

May 30, 2019

Enclosed is the Health Plan of San Mateo (HPSM) Remittance Advice (RA) for claims received and adjudicated for payment or denial through May 24, 2019. The next RA and claims payment date will be on June 6, 2019. If you have a question about a claim on this RA or a suspended claim, please contact HPSM's Claims Department at **650-616-2056 or 1-833-694-7761**. This RA includes a listing of paid and denied claims as well as a check. If you receive a check without an RA, you have received your RA electronically. Additionally, if there is a zero balance, no check will be enclosed with the RA.

Prior Authorization List Updates

The HPSM Prior Authorization Required List states which service codes do, and do not, require prior authorization. It is expected that all services requiring prior authorization must be authorized *prior* to providing the service, with the exception of services that might be necessary on an emergent or urgent basis. The list of codes requiring prior authorization is updated regularly to reflect current clinical guidelines and regulatory requirements. HPSM recommends that our providers visit our website for the most current Prior Authorization Required Services List. This list is available in both PDF and XLSX format, at <https://www.hpsm.org/Home/provider/authorizations>. This notice is a courtesy reminder to highlight upcoming changes to our Prior Authorization Required Services List. The following changes will be **effective April 1st, 2019**:

Prior authorization requirements for 17 codes will be removed (Y to N):

E0602, E0603, 01480, 11042, 11043, 11044, 11047, 14040, 17110, 17111, 20605, 27650, 28124, 28193, 28415, 73700, Z7506

Comments will be adjusted for 5 codes:

"CareAdvantage only code" comment was removed for G0475, G0480, G0481, G0482, G0483

Regulatory update: over 50 new codes have been added (prior authorization required):

Q9995, 10004 – 10012, 11102 – 11107, 76391, 77046-77049, 81163 – 81167, 81173, 81174, 81204, 81177 - 81190, 81234, 81239, 81271, 81274, 81284 – 81286, 81289, 81306, 81312, 81329, 81336, 81337, 81343 - 81345, 81518, 81216, V5171, V5172, V5181, V5211 – V5215, V5221, A9513, C9038, J9044, J9057, J9173, J9311, J9312, Q2042, C9036, J0517, J0567, J1301, J1628, J1746, J3316, J3398, J7170, J9312, Q5109

Regulatory update: over 40 codes have been discontinued

10022, 11100, 11101, 20005, 27370, 33282, 33284, 43760, 50395, 64508, 64550, 66220, 81211, 81213, 76001, 77058, 77059, 78270-78272, 92275, 95975, 95978, 95979, 96111, 96118, V5170, V5180 V5210, V5220, J9310, J0833, Q5102, C9275, C9497, C9741, K0903, Q4131, Q4172, C8904, C8907, C9744

Please contact HPSM Health Services at 650-616-2070 with questions.

Website Link: <https://www.hpsm.org/provider/authorizations>

HPSM Provider Portal- Online Eligibility Verification!

Health Plan of San Mateo Provider Services and Claims Department encourage the use of the HPSM secured Provider Portal for eligibility and claim status inquiries. Verify Eligibility, PCP Data and other health coverage information, check claim status and submit claims (CMS-1500 format only). You may acquire access from the website, [hpsm.org](https://www.hpsm.org), click on "I'm a Provider", then "Access the Provider Portal", then "Provider Portal Login", then "New User Registration". You may also confirm your user name or reset your password from the Provider Portal Login.

<https://qqq.hpsm.org/provider-portal/provider-portal-login.aspx>

Contact Provider Services at **650-616-2106** with any questions.

Go Paperless and Go Green! Still Receiving Paper RAs?

Providers will be required to access Remittance Advice data electronically this year. You may access Remittance Advices through eReports or a third party vendor you may already be utilizing.

eREPORTS is HPSM's secured web portal which allows access to Remittance Advices, Monthly Member Eligibility Lists and Capitation Reports. Providers may view, save or print over 16 months of RA data. <https://reports.hpsm.org/skins/Hillary/>

New Phone Number for HPSM Claims, Provider Services & UM Departments

Providers may call **1-833-MY-HPSM-1 (1-833-694-7761)** in order to contact Claims, Provider Services or UM.

Provider Services Department hours are:

- Mondays, 1pm- 5pm Pacific Standard Time
- Tuesday-Friday, 8am-5pm Pacific Standard Time

Have a question for HPSM but not sure who to call? Our staff directory is also available online at: <https://www.hpsm.org/provider/contact-provider-services>

Many frequently asked questions are answered in our Provider Manual, available online

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

Our Provider Manual includes topics such as:

- What are HPSM's UM criteria and guidelines? *Section 7, Page 35*
- What are my members' rights and responsibilities? *Section 2, Page 3*
- What are my rights and responsibilities when it comes to HPSM How do I file an electronic claim? *Section 4, Page 1.*
- credentialing and re-credentialing? *Section 8, page 2*

Balance Billing is Prohibited

As a reminder, the CareAdvantage and Medi-Cal programs prohibit seeking compensation for covered services from members. This applies even when HPSM does not provide payment, or if HPSM were to become insolvent, be dissolved, or declare bankruptcy. Debts owed by the health plan for covered services may not be billed to a member. Per Section 51002 (a) of Title 22, CCR: "A provider of service under the Medi-Cal program shall not submit claims to or demand or otherwise collect reimbursement from a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service included in the Medi-Cal program's scope of benefits in addition to a claim submitted to the Medi-Cal program for that service..." If you have any questions, please contact Provider Services at **650-616-2106** or psinquiries@hpsm.org

Health Matters MD Newsletter

Take a look at the latest HPSM Provider Newsletter (Spring 2019): https://www.hpsm.org/docs/default-source/health-matters-newsletter/health_matters_md_2019-q1.pdf?sfvrsn=e697fd31_8

Search the Provider Directory Online Tool

Search for an in-network HPSM provider by specialty, location, language, hospital affiliation and more at: <https://hpsm.healthtrioconnect.com/public-app/consumer/provdir/entry.page>

Upcoming HPSM Provider Training Date

Provider trainings offer an overview of HPSM and the Model of Care, a demo of our web portal, important information on serving Seniors and Peoples with Disabilities, and more. They are also an opportunity to ask questions of our experienced Provider Services staff. If you or your colleagues are new to working with HPSM or you'd simply like a refresher, please join us. Our next scheduled session is:

When: Thursday, June 27th, 2019

Time: 9:00 am- 10:00 am

Where: 801 Gateway Boulevard, Suite 100,
South San Francisco, CA 94080

Please **RSVP** by the *Monday prior to the scheduled training* if you would like to attend. To RSVP, request future training topics, or for additional information please contact HPSM Provider Services at **650-616-2106** or psinquiries@hpsm.org

A Few Reasons to Sign up for EFT/ERA:

EFT is fast and secure: EFT electronically deposits money directly into your bank account. All you do is sign up once, and you never have to spend time sending signed checks to your bank again. The best benefit is that providers get paid much more quickly.

ERA saves time, money and trees: HPSM produces 5,000 pieces of paper each week for remittance advice detail. That is ten full reams of paper every week. Our secure web portal allows you to easily view electronic RA files on your computer anytime.

EFT and ERA improves compliance: HPSM must match paper checks to paper RAs to before sending. The intensive manual labor involved increases the risk that checks and RAs will be mismatched or mailed to the wrong address. As a result, we incorrectly mailed six checks in 2016. Using EFT and ERA eliminates such errors.

Download the easy-to-use form:

https://www.hpsm.org/docs/default-source/provider-forms/era-eft_authorization_form.pdf?sfvrsn=101c2e0d_13

fill it out and send it back to us by fax or email (fax number and email address listed on the form). Contact Provider Services for assistance.

HPSM to Require Prior Authorization for NEMT- Changes effective July 1, 2019

In compliance with regulatory requirements, HPSM is implementing new requirements for the prior authorization of non-emergency medical transportation (NEMT) services, i.e., Ambulance, Litter/Gurney Van and Wheelchair Van medical transportation. These new requirements will go into effect **July 1st, 2019**.

We recognize this may be a new process for you, and so we are reaching out early to request your feedback and provide some information about the new requirements.

Starting July 1st, NEMT trips will need to be authorized. To do so, the provider rendering care for the member will need to complete a prior authorization form and physician certification statement (PCS). These documents have been combined into a single form for ease of use. **This form will be sent to you in a follow up communication and posted to the HPSM website by June 1, 2019.**

Please contact HPSM Provider Services at 650-616-2106 or **1-833-MY-HPSM-1 (1-833-694-7761)** or psinquiries@hpsm.org with any questions.

Provider Services: tel 650-616-2106 fax 650-616-8046

Claims Department: tel 650-616-2056 fax 650-829-2056

email psinquiries@hpsm.org

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