

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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Adult Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness • Adult Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) • Adult Individuals with Serious Mental Health and/or SUD Needs • Adult Individuals Transitioning from Incarceration | G9012 | Closed |
| 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 | <ul style="list-style-type: none"> • Homeless Families or Unaccompanied Children/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 California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition • Children and Youth Involved in Child Welfare | 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: | <ul style="list-style-type: none"> • Individuals Experiencing Homelessness: Homeless Families or | G9012 | Closed |

| | | | | | |
|--|---|--|--|-------|-----------------------------|
| | | 408-579-6168 | <p>Unaccompanied Children/Youth Experiencing Homelessness</p> <ul style="list-style-type: none"> • Children-youth-Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) • Children and youth Individuals with Serious Mental Health and/or SUD Needs • Children and Youth Involved in Child Welfare • Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition • Birth Equity Population of Focus | | |
| Healthcare in Action NPI: 1881360758 | 275 Blomquist St. Redwood City, CA 94063 | Phone: 650-442-1569 Fax: 877-883-6503 | <ul style="list-style-type: none"> • Adult Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness • Adult Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) • Adult Individuals with Serious Mental Health and/or SUD Needs • Adult Individuals Transitioning from Incarceration | G9012 | Open to select members only |
| Institute on Aging NPI: 1255730222 | 3575 Geary Blvd. San Francisco, CA 94118 | Phone: 628-239-3565 Fax: 650-963-4699 | <ul style="list-style-type: none"> • 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 | Closed |
| North East Medical Services (NEMS) – ECM | 211 Eastmoor Ave. Daly City, CA 94015 | Phone: 650-550-3923 Fax: | <ul style="list-style-type: none"> • Adult Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) | G9012 | Open |

| | | | | | |
|--|---|--|---|-------|--------|
| NPI: 1699052266 | | 415-202-6498 | <ul style="list-style-type: none"> • Adult Individuals with Serious Mental Health and/or SUD Needs • Adults Living in the Community and At Risk for LTC Institutionalization • 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. | | |
| Ravenswood Family Health Network-ECM NPI: 1821170044 | 1885 Bay Rd. East Palo Alto, CA 94303 | Phone: 650-330-7400 Fax: 650-321-2002 | <ul style="list-style-type: none"> • Adult Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness • Adult Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) | G9012 | Closed |
| StarVista Insights NPI: 1821376641 | 420 Brewster Ave. Redwood City, CA 94063 | Phone: 650-366-8436 Fax: 650-412-2337 | <ul style="list-style-type: none"> • Individuals Experiencing Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness • Children and Youth Individuals with Serious Mental Health and/or SUD Needs • Children and Youth Individuals Transitioning from Incarceration • Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition • Children and Youth Involved in Child Welfare | G9012 | Closed |
| Upward Health NPI: 1407518780 | 400 Concar Dr. San Mateo, CA 94402 | Phone: 650-955-7915 Fax: 650-955-7397 | <ul style="list-style-type: none"> • Adult Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness | G9012 | Open |

| | | | | | |
|--|--|--|---|--|--|
| | | | <ul style="list-style-type: none"> • Adult Individuals Experiencing Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness • Adult Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) • Adult Individuals with Serious Mental Health and/or SUD Needs • Adults Living in the Community and At Risk for LTC Institutionalization • Adult Nursing Facility Residents Transitioning to the Community • Adult Individuals Transitioning from Incarceration • Birth Equity Population of Focus | | |
|--|--|--|---|--|--|

Community Supports Providers

| Name/NPI | Address | Numbers | Service Option | CPT Code | Capacity |
|--|--|--|---|----------------------|-----------------------------|
| 24 Hour Home Care NPI: 1376797035 | 200 North Pacific Coast Highway Suite 300 El Segundo, CA 90245 | Phone: 888-324-6225 Fax: 888-522-6796 | Personal Care and Homemaker Services | S5130, U6 | Open |
| | | | Respite Care | S5151, U6 | Open |
| Aging and Adult Services | 801 Gateway Blvd. Suite #400 South San Francisco, CA 94080 | Phone: 650-573-3900 Fax: 833-522-0986 | Personal Care and Homemaker Services | S5130, U6 | Open to select members only |
| | | | Respite Care | S5151, U6 | 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 | Closed |
| | | | Housing Deposits | H0044 | Open |
| | | | Housing Tenancy – Financial Management | T2050, U6 (per diem) | Closed |
| | | | Environmental Accessibility Adaptations | S5165 | Open |
| Institute on Aging NPI: 1255730222 | 3575 Geary Blvd. | Phone: 628-239-3565 | Environmental Accessibility Adaptations | S5165 | Closed |

| | | | | | |
|--|---|--|---|----------------------------|--------------------------------------|
| | San Francisco, CA 94118 | Fax: 650-963-4699 | Nursing Facility Transition/Diversion to Assisted Living Facilities | T2038 | Closed |
| | | | Community Transition Services/Nursing Facility Transition to a Home | T2038 | Closed |
| 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 – Financial Management | T2050, U6 (per diem) | Open |
| | | | Housing Deposits | H0044 | Open to select members only |
| MidPen Services NPI: 1114674546 | 303 Vintage Park Dr. Suite 250 Foster City, CA 94404 | Phone: 650-218-0555 Fax: 650-281-0012 | Housing Tenancy – Financial Management | T2050, U6 (per diem) | Open to select 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 | Max Units of Service Paid per Authorization | Days/Quantity |
|-----------|---|---|---------------------|
| H0043 | Housing Navigation/Transition Services | 1 unit per month, up to 6 units | 1 unit = 1 month |
| H0044 | Housing Deposits | Up to 1 unit | 1 unit = 3 months |
| S5130, U6 | Personal Care and Homemaker Services | N/A | 1 unit = 15 minutes |
| S5151, U6 | Respite Care | Up to 336 units | 1 unit = 1 hour |
| S5165 | Environmental Accessibility Adaptations | Up to 1 unit | 1 unit = 3 months |
| S5170 | Medically Tailored Meals | Up to 168 units | 1 unit = 1 meal |
| 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 |
| T2050, U6 | Housing Tenancy – Financial Management (per diem) | 1 unit per month, up to 12 units | 1 unit = 1 month |

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

NOTE: Do not use a cover sheet. This form should be the FIRST page of your fax.

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
 URGENT
 ROUTINE
Mark ✓ or X

LINE OF BUSINESS
 CAREADVANTAGE
 MEDI-CAL
 ACE
 HEALTHWORX

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: _____

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

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 for CPT codes, service options, and units of service for Community Supports services.) | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

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

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

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

PRINT FORM

Most requests should be marked ROUTINE.

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

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

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

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