

801 Gateway Boulevard, Suite 100 South San Francisco, CA 94080 Provider Services 650-616-2106 650-616-8046 Claims 650-616-2056 650-629-2056

Remittance Advice January 31, 2019

January 31, 2019

Enclosed is the Health Plan of San Mateo (HPSM) Remittance Advice (RA) for claims received and adjudicated for payment or denial through January 25, 2019. The next RA and claims payment date will be on February 7, 2019. If you have a question about a claim on this RA or a suspended claim, please contact HPSM's Claims Department at **650-616-2056**. This RA includes a listing of paid and denied claims as well as a check. If you receive a check without an RA, you have received your RA electronically. Additionally, if there is a zero balance, no check will be enclosed with the RA.

Prior Authorization List Updates Changes effective January 1, 2019

The HPSM Prior Authorization Required List states which service codes do, and do not, require prior authorization. It is expected that all services requiring prior authorization must be authorized *prior* to providing the service, with the exception of services that might be necessary on an emergent or urgent basis.

The list of codes requiring prior authorization is updated regularly to reflect current clinical guidelines and regulatory requirements. HPSM recommends that our providers visit our website for the most current Prior Authorization Required Services List. This list is available in both PDF and XLSX format, at https://pps.ncg/authorizations

This notice is a courtesy reminder to highlight upcoming changes to our Prior Authorization Required Services List. These will be **effective January 1**st, **2019.** Please note:

- 7 Q codes have been added to the list with clarification that these **do** require prior authorization .
- 5 codes have been added to the list with clarification that they do not require prior authorization
- 2 J codes that were previously "conditional" no longer require prior authorization, retro-actively effective back to 1/1/2018
- 2 codes that previously required prior authorization no longer require authorization.

Code	Description	Change
Q4176	Neopatch, per square centimeter	New code: Y
Q4177	Floweramnioflo, 0.1 cc	New code: Y
Q4178	Floweramniopatch, per square centimeter	New code: Y
Q4179	Flowerderm, per square centimeter	New code: Y
Q4180	Revita, per square centimeter	New code: Y
Q4181	Amnio wound, per square centimeter	New code: Y
Q4182	Transcyte, per square centimeter	New code: Y
J0606	Injection, Etelcalcetide 0.1 mg	Conditional to N, retroactively effective back to 1/1/2018
J0604	Oral Cinacalcet ESRD dialysis	Conditional to N, retroactively effective back to 1/1/2018
Z4304	Patient report-complex/comprehensive	New code: N
Z4309	Assess/interven, alld prof-per half hour	New code: N
Z4312	Medical case conf, dietitian-per 1/4 hr	New code: N
Z4313	Group counseling, phsy-per person	New code: N
Z4306	Case conf, phys/dentist-per half hour	Y to N

Code	Description	Change
92552	Pure tone audiometry air	New code: N
63057	Decompress spine cord add-on	Y to N

Please contact HPSM Health Services at 650-616-2070 with questions.

New Phone Line Hours for HPSM Provider Services

Effective September 24, 2018

HPSM's Provider Services phone line hours are changing, effective September 24th. HPSM regularly monitors our phone volume, and we hope this adjustment will help better meet your needs. Our new hours of operation for our main phone line **650-616-2106** or **1-833-MY-HPSM-1** (**1-833-694-7761**) are as follows:

- Mondays, 1pm-5pm Pacific Standard Time
- Tuesday-Friday, 8am-5pm Pacific Standard Time

Have a question for HPSM but not sure who to call? Our staff directory is also available online at: https://www.hpsm.org/provider/contact-provider-services

Many frequently asked questions are answered in our Provider Manual, available online at:

https://www.hpsm.org/provider/resources/provider-manual

Our Provider Manual includes topics such as:

- What are HPSM's UM criteria and guidelines? Section 7, Page 35
- What are my members' rights and responsibilities? Section 2, Page 3
- What are my rights and responsibilities when it comes to HPSM credentialing and re-credentialing? Section 8, page 2
- How do I file an electronic claim? Section 4, Page 1.

HPSM New Website!

We are pleased to announce that HPSM's brand-new website has officially launched! It is live online at www.hpsm.org.

Health Matters MD Newsletter

Take a look at the latest HPSM Provider Newsletter (Winter 2018): https://www.hpsm.org/docs/default-source/health-matters-newsletter/health_matters_md_2018-december_winter.pdf?sfvrsn=db0a85bd_6

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Balance Billing is Prohibited

As a reminder, the CareAdvantage and Medi-Cal programs prohibit seeking compensation for covered services from members. This applies even when HPSM does not provide payment, or if HPSM were to become insolvent, be dissolved, or declare bankruptcy. Debts owed by the health plan for covered services may not be billed to a member. Per Section 51002 (a) of Title 22, CCR: "A provider of service under the Medi-Cal program shall not submit claims to or demand or otherwise collect reimbursement from a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service included in the Medi-Cal program's scope of benefits in addition to a claim submitted to the Medi-Cal program for that service..." If you have any questions, please contact Provider Services at 650-616-2106 or psinquiries@hpsm.org

HPSM Provider Portal

Health Plan of San Mateo Provider Services and Claims Department encourage the use of the HPSM secured Provider Portal for eligibility and claim status inquiries. Verify Eligibility, PCP Data and other health coverage information, check claim status and submit claims (CMS-1500 format only). You may acquire access from the website, https://man.org, click on "I'm a Provider", then Access the Provider Portal, then Provider Portal Login, then "New User Registration". You may also confirm your user name or reset your password from the portal: https://hpsm.org/portal-access

Go Paperless and Go Green! Still Receiving Paper RAs?

Providers will be required to access Remittance Advice data electronically this year. You may access Remittance Advices through eReports or a third party vendor you may already be utilizing. **eREPORTS** is HPSM's secured web portal which allows access to Remittance Advices, Monthly Member Eligibility Lists and Capitation Reports. Providers may view, save or print over 16 months of RA data. Contact Provider Services at **650-616-2106** to acquire and/or confirm access. hpsm.org/ereports-portal

Search the Provider Directory Online Tool

Search for an in-network HPSM provider by specialty, location, language, hospital affiliation and more at:

hpsm.org/directory-search

HPSM Holiday Office Closures

• Monday, February 18th, 2019

Providers may access the HPSM Provider Portal to verify eligibility and check claim status: hpsm.org/portal-access

Upcoming HPSM Provider Training Date

Provider trainings offer an overview of HPSM and the Model of Care, a demo of our web portal, important information on serving Seniors and Peoples with Disabilities, and more. They are also an opportunity to ask questions of our experienced Provider Services staff. If you or your colleagues are new to working with HPSM or you'd simply like a refresher, please join us. Our next scheduled session is:

When: Thursday, February 28, 2019

Time: 8:30 a.m.- 9:30 a.m.

Where: 801 Gateway Boulevard, Suite 100,

South San Francisco, CA 94080

TR4B (please report to the Receptionist on the 1st floor)

Please **RSVP** by the *Monday prior to the scheduled training* if you would like to attend. To RSVP, request future training topics, or for additional information please contact HPSM Provider Services at **650-616-2106** or <u>psinquiries@hpsm.org</u>