

September 19, 2025

2026 Provider Manual Summary of Changes

Dear providers,

The Health Plan of San Mateo's (HPSM's) 2026 Provider Manual is here. These changes are effective January 1, 2026: <https://www.hpsm.org/docs/default-source/provider-manual/2026-provider-manual.pdf>

Please continue to follow policies and procedures from the 2025 Provider Manual through December 31, 2025: <https://www.hpsm.org/provider/resources/manual>

Here is an section-by-section summary of changes to the Provider Manual:

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

- In the "Who to Contact" section, the Provider Services section was expanded to include contact information for contracting, credentialing, and the Provider Directory.

Section 2: Customer Support

- 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

- Medi-Cal members have 60 days for non-pharmacy-related appeals through HPSM.
- Medi-Cal members have 60 days for pharmacy-related appeals through Medi-Cal Rx.
- Quality Improvement Organizations (QIO) are still responsible for reviewing fast-tracked appeals even if a member misses the deadline.

Section 4: Claims

- For claims for members with other health insurance as primary coverage and HPSM as secondary coverage, claim and primary insurance remittance advice must be submitted to HPSM. Please submit these documents within six months of the date of service or 60 days of the primary remittance advice date and the corresponding Medi-Cal delay reason code date to avoid timely filing penalties.
- Effective January 1, 2026, include both the billing and rendering taxonomy code for professional services on claims.
- New section, “Multiple Modifiers”, added to provide guidance when billing multiple modifiers on a single line.
- New section, “Repeat Service Modifiers”, added to provide guidance on how to use modifiers to bill correctly when billing for the same service on the same day.
- Guidance provided on “Direct Billable” services. These are Medicare non-covered services that may be billed directly to Medi-Cal/HPSM for Medicare/Medi-Cal recipients.

Section 5: Provider Disputes

- No substantive changes.

Section 6: Ancillary Services

- Formularies website address added to the “Drug Formularies” section.
- Members and providers may request that HPSM reconsider a denied pharmacy appeal by writing within 65 days of the date of the original adverse determination for CareAdvantage, HealthWorx, and ACE.
- Co-pay for prescription drugs may vary for CareAdvantage members according to the member’s income level.
- “Behavioral Health: Mental Health and Substance Abuse Services” renamed to “Behavioral Health: Mental Health and Substance Use Disorder Services.”
- New section added to address how providers can support members in accessing Behavioral Health Treatment (BHT) and Applied Behavioral Analysis (ABA) services.
- Process for requesting Enhanced Care Management updated, as there are new Enhanced Care Management Referral Forms starting in 2025.
- Process for requesting Community Supports updated, as there is a new Community Supports Referral Form starting in 2025.

- Doula services eligibility and authorization information updated. HPSM members should work with doulas directly contracted with HPSM. If a member needs more care after birth than what the doula benefit covers, a written recommendation by a physician or other licensed practitioner is required.

Section 7: Utilization Management

- Review process for an extension of a prior authorization request updated to include more provider types eligible to review requests.
- For physician-administered drugs covered under CareAdvantage's medical benefit, prior authorization extensions do not occur. Instead, the pharmacy team will make a decision within the required regulatory deadline.
- When reviewing criteria, guidelines and standards, HPSM's Utilization Management Team may use its own internally-developed guidelines which are based on clinical evidence and guideline recommendations.

Section 8: Provider Services

- Credentialing process updated to include HPSM's new online credentialing application.
- Training requirements updated to clarify that providers must take regulatory trainings at intervals dictated by state and federal laws.

Section 9: Quality Improvement

- Roles for the Quality Improvement and Health Equity Committee (QIHEC) updated.

Section 10: Health Promotion/Education

- New section added regarding "HPSM's Health Promotion Unit."
- Diabetes Prevention Program (DPP) description updated.
- Baby + Me Program description updated.
- Details about HPSM's "Be Healthy" newsletters added.

Section 11: Fraud, Waste, and Abuse

- No substantive changes

Section 12: Privacy

- Never add Protected Health Information (PHI) within the subject line of an email. Make sure to encrypt the email before sending it out.

Network providers can request a hard copy or submit questions about this notification to PSInquiries@hpsm.org.

Thank you,

The Health Plan of San Mateo