

January 2, 2024

## 2024 HPSM Provider Manual Now Live

Dear provider,

Here is a summary of changes to the Health Plan of San Mateo's (HPSM's) 2024 Provider Manual, by section. These changes are effective January 1, 2024:

- **Printable version:** <https://bit.ly/2024PM>
- **Digital version:** <https://www.hpsm.org/provider/resources/manual>

### [Section 1: About the Health Plan of San Mateo \(HPSM\)](#)

- CareAdvantage Team added to list of contacts. Contact **650-616-2174** or **1-866-880-0606**.
- Health Promotion Team added to list of contacts. Contact at [healtheducationrequest@hpsm.org](mailto:healtheducationrequest@hpsm.org) or **650-616-2165**.

### [Section 2: Customer Support](#)

- Updated to include the doula benefit for prenatal members and postpartum members up to 12 months after delivery.
- 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: Members Complaints](#)

- Providers who file a complaint on behalf of a member are required to obtain the member's written consent.

### [Section 4: Claims](#)

- Providers cannot deny a covered Medi-Cal service to a Medi-Cal member, regardless of the presence of other health coverage.

- Information on Electronic Fund Transfers and Electronic Remittance Advice (EFT/ERA) has been added to the Provider Manual. Providers can sign up for EFT/ERA via our provider portal at <https://www.hpsm.org/provider/portal>.
- Payer ID for electronic dental claims added: HPSMD.
- Prior authorization is not required when HPSM is the secondary insurance and the primary payer approved the claim. The exception to this is if the primary carrier is a non-Medicare payer and HPSM's liability after coordinating benefits is over \$25,000.

### **Section 5: Provider Disputes**

- "Claims Update and Correction" section revised for clarity.

### **Section 6: Ancillary Services**

- Information on doula services for HPSM Medi-Cal members who meet the recommendation criteria has been added to the Provider Manual.
- HPSM no longer covers the pharmacy benefit for Medi-Cal members. You can find information on policy changes, who to contact, and details on what prescriptions and services are still rendered by HPSM in this section.

### **Section 7: Utilization Management**

- Prior authorization is not required when HPSM is the secondary insurance, and the primary payer approved the claim. The exception to this is if the primary carrier is a non-Medicare payer and HPSM's liability after coordinating benefits is over \$25,000.
- For questions and prior authorization requests regarding medical injectable drugs and other physician administered drugs (PADs), contact Pharmacy Services at **650-616-2088**.
- Our UM staff are available by telephone between 8:00 AM and 5:00 PM, 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**.

### **Section 8: Provider Services**

- All providers are required to practice proper infection prevention and control and report communicable and other diseases as required by Public Health Law. This language has been added to provider rights and responsibilities.
- Primary care and other applicable providers required to achieve a passing score on the Medical Record and Facility Site Review.

### **Section 9: Quality Improvement**

- Section 9 has been largely overhauled and updated for clarity. Please review.
- Site reviews include a Facility Site Review, a Medical Record Review, and a Physical Accessibility Review. Site reviews are performed using the guidance provided in DHCS's All Plan Letter 22-017.
- Facility Site Reviews and Medical Record Reviews are scored reviews. DHCS-Certified Nurse Reviewers conduct these reviews and score with standardized DHCS guidelines and audit tools.
- Definitions for areas covered under Facility Site Reviews and Medical Record Reviews updated.
- Providers serving a high volume of Seniors and Persons with Disabilities (SPD) may be subject to Physical Accessibility Reviews independent of the Facility Site Review process.
- All PCPs enrolled in the Medi-Cal program through HPSM are subject to unannounced onsite reviews.
- Primary care providers are required to make and document at least three attempts to contact a member to schedule an Initial Health Assessment including one telephone contact and one written contact. If a provider is unable to reach a patient or the patient refuses the appointment, contact HPSM Member Services at [650-616-2106](tel:650-616-2106).
- In 2024, the Department of Managed Health Care requires HPSM to conduct quality studies on our Medicare and HealthWorx lines of business.
- Physician Advisory Group title updated to Peer Review Committee.
- The Quality Improvement Committee has been updated to the Quality Improvement and Health Equity Committee.
- The Staying Healthy Assessment Tool removed.
- Potential Quality Issues can be flagged by health plan staff or providers, facility site reviews, pharmacy utilization data, HEDIS medical record abstraction process, medical/dental records audits, and phone log details.
- Provider types that can be reported for Potential Quality Issues updated to include contracted providers, non-contracted providers, durable medical equipment and medical supply providers, pharmacy providers, home health providers, dental providers, skilled nursing, long term care and rehabilitation facilities, ancillary service providers including but not limited to laboratory, pharmacy, radiology, and ambulance.

### **Section 10: Health Promotion/Education**

- Section 10 title updated to Health Promotion/Education from Health Education.
- Specifications and benefits for the Baby+Me program updated.
- Tobacco Cessation program updated. Providers are required to ask about tobacco use at the first visit, annually, and at any relevant visit. Providers are encouraged to recommend

cessation by asking permission to talk about tobacco use, advising patients to quit, offering brief counseling, prescribing cessation medication, connecting patients to additional resources like the quit line, and following up with continuous support. To support providers, HPSM has created a Tobacco Cessation Information and Resources microsite, which you can find at <https://www.hpsm.org/provider/resources/tobacco-cessation-resources>

- When accessing the Certified Languages International line, provide the operator with your provider type (dental, medical, therapy, DME, or vendor).

### **Section 11: Fraud, Waste, and Abuse**

- Definition of “abuse” updated to include provider practices that are inconsistent with sound fiscal, business, or medical practices.
- Possible member fraud updated to include drug diversion, going to multiple doctors to get more of the same drug, or selling drugs to others.
- Provider billing and coding issues updated.

### **Section 12: Privacy**

- Sending unencrypted emails containing personal health information to HPSM added as an example of a privacy incident.

Network providers can request a hard copy to [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org).

Thank you for your continued commitment to our community,

The Health Plan of San Mateo