



Section 1

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Introduction

The Health Plan of San Mateo (HPSM) provides health services to more than 58,000 residents of San Mateo County. All HPSM programs are designed to emphasize easy access to quality care for our members.

This Provider Manual contains policies and procedures relevant to providers that are contracted with HPSM. Please be aware that different policies and procedures may apply depending on the program(s) with which you are contracted.

The purpose of this manual is to familiarize participating providers and their staff with HPSM operations. It is designed as a reference tool to assist you with the administrative tasks related to accessing and providing comprehensive, effective, and quality medical services to HPSM members. HPSM reserves the right to revise these policies and procedures at our sole discretion and at any time.

If you have any questions regarding the information contained within, please call your Provider Services Representative (see listing at the end of this section labeled "Who to Call Reference List").

HPSM: Keeping Members Healthy

At HPSM, our primary concern is keeping our members healthy. Once a member chooses his or her Primary Care Physician (PCP) from our network, this highly skilled medical professional will provide the highest quality medical care, maintain medical records, and, when necessary, refer members to specialists.

HPSM: Quality

HPSM is committed to excellence. HPSM's Quality Improvement team carries out the Plan's mission to constantly improve our healthcare delivery system and to measure our member's healthcare outcomes. Using the PDSA (Plan, Do, Study, Act) rapid cycle model for quality improvement, HPSM has implemented many innovative quality improvement projects, supporting our providers in delivering the highest quality care in the most cost-efficient, culturally sensitive and expedient manner.

Our Website: www.hpsm.org

Providers may access a variety of plan information when visiting our web site. The site offers information on HPSM programs, up-to-date participating provider information, (including a provider directory, Member Handbook/Evidence of Coverage for each line of business, eligibility verification, clinical guidelines, preventive health guidelines, disease management programs, results of satisfaction surveys, authorization and referral forms, the latest HPSM news as well as an electronic version of this provider manual), health tips, plan history, and organizational philosophy. HPSM maximizes the use of technology to assist our providers to better serve our members.

Provider Manual Updates

This manual will be updated regularly as policies, programs and procedures change. Updates and supplements will be distributed as they occur and will be available as downloadable documents from our website for your convenience.

Please be sure to replace the existing pages in the manual upon receipt of any updates. This will assure that the manual you have available is the most current.

Comments and Suggestions

We welcome your feedback regarding this manual and hope that you will offer any suggestions on how we can improve either subject matter or layout. HPSM's goal is to make this manual as helpful and easy to use as possible. Please call the Provider Services Department at (650) 616-2106 if you have suggestions or comments.

Please note that existing provider contracts may supersede some policies stated in this material.

The following section briefly describes HPSM's six lines of business. These include: Medi-Cal, Healthy Kids, Healthy Families, HealthWorx, ACE and CareAdvantage.

Medi-Cal

HPSM was originally created and began operations in 1987 to serve San Mateo County Medi-Cal beneficiaries in a managed care environment. California legislation and waivers to Federal Medicaid laws allow HPSM to be the exclusive insurer of health care services for nearly all Medi-Cal beneficiaries in San Mateo County. This includes seniors and persons with disabilities.

Medi-Cal members must present their HPSM member identification card to access all covered services. Medi-Cal members may be subject to minor co-payments of \$1 - \$5 and are not subject to balance billing, per Title 22. The 11-digit member HPSM ID number is printed on the front of the HPSM identification card. The member number is the Client Index Number or CIN number plus 00. The State of California also issues Medi-Cal beneficiaries an ID card (BIC Card). It is always best to ask to see the member's HPSM ID card since the identification numbers may differ.

Please remember that it is the **provider's responsibility to verify the member's eligibility at the time of service** as reimbursement for rendered services is subject to member's eligibility on the date of service. Please see Section 2 for information on how to verify member eligibility.

Healthy Kids (HK)

The Healthy Kids program was developed by a coalition of community based organizations (CBO), local and State politicians, businesses, healthcare organizations and philanthropic leaders in San Mateo County, who all shared a common vision of universal access to health insurance coverage for all of San Mateo County's children. In August 2002, the San Mateo County Board of Supervisors established the Children's Health Initiative (CHI) Coalition as the decision-making body for a project to provide universal healthcare to children in San Mateo County. The County Health System was designated as the lead agency of the coalition that includes representatives from the San Mateo Hospital Consortium, First 5 San Mateo, San Mateo Labor Council, the Peninsula Community Foundation, the San Mateo County Health System, San Mateo County Human Services Agency, and HPSM.

Healthy Kids provides medical and dental services to San Mateo resident children from birth through age eighteen. Children enrolled in Healthy Kids are not eligible for full-scope Medi-Cal or Healthy Families and their families' household income is up to 400% of the Federal Poverty Level (FPL). Since February 2003, when the program was implemented, Healthy Kids membership has grown to over 6,000 members.

Healthy Kids members must present their HPSM member identification card to access all covered services. Healthy Kids member co-payments are listed on the member identification card. The 11-digit member ID number is printed on the front of the identification card.

Please remember that it is the **provider's responsibility to verify the member's eligibility at the time of service** as reimbursement for rendered services is subject to member's eligibility on the date of service. Please see Section 2 for information on how to verify member eligibility.

Healthy Families (HF)

In 1998, HPSM began to serve Healthy Families beneficiaries. Health Families, California's S-CHIP program, like Medi-Cal, is funded through a combination of state and federal funds. The program provides health services to citizen and resident children from birth through age eighteen whose families do not meet Medi-Cal's income guidelines for full-scope coverage but whose income, per state regulations, is up to 250% of the Federal Poverty Level (FPL).

Healthy Families members must present their HPSM member identification card to access all covered services. Healthy Families member co-payments are listed on the front of the member identification card. The 11-digit member ID number is printed on the front of the identification card.

Please remember that it is the **provider's responsibility to verify the member's eligibility at the time of service** as reimbursement for rendered services is subject to member's eligibility on the date of service. Please see Section 2 for information on how to verify member eligibility.

CareAdvantage

In January 2006, HPSM began a Medicare Advantage (MA)/Prescription Drug Plan (PD). Members are dual eligible members (Medicare and Medi-Cal) who have enrolled in HPSM's Medicare Advantage health plan, CareAdvantage. Members must have both Medicare Part A (hospital insurance) and Part B (medical insurance) and full-scope Medi-Cal through HPSM. CareAdvantage members must live in San Mateo County.

Some dual eligible members may elect to remain in Original fee for service Medicare and enroll in a Prescription Drug Plan (PDP); others may join another Medicare Advantage Plan. In both cases, the member will retain their Medi-Cal eligibility with HPSM but will not be members of CareAdvantage.

CareAdvantage members must present their CareAdvantage identification card to access all covered services. CareAdvantage members are only responsible for a prescription drug co-payment per prescription which conforms to Medicare guidelines. The 11-digit member CareAdvantage ID number is printed on the front of the CareAdvantage identification card. The member identification number uses the following format: CAx + last 6 characters of the member's social security number + 00.

Please remember that it is the **provider's responsibility to verify the member's eligibility at the time of service** as reimbursement for rendered services is subject to

member's eligibility on the date of service. Please see Section 2 for information on how to verify member eligibility.

HealthWorx (HW)

HealthWorx provides low cost health benefits for San Mateo County Public Authority In-Home Supportive Services (IHSS) Workers, San Mateo County Extra Help employees and City of San Mateo part-time employees. Eligibility for HealthWorx is determined by the governing entity.

The In-Home Supportive Services program provides domestic and personal care assistance to eligible aged or disabled persons who are at risk for institutionalization.

HealthWorx is also offered to San Mateo County Extra Help Employees. Eligibility for this program is determined by the San Mateo County Employee Benefits Division. HealthWorx for City of San Mateo part-time employees is determined by the City of San Mateo.

HealthWorx members must present their HPSM member identification card to access all covered services. Member co-payment amounts are listed on the front of the member identification card. The 11-digit member number is printed on the front of the identification card.

Please remember that it is the ***provider's responsibility to verify the member's eligibility at the time of service*** as reimbursement for rendered services is subject to member's eligibility on the date of service. Please see Section 2 for information on how to verify member eligibility.

HealthWorx members may be eligible for HPSM's Individual Conversion Plan (ICP) after they have exhausted the COBRA and Cal-COBRA continuation coverage available to them through their employer. Please contact an HPSM Member Services Representative at 1-800-750-4776 or 650-616-2133 if you have questions about the Individual Conversion Plan option.

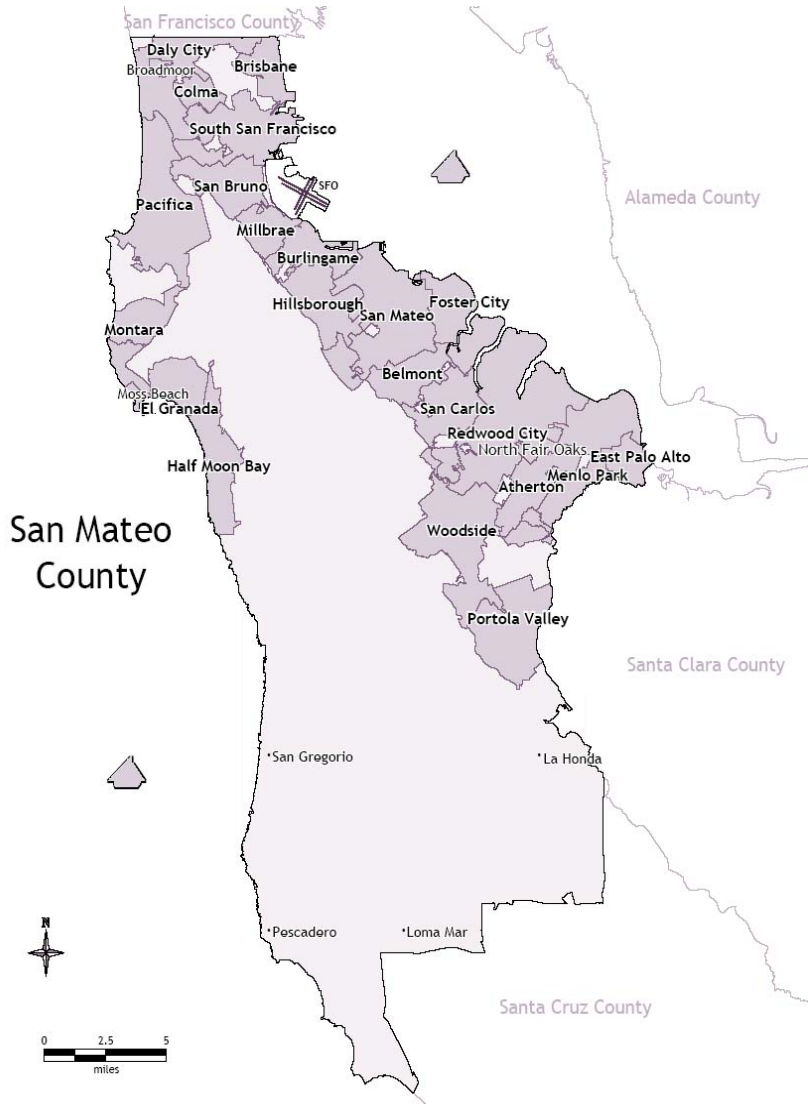
San Mateo County ACE

San Mateo County ACE is a program available to uninsured residents of San Mateo County who are not eligible for coverage through Medicare, Medi-Cal, private insurance or other third-party coverage. **ACE is a coverage program and is not considered health insurance.** Enrollment in the ACE program is processed through the San Mateo County Coverage Unit. Strict income and asset levels apply. Services are primarily available through the San Mateo Medical Center and Ravenswood Family Health Center. Referral to other providers is only through an authorized referral process. The 11-digit member number is printed on the front of the identification card and begins with W.

Service Area

HPSM's service area covers the entire County of San Mateo, including the following communities:

- Daly City
- Brisbane
- Colma
- South San Francisco
- San Bruno
- Pacifica
- Millbrae
- Burlingame
- Montara
- El Granada
- Half Moon Bay
- Hillsborough
- San Mateo
- Foster City
- Belmont
- San Carlos
- Redwood City
- East Palo Alto
- Menlo Park
- Atherton
- Woodside
- Portola Valley
- Unincorporated Areas of San Mateo County



Who to Call Reference List

Eligibility – Providers are encouraged to use these resources to verify member eligibility

For all HPSM Programs

WebClaims Access (Eligibility, Authorization status, Claims) **(650) 616-2024**
www.hpsm.org
 24-Hour Automated Telephone Eligibility Verification (ATEV) **(800) 696-4776**

For Medi-Cal Program

24-Hour State Automated Eligibility Verification System **(800) 456-2387**
 Medi-Cal website **www.medi-cal.ca.gov**

Member Services – Medi-Cal, Healthy Families, Healthy Kids, HealthWorx, ACE and MCE

Benefits/Co-pay Information **(650) 616-2133**
 Explanation of Benefits **(800) 750-4776**
 (HPSM)
 PCP Selection/Change
 Health Insurance Premium Payment (HIPP) Program
 Member Eligibility
 Healthy Kids Enrollment/Disenrollment
 Member Complaints **(650) 616-2164 or (650) 616-2191**

Provider Services

(650) 616-2106

Capitation Questions
 Fee Schedule
 Contracts and Contract Terms
 Credentialing and Re-credentialing
 Participation Request
 Participation Status
 Access and Availability
 Provider Survey

Claims

(650) 616-2056

Claim Submission
 Claim Status
 Claim Payment Inquiries
 Provider Disputes

(650) 616-2836

Quality Department

(650) 616-2166

Provider Site and Medical Record Review
 Peer Review
 Quality Improvement Projects/Data Collection (HEDIS)
 Member Satisfaction Survey (CAHPS)

Health Services**(650) 616-2070 Hunt Group**

Treatment Authorizations (TAR) for Medical Services

Inpatient Authorizations

Out-of-Area Authorizations

Outpatient Services

Durable Medical Equipment

Utilization Management

Pharmacy Review

Referral Authorizations (RAF) for Specialist Referrals

Care Coordination Program

Chronic Disease Management Program

Clinical Practice Guidelines

Preventive Care Management Program

Prior Authorizations (PA) and Pharmacy Services

(650) 616-2088

Pharmacy Benefit Manager: Argus Customer Service and Help Desk Hours: 24 hours per day/7 days per week:

(800) 522-7487**Health Education/Cultural & Linguistic Services****(650) 616-2165**

Interpreter Services

Health Education Brochures

Health Education Classes

Well Woman Program (Breast and Cervical Cancer screening)

Prenatal Program

CareAdvantage Unit – for CareAdvantage Members Only**(650) 616-2174**

Benefits/Co-pay Information

(866) 880-0606

Explanation of Benefits

PCP Selection/Change

Member Eligibility

Enrollment/Disenrollment

Member Complaints

(650) 616-2164 or (650) 616-2191