

TABLE OF CONTENTS

Section 1: Introduction 1-1

- About Health Plan of San Joaquin/Mountain Valley Health Plan Advantage
- Dual Special Needs Plan (D-SNP)1-1
- Dual Special Needs Plan D-SNP1-1
- Mission, Vision, and Values 1-2
- Provider Rights and Responsibilities 1-3
- Governance and Committees1-4
- Intent of the Provider Manual 1-5
- How to Use the Provider Manual..... 1-6
- Key Department Contact List1-7

SECTION 1: INTRODUCTION

ABOUT HEALTH PLAN OF SAN JOAQUIN/MOUNTAIN VALLEY HEALTH PLAN ADVANTAGE DUAL SPECIAL NEEDS PLAN (D-SNP)

Health Plan of San Joaquin/Mountain Valley Health Plan and Advantage D-SNP (HMO) is 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.

When we refer to Health Plan of San Joaquin/Mountain Valley Health Plan throughout this document, we will use the term “Health Plan”.

Health Plan, a not-for-profit health plan initiative for San Joaquin County, has been serving Enrollees and the community since 1996. Health Plan is the leading Medi-Cal Managed Care Plan and as of January 1, 2026, Health Plan offers a Medicare Advantage Dual Special Needs Plan (D-SNP) program. The counties served includes Alpine, El Dorado, San Joaquin and Stanislaus counties. 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.

We currently have three conveniently located offices to serve Enrollees and Providers. For more information, visit our website at www.hpsj-mvhp.org. Our friendly staff look forward to serving you!

SAN JOAQUIN COUNTY

7751 S. Manthey Road
French Camp, CA 95231-9802
1-888-361-PLAN (7526)

STANISLAUS COUNTY

1025 J Street
Modesto, CA 95354-0803
1-888-361-PLAN (7526)

EL DORADO COUNTY

4327 Golden Center Drive
Placerville, CA 95667
1-888-361-PLAN (7526)

DUAL SPECIAL NEEDS PLAN (D-SNP)

Health Plan Advantage D-SNP was awarded a contract with the Centers for Medicare and Medicaid Services (CMS) to deliver approved benefits to eligible Medicare beneficiaries under the D-SNP Plan. These benefits include coordination with Medi-Cal, ensuring Enrollees receive integrated care and services. CMS and the Commission are responsible for overseeing the program coordination, process approval and program compliance. For details regarding the D-SNP committees, please refer to Section 13.

Dual Eligible Special Needs Plans (D-SNPs) are Medicare Advantage (MA) plans that provide specialized care and wrap-around services for dual eligible beneficiaries (eligible for both Medicare and Medi-Cal). D-SNPs have a State Medicaid Agency Contract (SMAC) with the Department of Health Care Services (DHCS) in California and a contract with the Centers for Medicare and Medicaid Services (CMS). Beneficiaries enroll through an integrated Exclusively Aligned Enrollment (EAE) D-SNP model. This means that Medicare and Medi-Cal benefits are managed by the same organization. As a EAE D-SNP model plan, Health Plan Advantage D-SNP beneficiaries must be age 21 or older at the time of enrollment, have Medicare Part A and Part B,

SECTION 1: INTRODUCTION

have full Medi-Cal benefits and live in our service area which is San Joaquin, Stanislaus, Alpine and El Dorado counties.

A primary advantage for enrolling in an EAE D-SNP is improved care coordination and care experience for Health Plan Advantage D-SNP Enrollees through an integrated model. For Providers, a single claim is submitted for services rendered to Health Plan Advantage D-SNP Enrollees, offering more coordinated care for Enrollees and more efficient operations for Providers.

MISSION, VISION, AND VALUES

Our Vision

Healthy communities with equitable access to quality care.

Our Mission

Provide high quality healthcare for our Enrollees through community partnerships.

Our Values

Accountability	Diversity, Equity, and Inclusion (DEI)	Partnerships	Stewardship	Excellence	Teamwork
We are accountable to Enrollees, 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 serve as a responsible steward of entrusted resources.	We act with integrity and aim for excellence in all we do.	We demonstrate teamwork in all our interactions.

SECTION 1: INTRODUCTION

PROVIDER RIGHTS AND RESPONSIBILITIES

Health Plan Advantage D-SNP values its relationship with Providers and Providers have the right to know what they can expect from Advantage D-SNP. Providers' Rights include but are not limited to the following:

- The right to freely communicate with enrollees about their treatment, including medication treatment options, regardless of benefit coverage limitations.
- The right to review information Health Plan Advantage D-SNP has obtained to evaluate the Provider's individual credentialing application, including attestation, credentialing verification (CV), and information obtained from any outside source (e.g., malpractice insurance carriers, State licensing boards), with the exception of references, recommendations, or other peer-review protected information. Health Plan Advantage D-SNP is not required to reveal the source of information if the information is not obtained to meet credentialing verification requirements or if disclosure is prohibited by law.
- The right to correct erroneous information when credentialing information obtained from other sources varies substantially from information submitted by the Provider. The correction of erroneous information submitted by another source is detailed in the Credentialing section of this Provider Manual.
- The right to be informed of a Provider's credentialing application status upon request.
- The right to receive information about Health Plan Advantage D-SNP, including but not limited to available programs and services, its staff and their respective titles, operational requirements, and contractual relationships.
- The right to information on how to coordinate interventions with treatment plans for individual enrollees.
- The right to receive support in making decisions interactively with enrollees regarding their health care.
- The right to expect and receive communication from Health Plan Advantage D-SNP staff regarding complaints, issues, or concerns relating to Provider rights and responsibilities and their staff.
- The right to receive policies and procedures about the grievance and appeals pro.

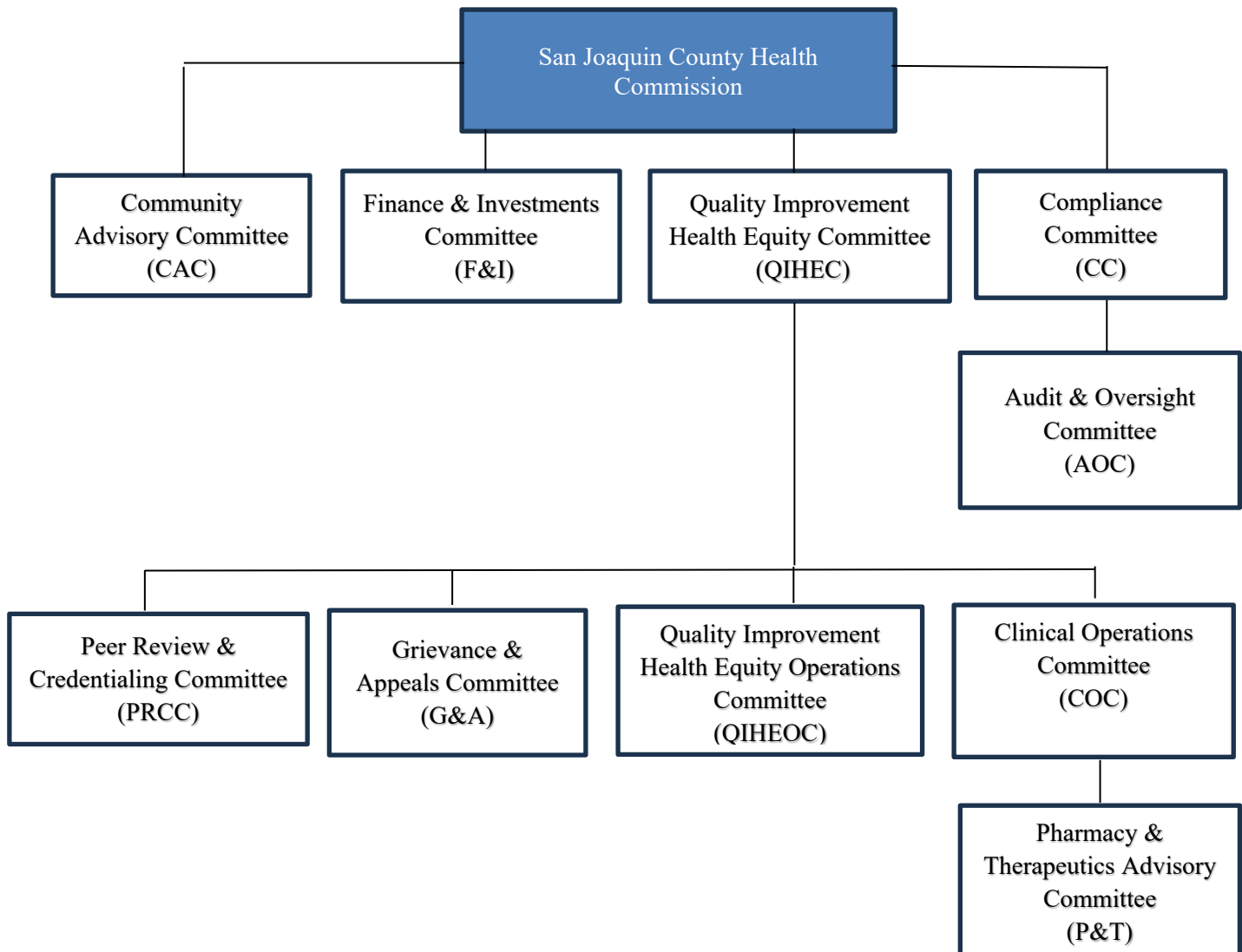
SECTION 1: INTRODUCTION

GOVERNANCE AND COMMITTEES

Health Plan Advantage D-SNP is governed by the San Joaquin County Health Commission (Commission), a 13-member commission appointed by the San Joaquin County (SJC) Board of Supervisors.

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

Health Plan Governance Committees



SECTION 1: INTRODUCTION

INTENT OF THE PROVIDER MANUAL

The Provider Manual is an extension of the Agreement that Providers entered into with Health Plan Advantage D-SNP. 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.

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 policies and/or procedures

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

Changes shall become effective upon the expiration of the 45 business days. If a Provider believes the changes shall have a material impact on the arrangement with Health Plan Advantage D-SNP, the Provider must notify the 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 the Health Plan agrees that such changes shall have a material impact on Provider, and Provider and the Health Plan are unable to reach agreement regarding the change within 45 business days of Provider's notice to Health Plan Advantage D-SNP, the Provider may elect to terminate the Agreement pursuant to the "Termination without Cause" provision in the 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

SECTION 1: INTRODUCTION

HOW TO USE THE PROVIDER MANUAL

The Provider Manual was designed to be easy to search and accessible through Health Plan's website. Providers can visit www.hpsj-mvhp.org and access the manual directly online. Providers can also download the manual by section or in its entirety. To obtain a copy in other formats, go to Health Plan Advantage D-SNP online portal [Doctor's Referral Express \(DRE\)](#) or call our Customer Service Department at 1 (888) 361-7526.

- **Updates to the Manual**

Health Plan will update the Provider Manual and appendices periodically and make electronic versions available via www.hpsj-mvhp.org. Health Plan will share these updates and other important information via the website, Provider portal and electronic communications.

- **Provider Services**

Providers have an assigned Health Plan Advantage D-SNP Provider Services Representative who serves as the liaison for Health Plan Advantage D-SNP. These representatives share information and respond to Provider inquiries.

Health Plan Advantage D-SNP also maintains a dedicated Customer Service phone line available to assist Providers with questions regarding Health Plan Advantage D-SNP policies and procedures, Enrollee care, reimbursement, claim information and general information about Advantage D-SNP and its products. Providers may call the Customer Service Department at (888) 361-7526 8:00 am–8:00 pm seven days a week from October 1 through March 31; and 8:00 am–8:00 pm Monday to Friday from April 1 through September 30. After normal business hours, Providers may leave a message, and we will respond no later than the next business day.

- **Secure Provider Portal**

Providers and their office staff can access information 24 hours a day, seven days a week through Health Plan Advantage D-SNP secure Provider portal. Quick and easy online registration includes access to tools that allow you to:

- View claims status
- Submit authorization requests and view the status
- Download PCP panel report (Enrollee roster)
- Submit Provider Dispute Resolutions (PDRs) and supporting documentation and files
- Review the latest clinical guidelines, Provider alerts, and more
- Eligibility Search
- Messaging (Eligibility and benefits inquiry)
- Authorization request status
- Provider letters
- Download Remittance Advice details
- Required training modules

SECTION 1: INTRODUCTION

KEY FUNCTIONS AND CONTACT INFORMATION

The following table highlights key areas and outlines its functions. Health Plan Advantage D-SNP staff from these departments are available to assist Providers in delivering care to Enrollees.

<p>Provider Contracting To assist with contracting, terms and conditions, fee schedule, suspensions, terminations, updates.</p>	<p>Phone: 1-888-361-7526 Email: ContractingDepartment@hpsj.com Fax: 209-942-6384</p>
<p>Provider Credentialing To assist with onboarding credentialing and recredentialing process questions including online submissions</p>	<p>Email: Credentialing1@hpsj.com</p>
<p>Provider Services/Customer Service To assist with routine issues related to training, payment, portal access, complaints, profile updates, etc.</p>	<p>Phone: 1-888-361-7526 Email: ProviderServices@hpsj.com Fax: 1-209-461-2565</p>
<p>Member Services To assist Enrollees with a Health Plan-related services, including, but not limited to:</p> <ul style="list-style-type: none"> • Eligibility verification • PCP selection • Billing and claims • Coordination of Benefits (COB) • Demographic updates • ID card replacement requests • Member portal and app 	<p>1-888-361-7526 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30.</p> <p>www.hpsj-mvhp.org.</p>
<p>Medical Management Department To assist necessary approvals including:</p> <ul style="list-style-type: none"> • Prior authorization for initial and continuing care • Transitional care • Care management and disease management • Assistance in finding appropriate specialists • Utilization review • Behavioral health services 	<p>Utilization Review: 1-888-361-7526 Care Coordination: 1-800-822-6226</p> <p>Behavioral Health: 1-888-361-7526</p> <p>Nurse Advise Line: 1-800-655-8294</p>
<p>Grievance and Appeals To assist a member in filing a grievance or appeal, you can visit our website at https://www.hpsj.com/dsnp-grievances-and-appeals/</p>	<p>Phone: 1-888-361-7526 Email: grievances@hpsj.com</p>
<p>Part D Appeals (MedImpact)</p>	<p>Phone: 1-833-546-0796</p>
<p>Confidential Compliance Contact To anonymously report compliance concerns in addition to suspected fraud, waste, and abuse</p>	<p>Phone: 1-855-400-6002</p>