HealthPlan OF SAN MATEO
Healthy is for everyone

Enhanced Care Management and Community Supports Provider List and Authorization Tips

This list should be used as a reference for submitting prior authorizations. Before submitting forms, please review capacity and eligibility here. Learn more about CalAIM here: **https://www.hpsm.org/provider/calaim**

Enhanced Care Management Providers

Name/NPI	Address	Numbers	Populations of Focus	CPT Code	Capacity
Aging and Adult Services – ECM **NPI:** 1609290030	801 Gateway Blvd. Suite #400 South San Francisco, CA 94080	**Phone:** 650-573-3900 **Fax:** 833-522-0986	• Adults at risk of institutionalization (LTC). • Adults with high utilization.	G9012	Open
Bridges to Wellness **NPI:** 1336809359	801 Gateway Blvd. Suite #225 South San Francisco, CA 94080	**Phone:** 650-573-4799 **Fax:** 833-218-8864	• Adults that are homeless with a medical issue. • Adults with high utilization. • Adults with serious mental health or substance use issues with case management needs. • Adults transitioning from incarceration.	G9012	Open
California Children's Services – ECM **NPI:** 1164105698	801 Gateway Blvd. Suite #400 South San Francisco, CA 94080	**Phone:** 650-616-2500 **Fax:** 650-616-2598	• Children and youth enrolled in CCS WCM with additional needs beyond the CCS condition.	G9012	Open to select members only
Gardner Health Services – ECM **NPI:** 1699041566	777 E Santa Clara St. Suite 2004 San Jose, CA 95112	**Phone:** 669-444-5480 **Fax:** 408-579-6168	• Homeless families or unaccompanied children and youth experiencing homelessness. • Children and youth at risk for avoidable hospital or ED utilization. • Children and youth with serious mental health and/or SUD needs. • Children and youth involved in child welfare. • Birth equity/youth pregnant and postpartum.	G9012	Closed
Healthcare in Action **NPI:** 1881360758	275 Blomquist St. Redwood City, CA 94063	**Phone:** 650-442-1569 **Fax:** 877-883-6503	• Adults that are homeless with a medical issue. • Adults with high utilization. • Adults with serious mental health or substance use issues with case management needs.	G9012	Open to select members only

			• Adults transitioning from incarceration.		
Institute on Aging **NPI:** 1255730222	3575 Geary Blvd. San Francisco, CA 94118	**Phone:** 628-239-3565 **Fax:** 650-963-4699	• Adults that are homeless with a medical issue. • Adults with high utilization. • Adults with serious mental health or substance use issues with case management needs. • Adults at risk for institutionalization. • Adult nursing facility residents transitioning to the community.	G9012	Open
North East Medical Services (NEMS) – ECM **NPI:** 1699052266	211 Eastmoor Ave. Daly City, CA 94015	**Phone:** 650-550-3923 **Fax:** 415-202-6498	• Homeless families or unaccompanied children and youth experiencing homelessness. • Children and youth at risk for avoidable hospital or ED utilization. • Children and youth with serious mental health and/or SUD needs. • Children and youth enrolled in CCS WCM with additional needs beyond the CCS condition. • Children and youth involved in child welfare. • Birth equity/youth pregnant and postpartum.	G9012	Closed
Ravenswood Family Health Network-ECM **NPI:** 1821170044	1885 Bay Rd. East Palo Alto, CA 94303	**Phone:** 650-330-7400 **Fax:** 650-321-2002	• Individuals experiencing homelessness. • Adults without dependent children/youth living with them experiencing homelessness. • Homeless families or unaccompanied children/youth experiencing homelessness. • Individuals at risk for avoidable hospital or emergency department (ED) utilization. • Adults at risk for avoidable hospital or ED utilization.	G9012	Closed
Upward Health **NPI:** 1407518780	400 Concar Dr. San Mateo, CA 94402	**Phone:** 650-955-7915 **Fax:** 650-955-7397	• Adults that are homeless with medical issues. • Adults with high utilization.	G9012	Open

			• Adults with serious mental health/substance use issues with case management needs. • At risk for institutionalization (LTC).		

Community Supports Providers

Name/NPI	Address	Numbers	Service Option	CPT Code	Capacity
Aging and Adult Services	801 Gateway Blvd. Suite #400 South San Francisco, CA 94080	**Phone:** 650-573-3900 **Fax:** 833-522-0986	Respite Care	S5151	Open to select members only
			Personal Care and Homemaker Services	S5130	Open to select members only
Brilliant Corners **NPI:** 1356687354	1390 Market St. San Francisco, CA 94102	**Phone:** 415-618-0012 **Fax:** 877-320-8164	Housing Transition Navigation Services	H0043	Open
			Housing Deposits	H0044	Open
			Housing Tenancy	T2040	Open
			Environmental Accessibility Adaptations	S5165	Open
Institute on Aging **NPI:** 1255730222	3575 Geary Blvd. San Francisco, CA 94118	**Phone:** 628-239-3565 **Fax:** 650-963-4699	Environmental Accessibility Adaptations	S5165	Open
			Nursing Facility Transition/Diversion to Assisted Living Facilities	T2038	Open
			Community Transition Services/Nursing Facility Transition to a Home	T2038	Open
Mental Health Association **NPI:** 1073678793	2686 Spring St. Redwood City, CA 94063	**Phone:** 650-257-8816 **Fax:** 650-507-4071	Housing Transition Navigation Services	H0043	Open to select members only
			Housing Tenancy	T2040	Open
			Housing Deposits	H0044	Open to select members only
MidPen Services **NPI:** 1114674546	303 Vintage Park Dr. Suite 250 Foster City, CA	**Phone:** 650-218-0555 **Fax:**	Housing Tenancy	T2040	Open to select

	94404	650-281-0012			members only
Mom's Meals **NPI:** 1093834020	3210 SE Corporate Woods Dr. Ankeny, IA 50021	**Phone:** 866-716-3257 **Fax:** 866-942-7873	Medically Tailored Meals	S5170	Open

Authorization Form Tips

Here are some critical steps for filling out the Prior Authorization request form for ECM and Community Supports services – filling the form out accurately will help the process go smoothly.

1. Follow instructions on the authorization form: **https://www.hpsm.org/docs/default-source/provider-forms/prior_authorization_request_form.pdf**
2. Include the available ECM or CS provider information for "Servicing Provider Name," "Street Address," "City," "State," "Zip," "NPI," "Phone Number," and "Fax." Use the table above to complete this request accurately.
3. If you are not the provider who will be rendering the service, 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.
4. Use correct CPT Codes listed in the table above.
   a. **Enhanced Care Management:** HPSM has adopted a simplified G9012 code for authorization purposes.
   b. **Community Support:** HPSM has a unique CPT code for each CS service option.
5. Diagnosis Codes: include primary diagnosis that indicates population of focus or service option qualification (example: Z codes for housing).
6. Attach any information, including recent appointment notes, care plan, summary of needs, or forms that demonstrate members qualifying criteria. If you do not include information that demonstrates qualifying criteria, the member may not be approved for services.
   a. For ECM requests, please specify which Population of Focus the member qualifies for in the comments on the PA form.
   b. For CS requests you will need to attach the Community Supports Request Information Form.
7. "Requested Service Dates From" and "To" should not overlap any existing Authorization of the same type of services. Authorizations cannot exceed one year.
8. For "Units of service" please enter numbers only and do not write any words in the box.
   a. ECM Authorizations only need to request one unit.
   b. For Community Supports (CS), see table below for guidance on units per each CS service type. Dates of service Authorization Start and End Date is within 12 month span:

CPT Code	Community Support Service Option	Units of Service	Days/Quantity
H0043	Housing Navigation/Transition Services	Up to 6 units	1 unit = 1 month
H0044	Housing Deposits	Up to 1 unit	1 unit = 3 months
T2040	Housing Tenancy	Up to 12 units	1 unit = 1 month
S5165	Environmental Accessibility Adaptations	Up to 1 unit	1 unit = 3 months

T2038	Nursing Facility Transition/Diversion to Assisted Living Facilities	Up to 12 units	1 unit = 1 month
T2038	Community Transitions/Nursing Facility to Home	Up to 12 units	1 unit = 1 month
S5170	Medically Tailored Meals	Up to 168 units	1 unit = 1 meal

For a list of all HPSM providers, please visit our HSPM Provider Directory: **https://www.hpsm.org/provider/directory-search**

CLEAR FORM

HealthPlan OF SAN MATEO

Prior Authorization Request Form

Fax completed form to 650-829-2079.
Please type into PDF form and fill out all fields.

REQUEST	LINE OF BUSINESS
☐ URGENT	☐ CAREADVANTAGE
☑ ROUTINE	☑ MEDI-CAL
Mark ✓ or X	☐ ACE
	☐ HEALTHWORX

Most requests should be marked ROUTINE.

URGENT should only be used when turnaround time can cause serious harm to member's life and health.

Today's Date: 04-18-2023   MM-DD-YYYY

Is member currently in the hospital? ☐ YES ☑ NO   IF YES, FAX Facesheet to 650-829-2060

➤ **Member Last Name:** Grayson   First Name, M.I.: Richard
Street Address: 7435 Santa Ana Blvd   City, State, ZIP: San Francisco, CA 94127
Phone: (415) 658-1111   Member ID#: 75319   DOB: 02-04-1993   Age: 30

➤ **Requesting Provider:** Bridges to Wellness   NPI: 1336809359
Street Address: 225 37th Avenue   City, State, ZIP: San Mateo, CA 94403
Phone: (650) 743-7272   Fax: (650) 573-1023   Office Contact: _____

This is the provider requesting the CalAIM service for the member, if any.

➤ **Servicing Provider** (if needed): ACE Center   NPI: 75315997135
Phone: (415) 658-2222   Fax: (415) 658-2323   Office Contact: _____

The Servicing Provider is the HPSM CalAIM provider found on our ECM and CS Provider List who will be providing the service.

Primary Diagnosis Code: F33.2   Description: Major Depressive Disorder

Line No.	Procedure Code (CPT/HCPCS Code/Modifier if applicable)	Specific Services Requested	Units of Service (Days/Quantity)
1	G9012	ECM (ECM authorizations should only request 1 unit.)	1
2			
3			
4			
5			
6	T2038	Nursing Facility Transitions/Diversion to Assisted Living Facilities	2
7		(Please see the "Community Support Providers" chart	
8		for CPT codes, service options, and units of service for	
9		Community Supports services.)	
10			

Requested Service Dates FROM: 04-18-2023   MM-DD-YYYY TO: 10-17-2023   MM-DD-YYYY

Not to exceed one year. Initial ECM authorization periods must be for 12 months. Reauthorization periods thereafter must be for six months.

Optional comments for medical justification. Requesting Provider please attach required medical records/supporting documents.

Member is a high utilizer that could use extra support establishing regular care with a PCP, especially as they transition to an assisted living facility.
(Please see "Authorization Form Tips" for more information.)

INPATIENT ONLY – LTC Required Information (*Mark ✓ or X*):
☐ Transfer ☐ Initial ☐ Reauthorization ☐ Bed Hold ☐ Skilled Nursing ☐ ICF-DD ☐ Sub-Acute

To the best of my knowledge, the above information is true, accurate and complete, and the requested services are medically indicated and necessary to the health of the patient.

Timothy Drake   Case Manager   04-18-2023
Signature of Physician or Provider   Title   Date MM-DD-YYYY

PRINT FORM

801 Gateway Blvd., Suite 100, South San Francisco, CA 94080 · TEL: **650-616-0050** · TTY: **1-800-735-2929**
For authorization questions contact HPSM Health Services Ph **650-616-2070** · Fax **650-829-2079** · For Facesheets fax to **650-829-2060**
NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE ID CARD IS CURRENT BEFORE RENDERING SERVICE.
Version 5.0 January 2023