Health Plan OF SAN MATEO
Healthy is for everyone

801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080
tel 650.616.0050
fax 650.616.0060
tty 800.735.2929 or dial 7-1-1
www.hpsm.org

January 6, 2023

HPSM's 2023 Provider Manual Now Live

Dear provider,

Please review the Health Plan of San Mateo's (HPSM) new Provider Manual!

1. Review it online: **https://www.hpsm.org/provider/resources/provider-manual**
2. Download a copy: **https://bit.ly/2023ProviderManual**
3. Request a hard copy: **1-800-750-4776**

Here is a summary of changes, by section. These changes are effective January 1st, 2023.

Section 1: About the Health Plan of San Mateo (HPSM)

- Throughout the Provider Manual, CareAdvantage has been updated to reflect the transition from CareAdvantage Cal Medi-Connect (CMC) to Care Advantage Dual Eligible Special Needs Plans (D-SNP).
- HPSM Pharmacy Services Department hours have been updated.

Section 2: Customer Support

- List of CareAdvantage navigator languages has been updated.
- "Provider Request for Member Transfer" has been updated to "Provider Request for Member Reassignment."
- Details on PCP Active Engagement Reports added to this section (previously known as "PCP Case Management Lists").
- All HPSM members have rights and responsibilities which can be found in this section. If you'd like a hard copy of member rights and responsibilities, contact **800-750-4776**.

Section 3: Member Complaints

- Timeframes for filing complaints for CareAdvantage members updated.
- Information related to Medi-Cal pharmacy payment disputes updated.

Section 4: Claims

- A new section was added highlighting the importance of data quality and accuracy.
- Details on claims payment, particularly around reimbursement and capitation, have been added for clarity.

Section 5: Provider Disputes

- Corrected and rebilled claims section moved up in Section 5.

Section 6: Ancillary Services

- As HPSM no longer covers the pharmacy benefit for Medi-Cal members since January 1, 2022, information on policy changes, who to contact, and details on what prescriptions and services are still rendered by HPSM and others that will now be managed by Magellan can be found in this section.
- You can submit prior authorization for non-formulary drugs for a member via **https://www.covermymeds.com**.
- Additional steps added for referring patients to behavioral health services.
- Community Health Workers are new provider types added through the CalAIM initiative. Details on the services they provide and how to request Community Health Worker services added to the Provider Manual.

Section 7: Utilization Management

- Our UM staff are available by telephone between 8AM and 5PM, Monday through Friday by calling our inpatient line, **650-616-2828** and outpatient line **650-616-2070**. After hours requests for expedited review will be reviewed by the on-call clinical manager. Communications received after business hours are returned on the next business day. Communications received after midnight on Monday through Friday are responded to on the same business day. HPSM can also accept toll-free calls by calling **800-750-4776**.
- Care Coordination Unit/Integrated Care Management role updated to reflect changes in 2022.
- For questions and prior authorization requests regarding medical injectable drugs and other physician administered drugs (PADs), contact Pharmacy Services at **650-616-2088**.
- HPSM providers have a right to receive a free copy of any criteria used to make a prior authorization and appeal decision. Providers can call the UM department at **650-616-2133** for non-drug authorizations or **650-616-2088** for drug decisions.

Section 8: Provider Services

- The Provider Services team manages the HPSM Provider Directory.
- Credentialing and re-credentialing steps updated for clarity.
- PCPs and other applicable providers must achieve a passing score on the Medical Record and Facility Site Review conducted by the Quality Program Department before the credentialing process is finalized.
- If a provider or office must schedule or reschedule an appointment past the designated timely access appointment standard (10 days for primary care physicians, 15 days for specialty providers, etc.), they must first triage the patient to determine if it would not adversely affect the member’s health to wait more than the required time for an appointment and document this in the medical record. This triage must be performed by a licensed health care professional acting within the scope of their practice. Scheduling may be extended as clinically appropriate.

Section 9: Quality Improvement

- A new section on Facility Site Review and Medical Record Review resources and tips has been added to support providers in anticipating and correcting common errors the HPSM Quality team has seen in the past.

Section 10: Health Education

- Information on HPSM's Diabetes Prevent Program has been added to the Provider Manual.
- Kick It California has been added to the Provider Manual under Tobacco Cessation Services.
- Nicotine Replacement Therapies information has been updated.
- HPSM interpreter services are meant to be used for HPSM members and/or their medical decision makers only. Vendor utilization is monitored, and education is provided should HPSM interpreter services appear to be utilized incorrectly.

Section 11: Fraud Waste and Abuse

- Definition of fraud updated to include, "An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to oneself or another person."

Section 12: Privacy

- Compliance hotline mailing address updated.

Please contact **PSInquiries@hpsm.org** with any questions about this notification.

Thank you,

HPSM Provider Services