

How to Become a Scripps Health Plan Services (SHPS) Provider

Thank you for your interest in becoming a provider with SHPS in San Diego County. The decision to include providers in our network is carefully made by our Medical Director and Network Management Team through evaluation of various criteria.

These criteria encompass factors such as office location(s), provider quality data, services offered, the number of current in-network providers in a similar specialty, provider access to Scripps' facilities, *Medicare participation*, geographic position by zip code, and the ability to provide timely access to the proposed services for our SHPS patient population.

To proceed with your application, we kindly request the following:

1. Letter of Interest (LOI): Please submit a brief Letter of Interest stating why you are interested in working with SHPS. This letter will help us better understand your motivations and goals for collaboration.
2. Questionnaire: Kindly complete the attached questionnaire, which will provide us with essential information about your practice and services. This will aid in our evaluation process.
Please note that incomplete questionnaires will be returned and not processed.

Please email your completed LOI and questionnaire to SHPS Network Management at prtapteam@scrippshealth.org with the subject line "LOI Questionnaire - [Your Vendor Name]". Once we receive your documentation, your documentation will undergo a thorough review. If a decision is made to move forward with contracting, we will notify you of next steps and we will guide you through the SHPS Credentialing and Contracting process.

Should you have any questions or require further clarification, please do not hesitate to contact us at prtapteam@scrippshealth.org. We are here to assist you throughout the application process. Thank you for taking the time to apply to become a provider with SHPS. We value your interest and look forward to the possibility of working together to serve our community.

Thank you,
SHPS Network Management

Letter of Interest Questionnaire

| | | | |
|---|---------------------------------------|---|---------------------------------------|
| Group Name with dba: | | | |
| Tax ID#: | | National Provider ID (NPI)#: | |
| Primary Practice Address: | | | |
| Secondary Practice Address: | | | |
| Contact Name: | | Title: | |
| Contact Phone: | | Contact Email: | |
| San Diego County Service Area: | <input type="checkbox"/> South County | <input type="checkbox"/> Central County | <input type="checkbox"/> North County |
| Medicare Certification: <input type="checkbox"/> Yes, our practice / providers are Medicare Certified <input type="checkbox"/> No, our practice / providers are not Medicare Certified <small>(Medicare certification is not required if you operate in a niche that does not serve the Medicare population, e.g. pediatrics etc.)</small> | | | |
| Key Details regarding your Organization | | | |
| Briefly explain why you are an asset to the SHPS Network and provide an overview of services you offer: (Please do not write "see CV/Brochure" etc.): | | | |
| Please specify your Specialty: | | | |
| List Top 10 CPT codes most used: | | | |
| Number of Providers in your organization: | | | |
| Does your office provide services in different languages: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify languages: | | | |
| Please specify the age-range you treat: | | | |
| Do you provide care for pediatric patients: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Please indicate number of offices you provide-in-person patient care: | | | |

Physical Therapy, Occupational and Speech Therapy Providers Questionnaire
(If this is not your specialty, please do not complete this section)

How many office locations do you have?

Please tell us which treatments your office provides.

Physical Therapy Occupational Therapy Speech Therapy

How many providers do you have in each location?

Number of PT:

Number of OT:

Number of SP:

What is the age range for adults?

Do you offer Pelvic Floor Therapy?

Do you treat pediatrics? Yes No

If yes, what is the age range?

Do you perform Autism evaluations? Yes No