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REMINDER: New Prior Authorization Request Form

Please make sure you are using the Health Plan of San Mateo’s (HPSM) newest prior authorization request form: <https://tinyurl.com/HPSM-NewPriorAuth>

One critical tip for successfully completing this form:

The screenshot shows the 'Prior Authorization Request Form' with a red box highlighting the 'Requesting Provider' and 'Servicing Provider' sections. The 'Requesting Provider' section includes fields for Name, Address, City, State, ZIP, Phone, Fax, and Office Contact. The 'Servicing Provider' section includes fields for Name, Address, City, State, ZIP, Phone, Fax, and Office Contact. The form also includes a 'REQUEST' section with 'URGENT' and 'ROUTINE' options, and a 'LINE OF BUSINESS' section with 'CAREADVANTAGE', 'MEDI-CAL', 'ACE', and 'HEALTHWORK' options.

The **“Requesting Provider”** is the provider who submits the form and will be providing the service.

The **“Servicing Provider”** is the provider who wrote the order, such as the member’s primary care physician.

Other tips:

- We are no longer accepting previous versions of the form. Make sure you’re using the current version of the form. The current form is dated, “Version 5.0 January 2023.” You can always access the most up to date form at this webpage: <https://www.hpsm.org/provider/authorizations>
- Please complete all fields using the fillable PDF (typed, not handwritten).
- Only use one form for one patient and double-check the member ID number before sending. Note that we cannot process more than one patient per form.
- Set your fax machine settings to the highest quality possible.
- Check HPSM’s Prior Authorization Required List each time you submit an authorization to determine if prior authorization is required. It’s updated regularly (typically quarterly), and available here: <https://www.hpsm.org/provider/authorizations>

Please direct questions to HPSM Provider Services at PSInquiries@hpsm.org.

Thank you for your continued commitment to our community, The Health Plan of San Mateo