Provider Training
CMSP 2016 Pilot Program
Eligibility Enhancements
and
New Primary Care Benefit
March 17, 2016
CMSP 2016 PILOT PROGRAM PROVIDER TRAINING
Presented by Advanced Medical Management

WELCOME

Presenter:
Linda Boyd, CMSP/AMM Administration Manager
Meeting Logistics

This presentation is being recorded. A link to the Webinar presentation and copies of the slides will be available on April 1st on the following website:

www.cmspcounties.org/news/webinars.html
A CMSP County training webinar on this topic was presented to CMSP Counties on March 8\textsuperscript{th} and March 10\textsuperscript{th} and will be available for viewing on 3/18/2016 at:

www.cmspcounties.org/news/webinars.html

The County training provides more detailed information on the CMSP Eligibility Expansion than you will be receiving today.
Provider Training Agenda

- Introductions
- Background
- CMSP 2016 Pilot Program
  - Eligibility Expansion
  - New Primary Care Benefit
Key Abbreviations

- **ACA** = Affordable Care Act
- **AMM** = Advanced Medical Management, Inc.
- **BIC** = Beneficiary Identification Card
- **CMSP** = County Medical Services Program
- **PCB** = Primary Care Benefit
- **SOC** = Share of Cost
- **TPA** = Third Party Administrator
Introductions
The County Medical Services Program (CMSP) provides limited-term health coverage for uninsured low-income, indigent adults (ages 21-64) that are not otherwise eligible for other publicly funded health programs. Thirty-five, primarily rural California counties participate in CMSP. The CMSP Governing Board, established by California law in 1995, is charged with overall program administration and fiscal responsibility for the program.
Participating Counties:

1. Alpine
2. Amador
3. Butte
4. Calaveras
5. Colusa
6. Del Norte
7. El Dorado
8. Glenn
9. Humboldt
10. Imperial
11. Inyo
12. Kings
13. Lake
14. Lassen
15. Madera
16. Marin
17. Mariposa
18. Mendocino
19. Modoc
20. Mono
21. Napa
22. Nevada
23. Plumas
24. San Benito
25. Shasta
26. Sierra
27. Siskiyou
28. Solano
29. Sonoma
30. Sutter
31. Tehama
32. Trinity
33. Tuolumne
34. Yolo
35. Yuba

35 Participating Counties
Advanced Medical Management (AMM) is the Third Party Administrator (TPA) for CMSP since April 1, 2015.

AMM responsible for:

* Provider contracting
* Issuance of CMSP and Primary Care Benefit ID cards
* Utilization Review/Authorizations for Standard CMSP Medical & Dental Care
* Reservations for Primary Care Benefit visit
* Claims processing and payment
* Customer Service
Participation in CMSP’s New Primary Care Benefit Program is limited to CMSP Contracted Providers only. If you are not a contracted provider and are interested in becoming one, please contact AMM’s Contracting Department:

Carissa Jordan, Contract Administrator
(562) 766-2000 Ext 244
cjordan@amm.cc

Kristin Gates, Contract Manager
(562) 766-2000 Ext 272
kgates@amm.cc
CMSP/AMM
2016 Pilot Program
Provider Training

BACKGROUND
The CMSP Governing Board held a Strategic Planning Meeting in June 2015. One of the actions the Governing Board took was to create a Two-Year Pilot Project:

* Eligibility Enhancements
* New Primary Care Benefit for Aid Code 50 and SOC members (Aid Code 89)
2016 CMSP PILOT PROGRAM

ELIGIBILITY ENHANCEMENTS
PILOT BEGINS

MAY 1, 2016
CMSP Eligibility Criteria Expands on 5/1/2016:

* Federal Poverty Level and Asset Limits Expanded
* CMSP Enrollment Term expanded to up to 6 months
* Share of Cost: waived or reduced by 75%
* Retroactive Eligibility: expanded from 10 days to 1 month
<table>
<thead>
<tr>
<th>CMSP ELIGIBILITY CRITERIA</th>
<th>Applications 4/30/16 &amp; Prior</th>
<th>Applications 5/1/16 – End of Pilot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Poverty Level</td>
<td>≤ 200% FPL</td>
<td>≤ 300% FPL</td>
</tr>
<tr>
<td>Asset Test Income ≤ 138% FPL</td>
<td>$2,000 single, $3,000 couple</td>
<td>Waived, no asset test</td>
</tr>
<tr>
<td>Asset Test Income above 138%</td>
<td>$2,000 single, $3,000 couple</td>
<td>$20,000 single, $30,000 couple</td>
</tr>
<tr>
<td>Term (Aid Code 50)</td>
<td>2 months</td>
<td>6 months</td>
</tr>
<tr>
<td>Term (Aid Codes 88, 89)</td>
<td>Up to 3 months</td>
<td>Up to 6 months</td>
</tr>
<tr>
<td>Share of Cost Income ≤ 138% FPL</td>
<td>Net nonexempt income less maintenance need</td>
<td>Waived, no SOC</td>
</tr>
<tr>
<td>Share of Cost Income above 138%</td>
<td>Net nonexempt income less maintenance need</td>
<td>75% reduction to prior formula</td>
</tr>
<tr>
<td>Retroactive Eligibility</td>
<td>10-day Pre-Enrollment Policy thru April 2016</td>
<td>1st month of retro CMSP in May 2016 for June applications</td>
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</tbody>
</table>
Members can qualify for CMSP through application at their County Social Services Office.

Exclusions from CMSP Eligibility:
* Persons enrolled in or eligible for Medi-Cal (Full Scope or Pregnancy/Emergency Services Only) are not eligible to receive CMSP or the new Primary Care Benefit
* Remember, CMSP is the payer of last resort
* An applicant cannot decline enrollment in Medi-Cal in order to obtain CMSP coverage
Upon enrollment, CMSP members receive a CMSP ID Card from AMM & a State of California BIC.
Aid Code means the two-digit number which indicates the Aid Category under which a person is eligible.

<table>
<thead>
<tr>
<th>Aid Code</th>
<th>Beneficiary Description</th>
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<tbody>
<tr>
<td>88</td>
<td>CMSP no share of cost</td>
</tr>
<tr>
<td>89</td>
<td>CMSP with a share of cost</td>
</tr>
<tr>
<td>50</td>
<td>CMSP member is undocumented; emergency services only; with a share of cost</td>
</tr>
</tbody>
</table>
Standard CMSP Eligibility Verification

Providers may use the BIC to verify eligibility in these ways:

- Swipe BIC in the **point-of-service (POS) device** to verify eligibility and determine if SOC applies
- Call the Automated Eligibility Voice System (**AEVS**) at (800) 456-2387
- Log on to the **Medi-Cal website** at medi-cal.ca.gov/Eligibility/Login.asp
- Contact AMM Customer Service at (877) 589-6807
Standard CMSP Benefits
Summary of Standard CMSP Benefits*

- Acute inpatient hospital care
- Adult day health care services
- Audiology services
- Blood and blood derivatives
- Chronic hemodialysis services
- Specified dental services
- Durable medical equipment
- Emergency air and ground ambulance services
- Hearing aids
- Home health agency services
- Hospital outpatient services
- Laboratory and radiology services
- Medical supplies

- Non-emergency medical transportation when medically necessary
- Occupational therapy services
- Outpatient clinic services
- Outpatient heroin detoxification services
- Pharmaceutical services provided by network pharmacies
- Physical therapy services
- Physician services
- Podiatry services
- Prosthetic and orthotic appliances
- Psychiatric services (inpatient & outpatient) provided by a licensed, in-network psychiatrist
- Speech therapy services

* Benefit restrictions & authorization requirements may apply
CMSP does not cover the following services:

- Pregnancy-related services, infertility services, long-term care facility services, chiropractic services, acupuncture services, cosmetic services, sexual reassignment services, vision services, methadone maintenance, and services by a Psychologist, LCSW, MFT, or substance use disorder counselor
- All services provided outside of the State of California and designated border state areas
- Services provided by providers that do not participate in the CMSP network administered by Advanced Medical Management (excluding emergency services) and the MedImpact Healthcare Systems pharmacy network
- Organ transplants for persons who are eligible for CMSP emergency services only under aid code 50
CMSP 2016 Pilot Program

New Primary Care Benefit Program
Purpose
Eligibility
PCB ID Card
Important Features
PCB Covered Benefits
PCB Visit, 3 Visit Benefit Limitation
PCB Visit Reservation
PCB Patient Processing
Referrals
Claims Submission
Purpose:
Provide a new limited scope Basic Primary Care Benefit that provides coverage for a limit of three (3) Primary Care or Specialty Care visits including preventive services, specified diagnostic tests, specified rehabilitation services, and prescription medications.
New Primary Care Benefit Eligibility

* Only Aid Code 50 & 89 are enrolled in PCB Benefit Program. (Aid Code 88 members are excluded from the PCB as they already have access to the covered services without a SOC)

* Aid Code 50 members, which only have access to coverage for emergency services under the standard CMSP benefit package, have access to primary and preventative healthcare services under the PCB.
PCB Eligibility Period: Up to 6 months with a start and stop date
* Ending PCB month will not be greater than member’s Standard CMSP enrollment term
* Once the member’s PCB period has been established, changes in aid won’t impact member’s PCB benefit
* No Share of Cost: Member’s Standard CMSP Share of Cost does not apply to this benefit
Primary Care Benefit Eligibility
Effective: May 1st

- Members will be issued a separate CMSP PCB ID number starting with the letters “PCB”
  
  *For example: PCB91234567A*

- Members will be issued a separate CMSP PCB ID Card. PCB ID card will be in addition to the CMSP ID & BIC cards

- Member guide explaining the benefit will be sent with PCB ID card

- The PCB ID Card and PCB ID number must be used to access PCB Covered Services
Member PCB ID Card

PRIMARY CARE BENEFIT
Call PCB Information/Reservation Hotline: (888) 744-2760

Member Name: 
PCB Member ID: 
PCB Benefit Period: FROM MO/YEAR – TO MO/YEAR

<table>
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<tr>
<th>Customer Service: (888) 744-2760</th>
<th>Medical Visit Copay: $0</th>
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<tbody>
<tr>
<td>TTY Line: (562) 429-8162</td>
<td>Pharmacy Copay: $5 /Rx</td>
</tr>
<tr>
<td>Pharmacy: (800) 788-2949</td>
<td>Benefit Limit: 3 visits, $1,500 Rx</td>
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Providers must check eligibility and obtain a reservation number prior to providing medical services by calling the CMSP PCB Hotline (888) 744-2760. Please see the reverse side of the card for Important Medical and Pharmacy Coverage & Claims Details

PCB Medical Benefit limited to (3) Primary Care or Specialist Office 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 cmsp.amm.cc.

Claims: Advanced Medical Management Inc.
5000 Airport Plaza Drive #150
Long Beach, CA 90815-1260

PayerIDs for electronic claims:
Emdeon- CMSPI
Office Ally- AMM15

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.
PCB Services must be provided by a **Contracted CMSP Provider** to be considered a covered payable service.

To locate CMSP Contracted Providers, please contact AMM Customer Service at *(877) 589-6807*.

If you are not a contracted Provider and are interested in becoming one please contact AMM’s Contracting Department:

- Carissa Jordan, Contract Administrator
  - (562) 766-2000 ext 244
  - cjordan@amm.cc

- Kristin Gates, Contract Manager
  - (562) 766-2000 ext 272
  - kgates@amm.cc
CMSP Primary Care Benefit

- Important Features:
  - Benefit Eligibility Period up to 6 months
  - No Share of Cost
  - Limited to Three (3) Visits within the benefit eligibility period
  - Includes PCP or Specialist office visits, Preventive Health Screenings, Laboratory Tests, Diagnostic tests, Prescriptions
  - Reservation Number is required to track visits and for claims payment
PCB Covered Benefits

Includes the following services:

- Primary Care or Specialist Office Visits ($0 copay)
- Preventive Health Screenings
- Routine Screening Laboratory Testing
- Adult Immunizations
- Specified X-rays of head, neck, chest, trunk upper & low extremities
- Specified Ultrasound of head, neck, trunk, upper & lower extremities
- Colorectal Cancer Screening: Fecal Occult, Sigmoidoscopy, Colonoscopy
PCB Covered Benefits

- EKG, interpretation & report, basic
- Osteoporosis Screening, Dual Energy X-Rays (DEXA Scan)
- Screening for Depression, Alcohol Misuse, Obesity Counseling performed by a physician
- HIV, HPV, Hepatitis B, Hepatitis C, STI Screenings
- I&D of Abscess, Limited
- Ingrown Toenail Removal
- Destruction of benign lesions
- Removal of simple or superficial benign skin lesions
- Laceration repair of superficial wounds, simple
PCB Covered Benefits

- Skin tag removal, benign, limited
- Physical Therapy
- Tobacco Use counseling and intervention by a physician
- Treatment of minor hemorrhoids
- Prescription Medications with a $5 copay/$1500 max benefit limit

For a complete list of PCB covered benefits, please refer to the cmsp.amm.cc website as of May 1, 2016.
Some PCB benefit exclusions include:

* Hospital Coverage, Inpatient & Outpatient Surgery, CT, MRI, Dental Coverage and Emergency Services

* Please note: The above benefits may be included in Standard CMSP Benefits for which the member may be eligible. Aid code 50 members are only eligible for Emergency Services.

* For a list of Standard CMSP Covered Benefits, please refer to the CMSP Provider Manual located on the website: https://cmsp.amm.cc/providers/
Primary Care Benefit
Visit Reservation
During the PCB eligibility period, there is a three (3) visit limitation. Providers must obtain a reservation number from AMM to account for the PCB visit and receive claims payment.
Each of the following PCB Covered Services are counted as one separate visit and require a separate visit reservation:

- Primary Care Office Visit
- Specialty Care Office Visit
- Covered Office procedures (i.e., I&D of abscess)
- Covered Physical Therapy Visit
- Covered Ultrasound
- Covered X-ray
- Covered EKG
PCB covered services that do not count towards the 3 visit limit and do **not** require a separate reservation:

- PCB Covered Lab Tests
- PCB Covered Adult Immunizations
- Colonoscopy
- Sigmoidoscopy
Prior to rendering services, the Provider must obtain a PCB visit reservation number by calling the AMM PCB information/reservation hotline:

(888) 744-2760

Remember there is a three (3) visit PCB benefit limit

The reservation number acts as a tracking number to “reserve” one of the three PCB visits allowed during the PCB benefit period and as an authorization for services.
Visit Reservations can be obtained any time prior to a CMSP members’ appointment or immediately if needed for walk-ins patients.

Important: You must have a reservation number before providing services to receive payment from CMSP.
Once again, to obtain a PCB Visit reservation call (888) 744-2760

A customer service specialist will collect member and provider information to:

* Run an eligibility and benefit check
* Check for visit reservation availability (3 visit reservations limit)
If the member is eligible and has not exhausted the 3 visit benefit, the reservation number will be issued to you. The reservation number will be maintained in the Cerecons online provider portal.

If the reservation number is not used because a patient fails an appointment or for any other reason, please call (888) 744-2760 to cancel the reservation.
Registering the Patient with a PCB ID

- Copy/Scan the PCB ID Card for your records.
- Register the patient in your system under the PCB ID number.
- Note: Because this is a different number than the standard CMSP ID number, you may have to add it as a separate “insurance”.
- Enter the PCB Benefit eligibility start and stop date
- Enter the PCB Visit Reservation number so it will appear in field/box 23 on a 1500 claim form and field/box 63 on a UB-04.
PCB: Referrals to Specialists or Ancillary Services

* Refer to CMSP Contracted Providers only
* To locate CMSP Contracted Providers, please call AMM Customer Service at (877) 589-6807
PCB: Referrals to Specialists or Ancillary Services

* Refer only for PCB Covered Services
* Note: If the member has exhausted the PCB 3 visit limitation, the member may be eligible for services under Standard CMSP Benefits. Services may require Prior Authorization and may be subject to a Share of Cost.
* Note: Aid Code 50 is eligible for Emergency Services only under Standard CMSP
PCB Claims Submission
PCB Claim Submission

- Submit the claim using the PCB member ID number
- Submit with the Visit Reservation number in Field/Box 23 on form 1500 and Field/Box 63 on a UB-04
- Please note: Claim must contain the PCB ID number and a Visit Reservation number to be paid.
- Submit paper claims to:
  CMSP - Advanced Medical Management, Inc.
  Attn: Claims Department
  5000 Airport Plaza Drive, Suite 150
  Long Beach, CA 90815-1260
### PCB Claims Submission

Electronic claims submission Clearinghouses:

<table>
<thead>
<tr>
<th>Clearinghouse</th>
<th>PayerID</th>
<th>Support Phone#</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emdeon/Capario</td>
<td>CMSP1</td>
<td>(888) 363-3361</td>
<td><a href="http://www.emdeon.com">http://www.emdeon.com</a></td>
</tr>
<tr>
<td>Claimremedi</td>
<td>CMSP</td>
<td>(800) 763-8484</td>
<td><a href="http://claimremedi.com">http://claimremedi.com</a></td>
</tr>
</tbody>
</table>

For a complete list of AMM CMSP clearinghouses, please visit our website: cmsp.amm.cc/providers/claims-billing
Primary Care Benefit
Example Patient Scenarios
PCB Patient Care Scenario Number 1

CMSP Member Receives PCB ID Card → Makes an appointment for an Annual Physical → Provider Calls PCB Hotline for a Visit Reservation number

Member has a visit reservation available, number is given → Member is registered with PCB ID number → Provider performs exam & orders well panel labs & flu shot

No new reservation required for labs & flu immunization → Provider orders screening colonoscopy at GI Endoscopy Center → No new reservation required for colonoscopy

Provider advises patient to come back in one week for follow up → Provider office calls for new reservation. Reservation is available. → Member returns for follow up visit. Two reservations now used.
CMSP Member Receives PCB ID Card

Walks in to clinic with a swollen ankle

Provider Calls PCB Hotline for a Visit Reservation number

Member has a visit reservation available, number given

Provider orders a x-ray of ankle at Radiology Office

New reservation required, Provider calls & reservation is available

X-ray shows fracture, PCP refers patient to Orthopedic Specialist

Ortho Office calls PCB hotline for new visit reservation, available

Orthopedist sees patient & orders surgery on ankle

Surgery Not a PCB Covered Service

If eligible, member reverts to Standard CMSP

Ortho Office, uses regular CMSP ID number verifies eligibility, collects SOC obtains authorization for surgery
CMSP Member Receives PCB ID Card

Makes appointment with Specialist for follow up visit

Specialist calls for PCB reservation

Reservation number available and given

Specialist see the patient & orders Ultrasound at Imaging Center

Specialist calls hotline for new visit Reservation number. Number given.

Specialist orders the patient to come back in one month

Specialist office calls hotline to get reservation for future visit

Reservation available and given. 3 visit reservations used

PCB Patient Care Scenario Number 3
CMSP Member has a PCB ID Card

Makes an appointment for an Annual Physical

Provider Calls PCB Hotline for a Visit Reservation number

Member has a NO reservation available, has used 3 visits

Member has Standard CMSP eligibility

Provider verifies eligibility & SOC, Registers with CMSP ID & collects SOC
On April 1, 2016, a link to this Webinar presentation and copies of the slides will be available on the CMSP website

www.cmspcounties.org/news/webinars.html
AMM Website
Contact information

* CMSP/AMM website:
  http://cmsp.amm.cc/contact-us/

- Linda Boyd, CMSP/AMM Administration Manager
  (562) 766-2000 Ext 236
  lboyd@amm.cc

- Yamini Rathod, Client Services Administrator
  (562) 766-2000 Ext 238
  yrathod@amm.cc
Other Important Numbers

AMM Customer Service
(877) 589-6807

AMM PCB Hotline/Reservation
Note: Number will staffed on May 2, 2016
(888) 744-2760

MedImpact Customer Service (CMSP Pharmacy Services Administrator)
(800) 788-2949
For questions regarding CMSP Eligibility & Benefits, Authorizations, Claims, and the New Primary Care Benefit & PCB Visit Reservations, please refer to the updated CMSP Provider Manual which will be available in April 2016 at:

https://cmsp.amm.cc/providers/
Thank you for Attending!