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## Notice of Changes to HPSM Provider Manual

Dear provider,

The Health Plan of San Mateo (HPSM) Provider Manual is updated annually and is now ready for review by network providers. You can request a hard copy by calling **1-800-750-4776** or view it online here: [bit.ly/HPSMprovidermanual2022](http://bit.ly/HPSMprovidermanual2022)

**Changes to the Provider Manual are effective January 1<sup>st</sup>, 2022. Please continue to follow policies and procedures from the 2021 Provider Manual, which you can find here: [www.hpsm.org/provider/resources/provider-manual](http://www.hpsm.org/provider/resources/provider-manual)**

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

- **PSInquiries@hpsm.org** added to list of contacts for the Provider Services department.
- As of January 1, 2022, dental care will be a covered benefit under the HPSM Medi-Cal managed care contact. For dental services, use **650-616-2106** or **dental@hpsm.org**. For dental referrals, please dial **650-616-1522**.
- For pharmacy services for Medi-Cal members, please contact Magellan at **800-977-2273**.
- For prior authorization of medical injectable drugs contact the HPSM Pharmacy Services Department at **650-616-2088**.

### Section 2: Customer Support

- Effective January 1, 2022, HPSM will no longer manage the pharmacy benefit for Medi-Cal members. Members can call Magellan 24 hours a day, seven days a week at **800-977-2273**.
- HPSM member welcome packet rebranded as a New Member Guide, which can be received in print or digital.
- 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 **1-800-750-4776**.
- Images of HPSM's new member ID cards have been added.

### Section 3: Member Complaints

- As pharmacy services will no longer be handled by HPSM, information for how to file a grievance or appeal related to the pharmacy benefit added to the section.
- Timeframes for filing grievances or appeals updated for clarification.

### Section 4: Claims

- Information added on how to file a dental claim.

- New circumstances added for claims that could require additional documentation.
- Clearinghouse information for electronic claims options added.
- Information on automatic crossover claims added.

### **Section 5: Provider Disputes**

- Claim dispute period for submission policy has been updated: provider disputes should be sent within 365 days of the date when a claim was denied.

### **Section 6: Ancillary Services**

- Substantial updates were made to Section 6, as HPSM will no longer cover the pharmacy benefit for Medi-Cal members. Information on policy changes, who to contact, and details on what prescriptions and services are still rendered by HPSM and others that will now be managed by Magellan can be found in this section.
- Sections of the Provider Manual pertaining to policies and procedures which are no longer handled by HPSM have been removed, including policies for retroactive service, prior authorizations for medications, denial process for pharmacy services, details on our pharmacy network and more.
- In 2020 HPSM took on several administrative functions for much of the behavioral health network that serves HPSM members today. The behavioral health section was updated to reflect this, including changes for behavioral health referrals.
- More details added to this section about HPSM's new dental benefit.
- The list of covered durable medical equipment for Medi-Cal and HealthWorx members has been updated.
- The list of covered audiology/hearing aids for Medi-Cal members has been updated.
- All services under the Whole Child Model are covered by HPSM, except for pharmacy benefits.
- Enhanced Care Management (ECM) for Medi-Cal members is a new statewide benefit effective January 1, 2022. Information on the program has been added to the provider manual.

### **Section 7: Utilization Management**

- Information added on availability of UM staff: Our UM staff are available by telephone between 8AM and 5PM, Monday through Friday by calling our inpatient line, **650-616-2828** and outpatient line **650-616-2070**. After hours requests for expedited review will be reviewed by the on-call clinical manager. Communications received after business hours are returned on the next business day. Communications received after midnight on Monday through Friday are responded to on the same business day. HPSM can also accept toll-free calls by calling **1-800-750-4776**.
- Scope of services and list of delivery partners updated to include Magellan due to the Medi-Cal Rx.
- Clarified roles of CEO, CMO, and others.
- Section was updated to reflect the Care Coordination department's renaming to Care Coordination Unit/Integrated Care Management.
- Referral Authorization Forms (RAFs) are not required for any lines of business except for ACE members. The referral process has been updated to reflect this.
- Clarification regarding the Prior Authorization process: primary care physicians, specialty care providers, and ancillary providers who identify a need for medical services for an eligible HPSM member should submit their orders or prescriptions to a rendering provider. The rendering provider should complete a prior authorization form (PAR) for medical services that require a prior authorization.
- Prior authorization policy for reviewing some pharmacy benefits (such as for medical intravenous procedures) updated.
- For questions regarding medical injectable drugs contact the HPSM Pharmacy Services Department at **650-616-2088**.

## **Section 8: Provider Services**

- PCP rights and responsibilities revised to include updated policy on rescheduling an appointment.
- Addition of an item in the PCP rights and responsibilities list: Request that a member be re-assigned to a different PCP for specific and compelling reasons, with the final reassignment decision to be rendered by HPSM's Medical Director (Provider Request for Member Reassignment form is found on HPSM's website).
- Provider rights and responsibilities list updated with the following: First Prenatal visit must be offered within two weeks upon request.
- Specialist rights and responsibilities revised to reflect updated policy for referrals.
- Dental provider rights and responsibilities added for new dental providers effective January 1, 2022.
- Afterhours coverage and standards updated: providers are required to provide triage and/or screening 24/7 by telephone within 30 minutes and inform the caller how to obtain emergency care

## **Section 9: Quality Improvement**

- Physical Accessibility Reviews will now be part of Facility Site Reviews in 2022.
- Accessibility indicator symbols have been added.
- Value Based Payment Program for Primary Care Physicians information added to this section.
- Please use **650-616-8235** to identify Potential Quality Issues.

## **Section 10: Health Education**

- Provider requirements for Culturally and Linguistically Appropriate Services (CLAS) expanded to include members with limited English proficiency as well as those with hearing impairment.
- HPSM now offers free phone, video and (in certain circumstances) in-person interpreter services. The provider manual now includes details on how to access and use these services.

## **Section 11: Fraud Waste and Abuse**

- Please dial **844-965-1241** to report suspected fraud, waste, and abuse (anonymous compliance hotline).

## **Section 12: Privacy**

- Please dial **844-965-1241** to report suspected fraud, waste, and abuse (anonymous compliance hotline).

For questions or suggestions, please contact HPSM Provider Services at **[PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org)**.

Thank you for your continued commitment to our community,

The Health Plan of San Mateo