

HEALTH PLAN OF SAN JOAQUIN CORE CHANNEL ENROLLMENT/ CHANGE FORM



Please submit via fax to HPSJ/MVHP Provider Services (209) 461-2565

Providers wishing to enroll in the CORE Channel services with Health Plan of San Joaquin/ Mountain Valley Health Plan (HPSJ/MVHP) can complete this form and submit it to HPSJ/ MVHP Provider Services via Fax at (209) 461-2565. These services include Eligibility Inquiries (270), Claims Inquiries (276) and Claims Payment Advice (835).

Request Date:		Partner Name:	
Contact Information:			
Email Address:			
NPI:		Partner IP Address ¹ :	
Phone Number:		Your Email:	Request Submitted By:
Your Role/Title:		Address:	
City, State, Zip:			
EDI Sender ID ² :		EDI Receiver ID ² :	
Username ³ :		Password ³ :	
Delimiter Preferences; Segment:	Element:	Sub-Element:	Repeating:

Notes:

1. Provide the Internet IP address from which requests will be sent.
2. Provide the EDI Interchange Sender ID. If the provider does not have one enter "None".
3. Select a username and password to be used exclusively for these transactions.

Transaction Types

Transaction Type	Real-time	Batch
270-Eligibility		
276-Claims		

Note to Providers: Per CAQH requirements, the Health Care Claim Payment Advice (835, aka Electronic Remittance Advice) files are not allowed to contain non-standard procedure codes. Any 835 files containing such codes will be rejected in their entirety. This directly affects providers who submit claims using "Local Codes" specific to Medi-Cal. Therefore, it is recommended that provider who use Local Codes do not enroll in this program.

Note: Please allow up to five (5) business days for onboarding to be completed.