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Re: Updates to the 2020 HPSM Provider Manual

Dear Provider,

Updates have been made to the 2020 HPSM Provider Manual. The revisions to the Provider Manual (summarized below) will take effect 45 business days from the date of this notice. The complete Provider Manual can be found on the HPSM website here:

<https://www.hpsm.org/provider/resources/provider-manual>

If you have any questions about this notice or the Provider Manual, please reach out to the HPSM Provider Services Department.

Please find a summary of changes outlined below:

Global Change: removed references to the Healthy Kids line of business

Section 1 - Who to Call:

Updated contact numbers, Pages 8-10

Updated department roles, Pages 8-10

Updated PBM contact information, Pages 8-10

Section 2 - Customer Support:

Removed EPO Status section, Page 6

Added information on PCP selection/assignment process, Page 7

Added information on member transfer process, Page 7

Added information on Continuity of Care/Provider Termination, Pages 7-8

Section 3 – Member Complaints:

Updated grievance processing timeframes, Page 6

Updated information on how to file an appeal, Pages 11-12

Section 4 – Claims:

Global change in Claims Section: Removed information on CHDP program

Added information to Table 3-1, Pages 4-11

Updated #13 of “Billing Tips for Claims Submission”, Page 18

Added information to “Important Billing Guidelines”, Pages 18-19

Updated reasons HPSM will reject a claim, Page 21

Claim submission timeframe updated from 360 to 365 days, Page 22

Updates to “HPSM Fee Schedule”, Page 23

OB global billing number of required visits increased from 4 to 13, Page 24

Added that claims submitted 1 year from the date of service will be denied, Page 26

Section 5 – Provider Disputes:

Updated list of issues that can be addressed through PDR, Page 2

Updated information on how to submit PDR request, Page 3

Updated “Timeframes for Resolution”, Page 4

Added information on how to correct or rebill claims, Pages 5-6

Section 6 – Ancillary Services:

Global change in Ancillary Services Section: Updated PBM from Argus to DST

Updated “Prescription Drugs”, Pages 4-6

Updated Psychotherapeutic Drugs & Lab Tests for Medi-Cal Members, Pages 6-7

Updated “Pharmacy Prior Authorization Process” process, Pages 7-11

Removed information on the Drug Quantity Management program

Section 7 – Utilization Management:

Updated to RAF processes, Pages 9-14

Changes to the list of services that require a PAR and updates to the PA process, Pages 15-18

Updated “Screening Mammography” recommendations, Page 19

Updated “Selected Routine Outpatient Diagnostic Services”, Page 20

Added information on EPSDT, Pages 26-28

Updated information on Complex Case Management, Pages 28-29

Updated information on Care Transitions and MTM program, Page 30

Removed information on the Clinical Pharmacy Outreach Program

Updates to prescription medication prior authorizations, Pages 31-32

Updates to “Criteria and Guidelines”, Pages 34-35

Section 8 – Provider Services:

Updated language on provider responsibility to provide medical information to HPSM, its designees, and members, Page 5

Updated “Credentialing and Contracting” section, Page 2-3

Section 9 – Quality Improvement:

Updates to “Quality Improvement Projects”, Page 13

Updates to “Potential Quality Issues (PQI)”, Pages 15-16

Section 10 – Health Education:

Updates to “Health Education”, including, Baby + Me program, Pages 2-3

Removed information on member incentive program

Removed information on member preventative screenings

Updated interpreter information, Pages 4-5

Section 11 – Fraud, Waste & Abuse:

Added how HPSM monitors FWA, Page 4