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## Sign Up for EFT/ERA by June 30th for a Chance to Win a \$100 Amazon Gift Card!

In our Winter 2017 issue, we presented HPSM's plan to sign all providers up for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) by year-end. We are making progress toward our goal and need your help. If you have not yet registered for EFT/ERA, sign up between now and June 30th—because then we will automatically enter your clinic/organization in our raffle. The prize is a **\$100 Amazon gift card** and we will announce the winner in our next issue. We will award another \$100 Amazon gift card from a list of organizations already using EFT/ERA and announce that winner in our next issue as well.

Here are 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. But the best benefit of EFT is that providers get paid much more quickly.

▶ **ERA saves time, money and trees:** HPSM produces around 5,000 pieces of paper each week for Remittance Advice (RA) 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 improve compliance:** HPSM must match paper checks to paper RAs 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.

✉ *We will be moving all providers to EFT and ERA by the end of the year, but we encourage you to sign up now.*

### There are two ways you can sign up for EFT/ERA

- 1) Download the easy-to-use EFT/ERA Form from our website, fill it out and send it back to us  
  
OR
- 2) Contact Provider Services by phone (650-616-2106), fax (650-616-8046) or email ([psinquiries@hpsm.org](mailto:psinquiries@hpsm.org))

# Introducing HPSM's New Disease Management Program

## For Medi-Cal members with asthma or diabetes

HPSM is excited to launch a new Disease Management program for our Medi-Cal members who have been diagnosed with asthma or diabetes. The program is designed to educate members about how to manage these conditions and get the care they need to stay healthy.

The asthma component includes helpful documents that members can use to avoid their asthma triggers and an Asthma Action Plan for you to fill out with your patients. The diabetes component includes a diabetes-specific medical exams/tests checklist and a list of local diabetes classes. HPSM will send PCPs a list of potential gaps in care twice a year for those enrolled in the Disease Management program.

Here is an overview of who the program will help and how it will help them.

### ASTHMA

- Ages 5 - 85
- HPSM Medi-Cal as primary insurance

### MANAGEMENT

- Educate members about controller vs. rescue medications
- Increase medication adherence for controller medications to reduce avoidable rescue medication use
- Promote use of Asthma Action Plans

### DIABETES

- Ages 18 - 75
- HPSM Medi-Cal as primary insurance

### MANAGEMENT

- Increase number of members who receive:
  - o A1c Test
  - o Dilated Eye Exam /Screening for diabetic retinopathy
  - o Nephropathy tests and medications
- Increase number of members with good A1c control (<8)

✉ To refer patients to our Disease Management program, please complete the referral form on HPSM's website at [www.hpsm.org/documents/Disease Management Referral Form.pdf](http://www.hpsm.org/documents/Disease_Management_Referral_Form.pdf).

To obtain a list of your patients enrolled in the program, contact HPSM Health Education at [HealthEdu@hpsm.org](mailto:HealthEdu@hpsm.org) or **650-616-2165**.

You can download our new Disease Management program materials from HPSM's website at [www.hpsm.org/health-information/disease-management.aspx](http://www.hpsm.org/health-information/disease-management.aspx). These materials are also available in Spanish, Chinese and Tagalog.

## Bill HPSM or Your Patient? A Guide to Balance Billing

In most cases, you should send bills directly to HPSM, not the member to whom you provided services. However, there are a few exceptions. For example, you can bill an HPSM member directly if:

- After informing the patient that Medi-Cal does not cover a service, the member agreed to still receive the non-covered service
- The member had HPSM Medi-Cal as well as another health insurance, and didn't follow their other insurance's rules for getting services
- The member had a Medi-Cal Share of Cost or copays from HealthWorx or CareAdvantage CMC/DSNP Part D medications

Our goal is to avoid balance billing because it can result in members unnecessarily paying for services that HPSM covers and create extra work for your billing department.

For all of these reasons, we want to help our providers comply with proper billing procedures. Please contact HPSM Provider Services at **650-616-2106** or [psinquiries@hpsm.org](mailto:psinquiries@hpsm.org) with any billing questions you have.

## Get Info Quick with Computer Access to Provider Services

Whether you want to check a member's eligibility or get your claims paid faster, HPSM provides a range of online information and services to meet our providers' needs.

- **Provider Portal:** Verify eligibility, get benefits information, check payment status or submit claims (CMS-1500 format only)—all at [www.hpsm.org/provider-portal/provider-portal-login.aspx](http://www.hpsm.org/provider-portal/provider-portal-login.aspx).
- **eReports:** Instantly access Remittance Advices, Member Eligibility Lists and Capitation Reports through a secure HPSM web portal; contact HPSM's Provider Services department at **650-616-2106** or [psinquiries@hpsm.org](mailto:psinquiries@hpsm.org) to register
- **eClaims:** HPSM accepts secure electronic claims submission through two vendors:
  - **Emdeon Business Services:** Payer ID code SX174, customer support **866-575-4120**
  - **Office Ally:** Payer ID code HPSM1, customer support **877-469-3263**



# Help Your Patients Quit Smoking: Report Tobacco Use to HPSM

The California Department of Health Care Services (DHCS) wants providers to not only assess their patients' tobacco use, but also report it to HPSM. This helps us more fully monitor and coordinate our members' tobacco cessation treatment.

To report your patients' tobacco use to HPSM, **please use this recommended identification system**, which may include:

- Adding tobacco use as a vital sign in the chart or Electronic Health Records.
- Using International Classification of Diseases (ICD-10) codes in the medical record to record tobacco use. ICD-10 codes for tobacco use are:

F17.200	Nicotine dependence, unspecified, uncomplicated.
F17.201	Nicotine dependence, unspecified, in remission.
F17.210	Nicotine dependence, cigarettes, uncomplicated.
F17.211	Nicotine dependence, cigarettes, in remission.
F17.220	Nicotine dependence, chewing tobacco, uncomplicated.
F17.221	Nicotine dependence, chewing tobacco, in remission.
F17.290	Nicotine dependence, other tobacco product, uncomplicated.
F17.291	Nicotine dependence, other tobacco product, in remission.
Z87.891	Personal history of nicotine dependence.

- A recording in the SHA or other IHEBA.
- A recording on the Child Health and Disability Prevention Program Confidential Screening/Billing Report (PM 160).
- Reviewing Nicotine Replacement Therapy (NRT) claims.



## Help Your Patients Quit Tobacco

### Requirements & recommendations for providers

Tobacco is the leading preventable cause of death in the U.S., and Medi-Cal beneficiaries have a higher prevalence of tobacco use than the general California population. To address this health disparity, DHCS requires providers to:

- Ask every adult and adolescent patient about their smoking status at the initial visit and annually thereafter
- Document their responses on the Staying Healthy Assessment (SHA)
- Provide interventions, including education or counseling, to prevent tobacco use in adolescents

DHCS also recommends that providers:

- Advise tobacco users to quit
- Refer your patients to **1-800-NO-BUTTS (1-800-662-8887)**, which they can call weekdays from 7 a.m. to 9 p.m. and Saturdays from 9 a.m. to 5 p.m.
  - Spanish: **1-800-45-NO-FUME (1-800-456-6386)**
  - Chinese: **1-800-838-8917**
  - Korean: **1-800-556-5564**
  - Vietnamese: **1-800-778-8440**
  - Tobacco Chewers: **1-800-844-CHEW (1-800-844-2439)**
- Refer your patients to the California Smokers' Helpline by going to [www.nobutts.org/helpline-referral-options](http://www.nobutts.org/helpline-referral-options) and filling out a referral form
- Prescribe FDA-approved tobacco cessation medication: HPSM covers all of these for adults who use tobacco products

# Refer Patients to HPSM's FREE Medicare/Medi-Cal Plan

## It's easy with our new CareAdvantage CMC flyer for providers

HPSM recently produced a new flyer about our CareAdvantage CMC healthcare plan that we specifically designed with providers in mind. We created this flyer because, like you, HPSM wants our older members to get healthcare benefits that meet their unique needs—which is exactly what CareAdvantage CMC does. And we've included the flyer with this issue of *HealthMatters MD* so you can start referring patients right away.

When it comes to healthcare recommendations, your patients trust you more than anyone else. That means you can help them get the premium benefits they need by referring them to CareAdvantage CMC.

## Member Benefits

CareAdvantage CMC includes everything that your patients' Medicare and Medi-Cal benefits provide plus:

- Free taxi rides to approved medical appointments
- Prescription drug coverage with no to low co-pays
- Vision care, including eye exams and money towards eyewear

## Provider Benefits

- Reimbursement rates starting at 80% of the Medicare fee schedule plus 10% of the Medi-Cal fee schedule
- No annual deductible from your claim payments
- No referrals required for outpatient services

✉ If you decide that CareAdvantage CMC is a good fit for a patient, ask them to call an HPSM licensed CareAdvantage CMC Sales Representative at **1-888-252-3153** or **650-616-1500**. Interested members can also learn more about CareAdvantage CMC online at [www.hpsm.org/careadvantage/join.aspx](http://www.hpsm.org/careadvantage/join.aspx).



## Happy 4th Birthday, California Children's Services Pilot!

On April 1, 2017, HPSM's California Children's Services (CCS) Pilot turned four years old. CCS ensures that children with critical health conditions receive the services they need to manage their medical issues so they can live healthier lives. Whether they need medications, specialized tests, medical supplies, in-home nursing care or surgery, CCS helps children and families cope with the challenges posed by serious health issues.

San Mateo County's CCS Pilot is the result of a special partnership between HPSM and San Mateo County. CCS is available in all 58 California counties, but San Mateo's Pilot is unique in being the state's only CCS program jointly administered by a county health system and a Managed Care Health Plan. County of San Mateo Health System employees are even co-located with HPSM staff at our offices. This promotes close collaboration between a 26-member unit that works both onsite and out in the field.

### How the CCS Pilot works with providers

- **Payment rates** for HPSM specialists are 39% to 75% higher than standard Medi-Cal rates
- **Fewer authorizations** needed for medically necessary treatment
- **Enhanced Care Coordination** ensures treatment integration—and providers can call CCS directly to discuss their patients

✉ *HPSM is committed to expanding benefits to children and families who most need them. If you have patients who would benefit from CCS, either:*

- Visit the CCS website at [www.smchealth.org/ccs](http://www.smchealth.org/ccs) to read the eligibility criteria and fill out an application, or
- Call CCS's General Line at **650-616-2500**



# HPSM Provider Directory Updates: Better, Faster, Smarter

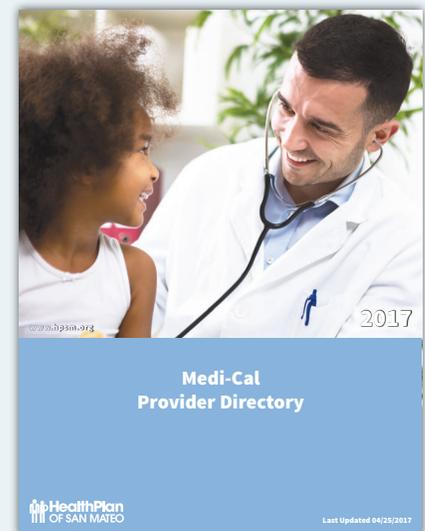
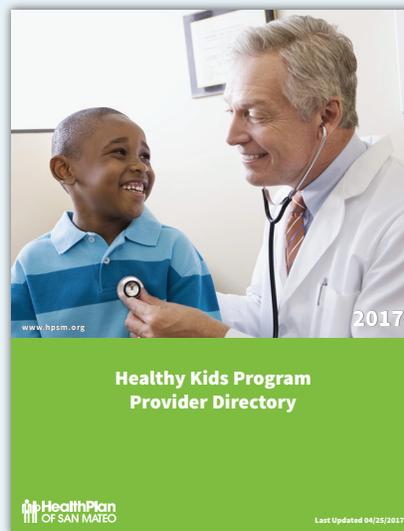
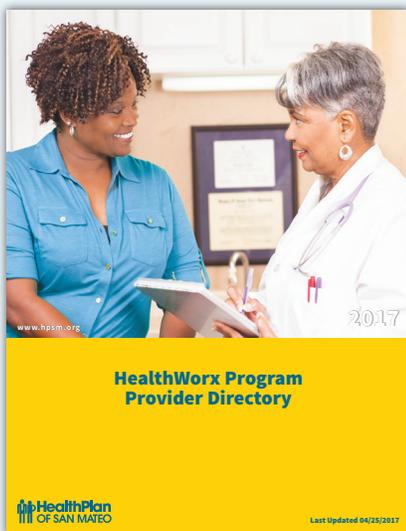
With a searchable online Provider Directory coming later this year

by David Ries, HPSM Network Relations Manager

We have greatly improved our provider directory updating process to better serve our network providers, members and staff. So now, whether your phone number or your EPO status has changed, our members will know soon after you let us know. Our new-and-improved capabilities enable us to perform:

- **Weekly Updates** — In compliance with SB 137, we regularly update our directory every five days.
- **Same-Day Updates** — We can make unscheduled same-day directory changes within hours of receiving a provider's information. To request urgent changes, speak with a Provider Services Representative on the phone or in person.
- **Ongoing Updates** — You can request updates to your directory listing through the new "Directory Update" tool on HPSM's website.
- **Coming soon** — We'll be introducing our searchable online Provider Directory later this year. This will make it much easier for you to find HPSM network providers by name, location or specialty when you need to refer a patient to a specialist.

HPSM also faxes all providers quarterly to ask if they've changed their contact information, availability or clinical specialties. Please answer these requests in a timely manner, whether you have updates to report or not. This will ensure that you remain a member in good standing of our provider network and that we continue to list your practice in our directory.





**WIN  
\$100**  
by signing up for  
**EFT/ERA**  
before July 1

See front page for details

## Plus:

 HPSM's new CareAdvantage CMC flyer  
**your copy is on page 5!**

 A quick-start guide to  
**balance billing**

 **Provider updates**  
get better, faster & smarter

 **And more inside**