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CalAIM Provider Frequently Asked Questions

Referrals/Provider Capacity

1. **Where can I find capacity status for CalAIM Enhanced Care Management (ECM) and Community Supports (CS) providers?**

   Look on HPSM's Enhanced Care Management and Community Supports Provider List and Authorizations Tips worksheet: **https://www.hpsm.org/docs/default-source/provider-services/calaim/ecm-and-cs-provider-list-and-authorization-tips.pdf**

   Providers who can receive new requests have an "open" status; providers who are at full capacity have a "closed" status. Provider capacity is updated on the worksheet as needed.

2. **What are the requirements for a member to be eligible for ECM or CS services and where can I find this information?**

   For Enhanced Care Management: Members who were enrolled in the Multipurpose Senior Services Program (MSSP) or Whole Person Care (WPC), which included the Community Care Settings Pilot (CCSP) and Bridges to Wellness (BWT), before January 1, 2022, were automatically enrolled in ECM.

   All other newly identified members must be Medi-Cal members. Medi-Cal members with a Kaiser assigned PCP need to seek ECM services through Kaiser. CareAdvantage members do not qualify for ECM. Medi-Cal members must fall into one of the following populations of focus as noted on our CalAIM website to be eligible for services.

   For Community Supports: Medi-Cal and CareAdvantage members that qualify may be authorized to receive Community Support services. Members who are eligible for the Enhanced Care Management benefit will be eligible for Community Supports.

   A member may be eligible for Community Supports if they meet the following basic qualifications:
   a. Active HPSM Medi-Cal or CareAdvantage member.
   b. Engaged with a Care Manager.

c. Willing to receive community supports.

Some exceptions may apply for members assigned to Kaiser for primary care.

For complete member eligibility details, please visit HPSM's CalAIM provider website at **https://www.hpsm.org/provider/calaim**.

3. **How do I submit a request for ECM or CS services?**

ECM and CS services require prior authorization (PA). Providers or care managers, who intend to refer a patient for ECM or CS services, should review capacity and eligibility criteria before submitting any prior authorization forms. Review HPSM's Enhanced Care Management and Community Supports Provider List and Authorizations Tips worksheet: **https://www.hpsm.org/docs/default-source/provider-services/calaim/ecm-and-cs-provider-list-and-authorization-tips.pdf**

To Request Enhanced Care Management:
   a. Review Provider List and Authorization Tips worksheet.
   b. Complete the HPSM Prior Authorization Request Form.
   c. Fax the completed form to **650-829-2079**.
      Initial ECM authorization periods must be for 12 months. Reauthorization periods thereafter must be for 6 months.

To Request Community Supports:
   d. Complete the HPSM Prior Authorization Request Form.
   e. Complete the Community Supports Request Information Form.
   f. Fax the completed forms to **650-829-2079**.

All forms are available on HPSM's CalAIM website. Please be sure to not include a fax cover sheet and to fax HPSM's prior authorization request form as the first page.

4. **Who can I submit requests to for review and approval of ECM or CS services?**

All requests must be sent as a prior authorization (PA) request to HPSM following the guidance on our HPSM's CalAIM website and as noted above. All required forms to request services must be complete and are to be faxed to **650-829-2079**. Requests should not be submitted directly to servicing providers as they do not process these requests.

5. **When is it appropriate to identify an ECM or CS request as "urgent"?**

ECM and CS requests are typically "routine" requests. An "urgent" request should only be selected on the prior authorization form when the requested service is medically needed within three (3) business days of submission. An urgent request is reviewed within 72 hours from receipt of request.

Authorization

6. **How do I fill out the prior authorization form?**

   By reviewing HPSM's ECM and CS Provider List and Authorization Tips worksheet, found on HPSM's CalAIM website, you will find the instructions for how to fill out and complete a prior authorization form. It clearly lists the critical steps for filling out the prior authorization request form for ECM and CS services – please complete the form accurately.

   HPSM has created a mock prior authorization form that can be found on page four here: **https://www.hpsm.org/docs/default-source/provider-services/calaim/ecm-and-cs-provider-list-and-authorization-tips.pdf**. Please review the mock PA as it serves as an example of a prior authorization request form for ECM and CS request that was filled out accurately and has instructions for the required sections.

7. **How do I know what procedure code to use to accurately complete a prior authorization form?**

   By reviewing HPSM's ECM and CS Provider List and Authorization Tips worksheet, you will find a list of acceptable CPT Codes (procedure codes) for the service you are requesting and find the instructions for how a prior authorization form is completed with these codes. For ECM, there is only one procedure code: G9012. For CS, there are unique procedure codes depending on the CS service you are requesting.

8. **Who can fill out the prior authorization form?**

   Providers or care managers, who intend to refer a patient/member for ECM or CS services can complete a prior authorization request form to include the Community Supports Request Information Form required for CS requests. The referring organization does not need to be in-network with HPSM.

   All the required fields need to be completed on the prior authorization form; the individual completing the form is expected to have assessed the member's health, medical, and/or SDOH, and have the information required to complete a request.

   If you are not able to assist a member with requesting prior authorization for these services, and they are interested, please direct members to contact HPSM Care Coordination/Integrated Care Management by calling **650-616-2060** or emailing **CareCoordinationRequests@hpsm.org**. The team can assess member's needs, support with resources, and assist with completing a prior authorization form to request services.

9. **How do I submit the prior authorization form?**

   To Request Enhanced Care Management:
   a. Review Provider List and Authorization Tips.
   b. Complete the HPSM Prior Authorization Request Form.
   c. Fax the completed form to **650-829-2079**.
      Initial ECM authorization periods must be for 12 months. Reauthorization periods thereafter must be for 6 months.

   To Request Community Supports:
   d. Complete the HPSM Prior Authorization Request Form.
   e. Complete the Community Supports Request Information Form.
   f. Fax the completed forms to **650-829-2079**.

   Please be sure to not include a fax cover sheet and to fax HPSM's prior authorization(PA) request form as the first page.

10. **How do I check the status of a submitted prior authorization form?**

    For questions about prior authorization status, contact **650-616-2070**. HPSM in-network providers can find the status of submitted PAs on the Provider Portal, which can be found at **https://www.hpsm.org/provider/portal**.

11. **How do I correct an error I made on a submitted prior authorization form?**

    If you complete the prior authorization form with an error, you may be asked to submit a correction form before the authorization can be decisioned. To make a correction, please complete and submit a Referral Authorization Correction Form: **https://www.hpsm.org/docs/default-source/provider-forms/authorization_correction_form.pdf**

    Please fax this completed form with original prior authorization form to **650-829-2079**.

    If you submit a request for a service provider that is at capacity or not available for the CS service requested, you may be asked to submit a correction to change the dates of service or change the provider.

Notices

12. **What notices should I expect to receive from HPSM after submitting a request for ECM or CS service?**

After you submit a prior authorization request AND are the "Requesting Provider" who will be providing the service, you will receive a Notice of Action approval or denial letter from HPSM by fax. Please note Approval Letter start and end date as this is the service window for services to be rendered and claims to be paid. After you submit a prior authorization request AND you are not the provider who will be rendering the service and want a Notice of Receipt form, please include your name/facility/practice and NPI in the "Servicing Provider" section. If you want to receive a notification of outcome HPSM must have your NPI number and adjoining fax number on record. If you are not sure if this is on record, please be sure your fax number or email is clearly stated in attached documents or in the optional comments box at the bottom of the form.

You may also receive a Notice of Receipt form. This is simply to inform you that HPSM received a prior authorization request to be reviewed. Please note that this is NOT a Notice of Authorization for approval or denial of the service requested.

13. Do members also receive these notices?

The member will only receive a Notice of Authorization of approval or denial of the service. The member will not receive a Notice of Action or Notice of Receipt form.

14. What do I do after I receive a Notice of Action of approval letter?

This letter informs you that you may begin services and outreach to the member. Please note Approval Letter start and end date as this is the service window for services to be rendered and claims to be paid.

15. What do I do after I receive a Notice of Action of denial letter?

This letter informs you that your request for services have been denied. In this case, servicing provider should not provide services to the member. HPSM's Integrated Care Management team will reach out to the member to assess for alternative services that may meet their needs.

16. What do I do if I receive a Notice of Receipt form?

There are no required steps or action you need to take after receiving your Notice of Receipt. This is simply to inform you that HPSM received a prior authorization request to be reviewed. Please note that this is NOT a Notice of Authorization for approval or denial of the service requested.

17. Will I receive notices if I use standard fax? eFax?

Yes, you will receive notices regardless of whether you submit by standard fax or eFax if you fax the prior authorization request form to the correct fax number of **650-829-2079**, and we have your NPI with adjoining fax number in our records.

HPSM Points of Contact

18. **Who are the HPSM teams I can expect to interact with and what do they do?**

Utilization Management: The UM team conducts pre-service review and authorization, concurrent and retrospective review. Please contact the UM team for questions regarding specific authorizations for which you have received a confirmation of receipt. Our UM staff are available by telephone between 8:00AM and 5:00PM, Monday through Friday by calling our inpatient line at **650-616-2828** and outpatient line at **650-616-2070**.

Integrated Care Management: If you are not able to assist a member with requesting prior authorization for these services, and they are interested, please direct members to contact HPSM Care Coordination/Integrated Care Management by calling **650-616-2060** or email **CareCoordinationRequests@hpsm.org**. The team can assess member's needs, support with resources, and assist with completing a prior authorization form to request services.