



# CMSP

## COUNTY MEDICAL SERVICES PROGRAM

*Transitional Addendum*  
**CMSP Pilot Program**  
(Benefit Period May 1, 2016 – August 31, 2018)  
**CMSP Primary Care Benefit**  
**Provider Operations Manual**

## **Memorandum**

**Please note, this transitional addendum contains updated information regarding the Primary Care Benefit. Information on the program including benefits, eligibility, claims submission, and reservations is provided for two dates of service (DOS) ranges:**

**May 1, 2016 through August 31, 2018  
and  
September 1, 2018 and forward.**

**If you have any questions regarding the Primary Care Benefit pilot program, please contact (877) 589-6807.**

**Provider Operations Manual Transitional Addendum  
(Formerly Primary Care Benefit)  
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## Section 15.0 – Introduction

### ***15.1 County Medical Services Program (CMSP) Pilot Program – CMSP Primary Care Benefit (DOS: 05/01/2016 – 08/31/2018)***

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.

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 that included CMSP eligibility enhancements and a new Primary Care Benefit for Aid Code 50 members and Aid Code 89 (SOC) members.

Sections 15.0 – 16.17 of the CMSP Provider Operations Manual focus on the formerly known Primary Care Benefit Program. For detailed information on the CMSP Benefit Provider Administrative Procedures, Member Eligibility, Covered Benefits, Claims, Billing and Utilization Management, please refer to Sections 1.0 to 14.0 of the CMSP Provider Operations Manual. Effective September 1, 2018, the Primary Care Benefit will be integrated into the CMSP Standard Benefit program. Refer to the CMSP Provider Operations Manual for services rendered on or after September 1, 2018.

### ***15.2 Primary Care Benefit - Contracted Providers Only***

All Primary Care Benefit services must be rendered by a **Contracted CMSP Provider** to be considered a covered payable service. To locate CMSP Contracted Providers, please visit our website at [cmsp.amm.cc/providers](http://cmsp.amm.cc/providers) or 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 Manager  
(562) 766-2000 Ext 244  
[cjordan@amm.cc](mailto:cjordan@amm.cc)

Krystal Melgoza, Contract Coordinator  
(562) 766-2000 Ext 222  
[kmelgoza@amm.cc](mailto:kmelgoza@amm.cc)

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## Section 16.0 – Primary Care Benefit

### ***16.1 Primary Care Benefit (PCB) Overview (DOS: 05/01/2016 – 08/31/2018)***

The purpose of the Primary Care Benefit was to provide a limited scope, basic primary care benefit that provides coverage for up to three (3) Primary Care or Specialty Care visits, preventative services, specified lab & diagnostic tests, and prescription medications.

### ***16.2 PCB Pilot Program Benefit Period***

- The PCB Pilot Program Benefit Period began May 1, 2016 and ends August 31, 2018.
- Effective for Dates of Service (DOS) September 1, 2018 and forward, the PCB Program will be incorporated into the CMSP Standard Benefit program.

### ***16.3 Key Features of Primary Care Benefit (DOS 05/01/2016 – 08/31/2018)***

- Covered medical services are based on Adult Preventative Health services covered under the ACA and include preventive health screenings, laboratory tests and diagnostic tests
- Services must be provided by CMSP contracted providers
- Benefit Eligibility Period is up to 6 months
- No Share of Cost or Office Visit copay for covered PCB medical services
- \$5 co-pays for PCB pharmacy services (with a limit to \$1,500 in prescription drug benefits per PCB Benefit Eligibility Period)
- Limited to Three (3) “Office Visits” within the Benefit Eligibility Period for certain services: PCP, specialist, physical therapy, and others (see Section 16.9 of this Transitional Addendum)
- Reservation Number was required to track Office Visits and for claims payment

### ***16.4 PCB is no longer just an additional benefit (DOS 09/01/2018 – current)***

Prior to September 1, 2018, the Primary Care Benefit (PCB) program was in addition to the CMSP Standard Benefit coverage program (see Sections 1.0 – 14.0 of the CMSP Provider Operations Manual). For Dates of Service on or after September 1, 2018, Primary Care and Preventative services have been integrated into the Standard Benefit program. Please see the CMSP Provider Operations Manual for more information.

## Section 16.0 – Primary Care Benefit

### 16.5 PCB Program Eligibility (DOS 05/01/2016 – 08/31/2018)

Only Aid Code 50 and Aid Code 89 CMSP members were enrolled in the PCB Program. NOTE: Aid Code 88 CMSP members were excluded from the PCB program because they already had access to the covered services without a SOC.

### 16.6 PCB Benefit Period (DOS 05/01/2016 – 08/31/2018)

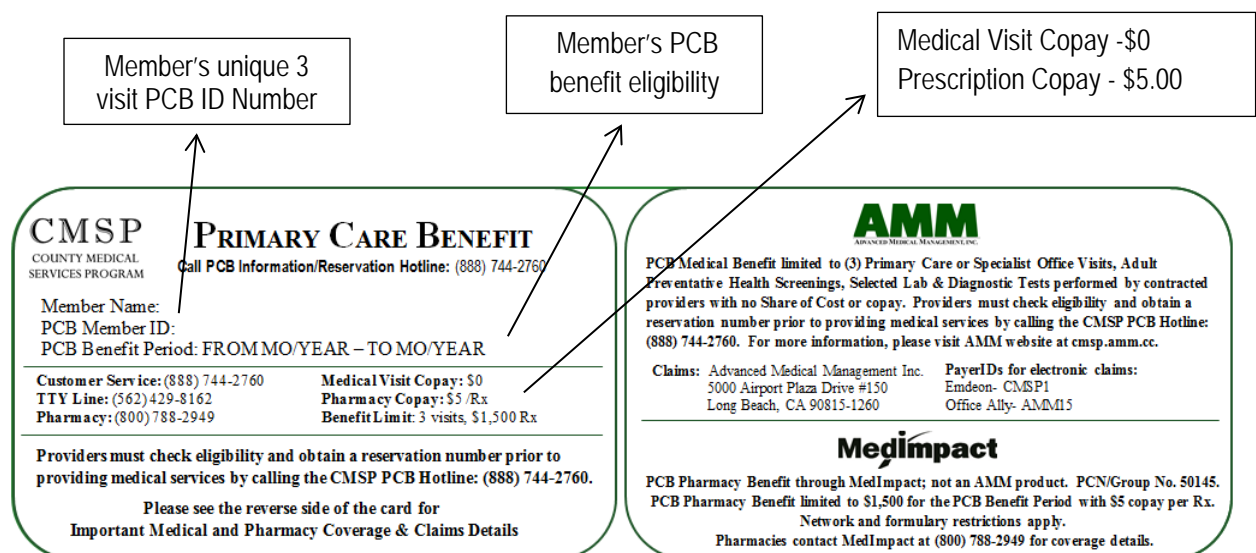
The Primary Care Benefit Eligibility Period was a period of up to 6 months with a start and stop date. The ending benefit period would not be greater than the member’s standard CMSP enrollment term. After the member’s PCB benefit period had been established, changes in aid status did not impact the member’s PCB benefit.

The PCB Eligibility Benefit Period was printed on the member’s Primary Care Benefit ID Card.

### 16.7 PCB ID Card (DOS 05/01/2016 – 08/31/2018)

Members were issued a separate CMSP PCB ID number starting with the letters “PCB” for example: **PCB91234567A**. This PCB ID card was in addition to the CMSP Standard Benefit ID card & the BIC card. (See Section 2.0, Page 12 of the CMSP Provider Operations Manual.)

A CMSP Member Guide explaining how to utilize the CMSP Primary Care Benefit as well as the CMSP Standard Benefit was sent to all eligible members. The PCB ID Card must be presented by the Member to access PCB covered services and the PCB ID number must be used for claims payment.



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## Section 16.0 – Primary Care Benefit

### *16.8 PCB Covered Benefits and Visit Reservations (DOS 05/01/2016 – 08/31/2018)*

This section provides a general overview of the Primary Care Benefit covered benefits/services and the PCB visit reservation requirements.

### *16.9 PCB Visit Reservations (DOS 05/01/2016 – 08/31/2018)*

During the PCB eligibility period, there is a three (3) visit limitation.

Providers were to obtain a reservation number from AMM to account for the PCB visit and receive claims payment. Visit Reservations could be obtained any time prior to a CMSP members' appointment or immediately if needed for walk-in patients. The visit reservation is valid for 60 days following the date of issuance. Please note, any reservation made after September 1, 2018 will no longer be valid as the authorization will have expired on August 31. The first 8 digits of the reservation number refer to the year, month and day of approval.

**Important: Providers must have a reservation number before providing services to receive payment from CMSP.**

Each of the following PCB Covered Services were counted as one separate visit and required 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 did NOT count towards the 3 visit limit and did NOT require a separate visit reservation:

- Covered Labs ordered by a CMSP Provider
- Covered Immunizations
- Screening Colonoscopy
- Sigmoidoscopy

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### 16.10 PCB Benefit Table (DOS 05/01/2016 – 08/31/2018)

The following PCB Benefit table summarizes the PCB Covered Benefits, what services counted as a PCB visit, what services required a visit reservation, and member financial responsibility.

<b>CMSP Primary Care Benefit Summary of Benefits and Benefit Requirements</b>			
<b>Benefit</b>	<b>Counts as Office Visit*</b>	<b>Requires AMM Reservation</b>	<b>Requires SOC or Copay</b>
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
Routine lab tests	No	No	No
Adult immunizations	No	No	No
Screening for depression, alcohol misuse, obesity counseling	No	No	No
Screening for HIV, HPV, Hepatitis B/C, and STI screening	No	No	No
Tobacco Use counseling and intervention (performed by a physician)	No	No	No
Prescription Medications	No	No	\$5 copay per medication
<b>*Up to 3 Office Visits per enrollment term</b>			

\*\*Please refer to the prescription formulary listed in the CMSP Provider Operations Manual.



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## Section 16.0 – Primary Care Benefit

### ***16.11 PCB Benefit Exclusions (DOS 05/01/2016 – 08/31/2018)***

PCB benefit exclusions included Emergency Services, Hospital Coverage, Inpatient & Outpatient Surgery, CT, MRI, and Dental Coverage. These benefits may be included in CMSP Standard Benefit for which the member was eligible. Aid code 50 members are only eligible for Emergency Services. Medical services excluded from the CMSP Standard Benefit were also excluded from the PCB covered benefits. Please see Section 3.0 of the CMSP Provider Operations Manual for a list of benefits covered under the CMSP Standard Benefit and benefit exclusions.

**For a full list of covered services by CPT code, please refer to the CMSP Provider Operations Manual or visit our website at:**

**[https://cmsp.amm.cc/wp-content/uploads/2018/08/CMSP\\_CPT\\_Code\\_List.pdf](https://cmsp.amm.cc/wp-content/uploads/2018/08/CMSP_CPT_Code_List.pdf)**

### ***16.12 PCB Provider Operations (DOS 05/01/2016 – 08/31/2018)***

This section will go through the PCB Reservation and processing a member prior to providing medical services.

### ***16.13 Obtaining PCB Reservation Numbers (DOS 05/01/2016 – 08/31/2018)***

Prior to rendering services that count as an office visit (see Section 16.10 of this Transitional Addendum), the Provider must obtain a PCB visit reservation number by calling the PCB Information/Reservation Hotline at (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 could be obtained any time prior to a CMSP members’ appointment or at the time of service if needed for walk-in patients.

When the Provider office calls the PCB Visit reservation Hotline at **(888) 744-2760**, a customer service specialist will collect member and provider information to run a member eligibility and benefit check. If the member was eligible and the service requested was a PCB covered service, the customer service specialist would check for the member’s visit reservation availability (3 visit limit per PCB benefit period). Please note, reservations will still be accepted for dates of service prior to September 1, 2018.

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If the member had not exhausted the 3 visit PCB benefit limit, the reservation number would be issued to the Provider. This reservation number will be maintained in the Cerecons online Provider Portal. (Please refer to Section 2.6 in the CMSP Provider Operations Manual for more information on the Cerecons Provider Portal.)

### ***16.14 Unused PCB Reservation Numbers (DOS 05/01/2016 – 08/31/2018)***

If a PCB reservation obtained for a member was not used because a patient fails an appointment or for any other reason, providers were asked to please call the Hotline at (888) 744-2760 to cancel reservation.

### ***16.15 PCB Reservations for Referrals to Specialist or Ancillary Services (DOS 05/01/2016 – 08/31/2018)***

Primary Care Physicians may refer patients under the Primary Care Benefit Program to a CMSP contracted Specialist or for Ancillary Services. CMSP members should be referred to contracted providers only in order to be covered under the Primary Care Benefit. To locate CMSP contracted Providers, please refer to our website at [cmsp.amm.cc/providers](http://cmsp.amm.cc/providers) or call Customer Service at (877) 589-6807.

PCB visit reservations for referred services could be obtained by the referring Provider or the treating Provider or Ancillary facility; however, the PCB reservation must be obtained prior to providing services for that service to be paid.

### ***16.16 Registering a Patient with a PCB ID Card (DOS 05/01/2016 – 08/31/2018)***

- 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.

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## Section 16.0 – Primary Care Benefit

### ***16.17 PCB Claims Submission (DOS 05/01/2016 – 08/31/2018)***

For extensive information and full details on CMSP claims submission, processing, payment and appeals, please refer to Section 8.1 to 8.26 in the CMSP Provider Operations Manual. For claims pertaining to services performed under the Primary Care Benefit, Providers must submit the claim using the unique PCB member ID number. The PCB visit reservation number associated with the services on the claim should be in Field/Box 23 on claim form 1500 or Field/Box 63 on a UB-04. PCB claims must have the PCB ID number and PCB Reservation number on the claim 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

For faster claims submission and payment turnaround, claims can be submitted electronically through the following clearinghouses.

Clearinghouse	PayerID	Support Phone#	Website
Office Ally	AMM15	(360)975-7000 Opt. 1	<a href="http://www.officeally.com">http://www.officeally.com</a>
Emdeon/Capario	CMSP1	(888)363-3361	<a href="https://cda.changehealthcare.com/Portal/">https://cda.changehealthcare.com/Portal/</a>
Claimremedi	CMSP	(800) 763-8484	<a href="https://claimremedi.providersportal.com">https://claimremedi.providersportal.com</a>

For a complete list of AMM CMSP clearinghouses,  
Please visit our website: [cmsp.amm.cc/providers/claims-billing](http://cmsp.amm.cc/providers/claims-billing)