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Introduction

The Health Plan of San Mateo (HPSM) provides health services to more than 100,000 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 the Provider Services Department (see listing at the end of this section titled "[Who to Call](#)").

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.

Quality Improvement

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.

HPSM Website

Providers may access a variety of plan information when visiting the HPSM web site; www.hpsm.org. 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, 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.

Our Programs

The following section briefly describes HPSM's four lines of business. These include: Medi-Cal, HealthWorx, ACE and CareAdvantage. 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 the [Provider Manual Section 2 – Member Services](#) for information on how to verify member eligibility.



Medi-Cal

HPSM was originally created and began operations in 1987 to serve San Mateo County Medi-Cal beneficiaries in a managed care environment. HPSM is a County Organized Health System (COHS). 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. 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. Medi-Cal members cannot be balance billed.



CareAdvantage

In January 2006, HPSM began a Medicare Advantage (MA)/Prescription Drug Plan (PD). Members must have both Medicare Part A (hospital insurance) and Part B (medical insurance) and full-scope Medi-Cal through HPSM and must live in San Mateo County. HPSM offers one CareAdvantage program: HPSM CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan).

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 his/her Medi-Cal eligibility with HPSM but will not be members of CareAdvantage.

CareAdvantage members are only responsible for a prescription drug co-payment per prescription which conforms to Medicare guidelines. CareAdvantage members cannot be balance billed.



HealthWorx (HMO)

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 employing 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 have co-payments.



San Mateo County ACE Program

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. For a complete list of clinics that provide services to ACE members, please refer to the San Mateo County ACE Participant Handbook on our website www.hpsm.org.

Referral to other providers is only through an authorized referral process.

Comments and Suggestions

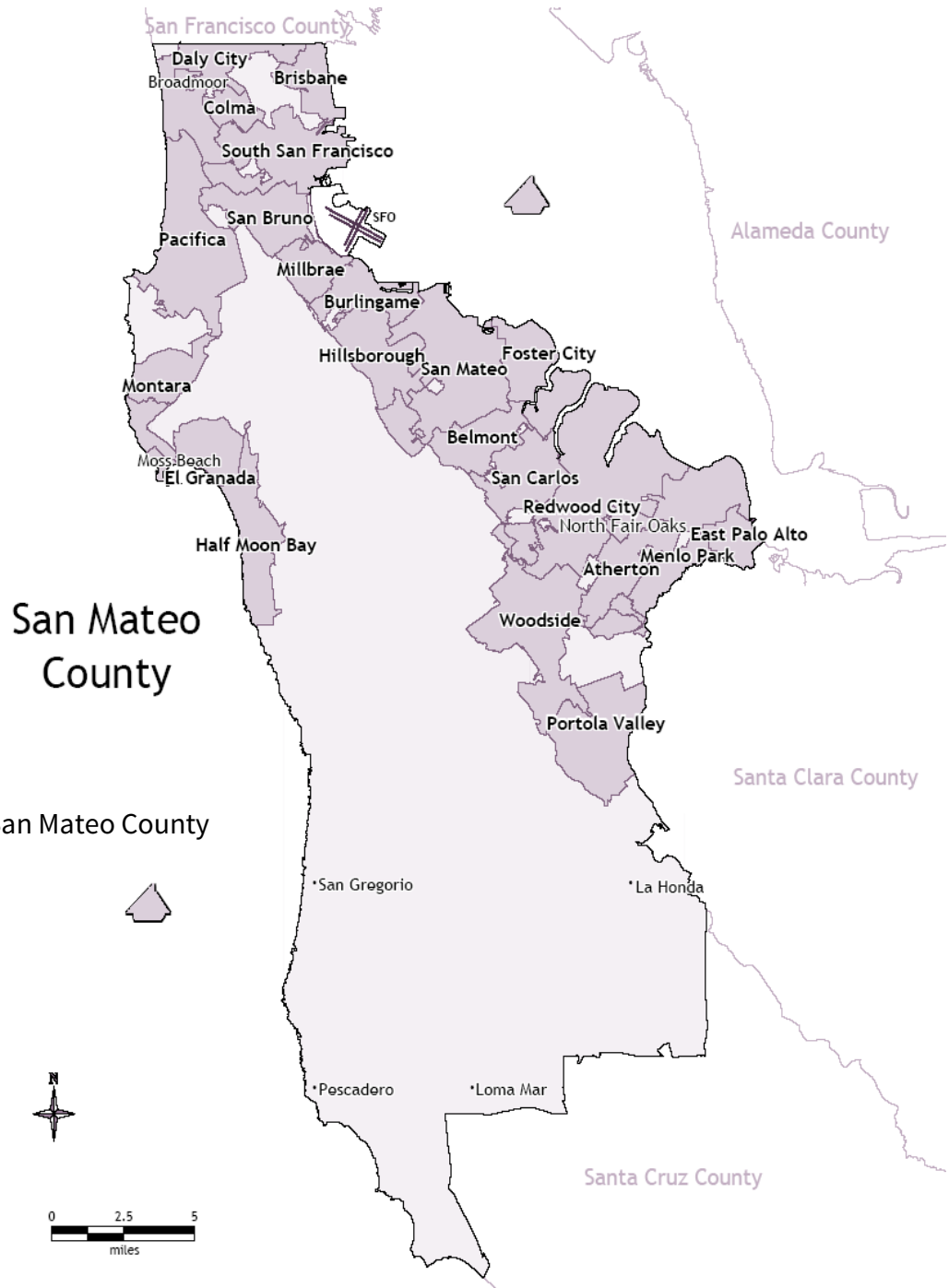
We welcome your feedback regarding this manual and hope that you will offer any suggestions on how we can improve either subject matter or layout. HPSM's goal is to make this manual as helpful and easy to use as possible. Please call the Provider Services Department at **650-616-2106** if you have suggestions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

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

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

Eligibility

Providers are encouraged to use these resources to verify member eligibility.

For all HPSM Programs

- Visit our Provider Portal: www.hpsm.org/provider/portal
- 24-Hour Automated Telephone Eligibility Verification (ATEV): **1-800-696-4776**
- Call our provider line and follow the prompts for eligibility : **650-616-2106**

For Medi-Cal Program

- 24-Hour State Automated Eligibility Verification System: **1-800-456-2387**
- Medi-Cal website: www.medi-cal.ca.gov

Provider Services

650-616-2106

- Contracts and Contract Terms
- Credentialing and Re-credentialing
- Value- Based Payments/ P4P
- Provider Directory Information and Rosters
- Requests for Provider Training

Claims

650-616-2106

- Claim Submission
- Claim Status
- Claim Payment Inquiries
- Member Eligibility
- Provider Portal Account Setup
- Balance Billing Resolution
- Provider Dispute Resolution

Quality Department

650-616-2165

- Provider Site and Medical Record Review
- Peer Review
- Quality Improvement Projects/Data Collection (HEDIS)

Utilization Management

650-616-2070

- Prior Authorization Requests (PA) for Medical Services
 - Inpatient Authorizations
 - Out-of-Area Authorizations
 - Outpatient Services
 - Durable Medical Equipment
- Utilization Management
- Referral Authorizations (RAF) for Specialist Referrals

Care Coordination

650-616-2060

- Care Coordination Program
- Complex Case Management
- Linkage with plan programs and community resources
- Development of a personalized care plan and participation in interdisciplinary care team meetings

Pharmacy Services & Prior Authorizations

650-616-2088

Pharmacy Benefit Manager:

1-888-635-8362

DST Customer Service and Help Desk: 24 hours per day/7 days per week.

Health Promotion/Cultural & Linguistic Services **650-616-2165**

- Interpreter Services
- Health Education Brochures
- Health Education Classes
- Well Woman Program (Breast and Cervical Cancer screening)
- Prenatal Program

Grievance & Appeals (Member Complaints) Local:

650-616-2850

Toll free:

1-888-576-7227

Member Services

Medi-Cal, HealthWorx, ACE

650-616-2133

1-800-750-4776

- Benefits
- PCP Selection/Change
- Health Insurance Premium Payment (HIPPP) Program

CareAdvantage Unit

650-616-2174

1-866-880-0606

- Benefits
- PCP Selection/Change
- Enrollment/Disenrollment