

CMSP Letter No: 16-03
Issue Date: April 27, 2016



TO: All County Welfare Directors

SUBJECT: New CMSP Primary Care Benefit Program (Effective May 1, 2016)

The purpose of this All County Letter is to provide information to counties concerning the new CMSP Primary Care Benefit that shall be provided to all CMSP members in Share of Cost (SOC) aid codes. The new Primary Care Benefit takes effect May 1, 2016 and shall be available to CMSP applicants with beginning dates of aid on or after May 1, 2016.

Background

Following its Strategic Planning Meeting in June 2015, the CMSP Governing Board approved a variety of changes to CMSP eligibility, on a two-year Pilot Project basis, that are designed to reach more of the remaining uninsured in the 35 participating CMSP counties. As a part of those changes, the Governing Board approved establishment of a new Primary Care Benefit for CMSP members that have a monthly Share of Cost (SOC) in their CMSP Standard Benefit.

The purpose of the new benefit is to assist these CMSP members get access to a specified set of primary care and/or specialty care services, including medical office visits, various diagnostic tests, and prescription medications, with little or no beneficiary cost. The new CMSP Primary Care Benefit shall be provided to these CMSP members *in addition to* their CMSP Standard Benefit.

Eligibility for the New Primary Care Benefit

The new Primary Care Benefit shall be provided to eligible members in Aid Code 89 (legal residents) and Aid Code 50 (undocumented) in addition to their CMSP Standard Benefit that requires payment or obligation of a monthly SOC before the CMSP Standard Benefit is provided. Under the CMSP Primary Care Benefit, there will be no SOC or copay for medical services and a \$5 copay for prescription medications.

The new Primary Care Benefit begins effective May 1, 2016, which is the same effective date as the set of CMSP eligibility changes approved by the Governing Board (see ACL 16-02 for further information about these eligibility changes). This means that all CMSP applications with beginning dates of aid on or after May 1, 2016 shall be determined in accordance with the revised CMSP eligibility rules and the new Primary Care Benefit shall be granted if CMSP eligibility is granted.

Please Note: CMSP applications “in process” and with beginning dates of aid *prior to May 1, 2016* shall be processed in accordance with the Existing CMSP Eligibility Manual (dated effective February 1, 2015). Only applications with beginning dates of aid on or after May 1, 2016 shall be determined under the new CMSP eligibility rules and for the new Primary Care Benefit.

With regard to eligibility system programming, for C-IV system counties, the changes to CMSP eligibility and the associated determination of eligibility for the CMSP Standard Benefit and the new Primary Care Benefit shall be effective May 1, 2016, but system programming will not be completed until May 23, 2016. For CalWIN system counties, the set of changes to CMSP eligibility and the associated determination of eligibility for CMSP and the new Primary Care Benefit shall be effective May 1, 2016, but system programming will not be completed until May 9, 2016. All applications received between May 1 and the date system changes are completed shall be identified by C-IV and CalWIN for manual processing by counties.

Primary Care Benefit Coverage Eligibility Term. There are some important differences between the effective start dates for coverage under the CMSP Primary Care Benefit and the CMSP Standard Benefit. These differences include the following:

- The Primary Care Benefit *effective start date* shall be the first of the month following approval for CMSP eligibility, and the enrollment term shall extend to the end of the CMSP enrollment term. These dates of coverage shall be listed on the Primary Care Benefit Identification Card (see example on the following page). The effective start date of CMSP Standard Benefit coverage is the first of the month of application.
- Retroactive coverage *shall not be provided* under the Primary Care Benefit. Services shall be covered only during the enrollment term listed on the ID card. Under new CMSP eligibility rules, effective June 1, 2016, one month of retroactive eligibility may be approved for the CMSP Standard Benefit.

About the New Primary Care Benefit

Scope of Primary Care Benefit Coverage. The new added benefit provides coverage for a variety of services during the member’s eligibility period. These services include:

- Primary care and/or specialty care services (with no SOC or copay) for:
 - Up to three (3) medical office visits with a primary care doctor and/or specialist, or for physical therapy or other selected services
 - Preventive health screenings: annual physical, specific lab tests and cancer screenings
 - Specific diagnostic tests and minor office procedures
- Prescription drug coverage with a \$5.00 copay per prescription (maximum benefit limit of \$1,500 in prescription costs)

For further information, see Table 1 at the end of this letter, which lists covered benefits, any required SOC or copay, and when a “Medical Reservation” is required.

Prescriptions: Prescription drugs (medications listed on the CMSP Primary Care Benefit formulary) are a covered benefit with a \$5.00 copay per medication (with a maximum drug benefit of \$1,500 per eligibility period). Prescription drug services are administered by MedImpact. The Primary Care Benefit ID Card provides information on how to contact MedImpact for information and assistance with prescription drug coverage. In addition, information is available by calling MedImpact at 1-800-788-2949 and will be posted at http://www.cmspcounties.org/benefits/prescription_drug.html.

Emergency Services: Emergency Services are NOT covered by the CMSP Primary Care Benefit. Instead, Emergency Services are covered by the CMSP Standard Benefit. If CMSP members have an emergency, they are encouraged to go to the nearest hospital emergency department or call 911.

Separate CMSP Primary Care Benefit Identification Card. The new benefit comes with a separate CMSP “Primary Care Benefit” ID card (example below). This ID card provides the member’s unique ID, period of Primary Care Benefit eligibility, required copays for services, and the number to call for medical providers to get “Medical Reservations” (approvals) for certain services.

<p>CMSP COUNTY MEDICAL SERVICES PROGRAM</p> <p>PRIMARY CARE BENEFIT Call PCB Information/Reservation Hotline: (888) 744-2760</p> <p>Member Name: PCB Member ID: PCB Benefit Period: FROM MO/YEAR – TO MO/YEAR</p> <hr/> <p>Customer Service: (888) 744-2760 Medical Visit Copay: \$0 TTY Line: (562) 429-8162 Pharmacy Copay: \$5 /Rx Pharmacy: (800) 788-2949 Benefit Limit: 3 visits, \$1,500 Rx</p> <hr/> <p>Providers must check eligibility and obtain a reservation number prior to providing medical services by calling the CMSP PCB Hotline: (888) 744-2760.</p> <p>Please see the reverse side of the card for Important Medical and Pharmacy Coverage & Claims Details</p>	<p>AMM ADVANCED MEDICAL MANAGEMENT INC.</p> <p>PCB Medical Benefit limited to (3) Primary Care or Specialist Visits, Adult Preventative Health Screenings, Selected Lab & Diagnostic Tests performed by contracted providers with no Share of Cost or copay. Providers must check eligibility and obtain a reservation number prior to providing medical services by calling the CMSP PCB Hotline: (888) 744-2760. For more information, please visit AMM website at www.amm.cc.</p> <hr/> <p>Claims: Advanced Medical Management Inc. Payer IDs for electronic claims: 5000 Airport Plaza Drive #150 Emdeon- CMSP1 Long Beach, CA 90815-1260 Office Ally- AMM15</p> <hr/> <p>MedImpact</p> <p>PCB Pharmacy Benefit through MedImpact; not an AMM product. PCN/Group No. 50145. PCB Pharmacy Benefit limited to \$1,500 for the PCB Benefit Period with \$5 copay per Rx. Network and formulary restrictions apply. Pharmacies contact MedImpact at (800) 788-2949 for coverage details.</p>
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Please Note: The CMSP member shall receive three separate benefit identification cards. In addition to the CMSP Primary Care Benefit ID card (above), the member shall also receive a CMSP Standard Benefit ID card and a State of California Benefits Identification Card (see ACL 15-02 for information on these other ID cards.)

Covered Services Provided During Eligibility Period Only. All covered services and prescriptions *must be provided* during the Primary Care Benefit eligibility period dates printed on the PCB card. No services or prescriptions shall be covered outside of the eligibility period.

Some Services Require a “Medical Reservation.” Coverage is provided for up to three (3) medical office visits with a primary care provider, specialist and for other selected services. To obtain these services, members must use a CMSP/AMM contracted health care provider and the provider must call the PCB Reservation/Information number on the PCB ID card (1-888-744-2760) to “reserve” one of the three covered visits. Without the reservation number, payment for medical services shall not be approved.

CMSP/AMM Network Providers Must Be Used. With the exception of emergency medical services, services must be provided by a contracted CMSP/AMM network provider. To locate CMSP/AMM network providers see the AMM website at <https://cmsp.amm.cc> or contact AMM Customer Service at 1-877-589-6807.

Summary of Benefits under the Primary Care Benefit. The new Primary Care Benefit provides coverage for the benefits listed in Table 1 *in addition to* coverage provided to Aid Code 89 and Aid Code 50 members under the CMSP Standard Benefit.

Table 1 CMSP Primary Care Benefit Summary of Benefits and Benefit Requirements			
Benefit	Counts as Office Visit*	Requires AMM Reservation	Requires SOC or Copay
Office visit with Primary Care Provider or Specialist	Yes	Yes	No
In-office minor medical procedures	Yes, unless provided as part of an already approved office visit	Yes, unless provided as part of an already approved office visit	No
Physical Therapy	Yes	Yes	No
X-ray of head, neck, trunk, and upper or lower extremities	Yes	Yes	No
Ultrasound of head, neck, trunk, and upper or lower extremities	Yes	Yes	No
EKG, Osteoporosis, DEXA Scan	Yes	Yes	No
Preventive screenings	No	No	No
Routine lab tests	No	No	No
Adult immunizations	No	No	No
Screening for depression, alcohol misuse, obesity counseling (by a physician)	No	No	No
Screening for HIV, HPV, Hepatitis B/C, and STI screening (by a physician)	No	No	No
Tobacco Use counseling and intervention (by a physician)	No	No	No
Prescription Medications	No	No	\$5 copay per medication
*Up to 3 Office Visits per enrollment term			

If you have any questions regarding this letter or the new CMSP Primary Care Benefit that shall be effective May 1, 2016, please contact Chris Salmon, IT Administrator, at csalmon@cmspcounties.org or 916-649-2631, ext. 15.

Sincerely,

Kari Brownstein
Administrative Officer