrolled in Medi-Cal FFS. This requirement is consistent with federal regulations. The provider or their affiliated medical group is responsible for his/her own enrollment process directly with DHCS and must show evidence of current/active Medi-Cal enrollment. Please note while you are required to be Medi-Cal enrolled, you are not required to accept Medi-cal FFS beneficiaries in your practice

For a list of excluded or exempted provider types, please visit www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx

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

Providers who are in a medical group and do not bill Health Plan directly for services can have an ORP enrollment only. This means that if the provider intends to bill Health Plan directly they must be enrolled with Medi- Cal.

Once Medi-Cal enrollment is confirmed, Health Plan 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. Once the credentialing requirements are determined to be applicable, Providers will need to complete a a credentialing application on our website at www.hpsj.com/providers/ , or call (888) 936-7526 to speak with a Contracting Representative.

Once the application and all required pre-contractual forms are submitted and reviewed, and the credentialing process is initiated, the Contracting Department will be in contact with the Provider to review the contracting process and address any needed questions. . Providers will not be able to accept assigned Members or referrals until credentialing and Commission approval is completed and network acceptance is documented.

Please review the Credentialing Section of the manual for details.

SECTION 4: PROVIDER CONTRACTING

ADDING A NEW PROVIDER TO AN EXISTING CONTRACT

When adding a new provider to an existing medical group contract, please provide at least ninety (90) days prior written notice to Health Plan's Contracting Department. Notification to add new providers can be delivered by fax to (209) 461-2565, or by mail to:

Health Plan of San Joaquin/Mountain Valley Health Plan
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 a new provider joining a medical group (that is not delegated for credentialing) is approved by Health Plan Credentialing Department prior to providing services to Members.

TERMINATING A CONTRACT

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

CONTINUITY OF CARE OBLIGATIONS OF TERMINATING PROVIDERS

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

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 is not limited to the transfer of Member medical records.

FACILITY AND ANCILLARY CONTRACTING

Facility and ancillary providers seeking to contract with Health Plan should contact the Health Plan's Contracting Department at (888) 936-7526 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 with credentialing.