
MCP: Primary Care Case Management (PCCM)

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Primary Care Case Management (PCCM) program contractors case manage medical care for a voluntarily enrolled population of Medi-Cal recipients.

Note: MCP «(Managed Care Plan)» is used interchangeably with HCP (Health Care Plan). For example, recipient eligibility messages use HCP, while manual pages use MCP. PCCM plan names, addresses, telephone numbers and HCP code numbers are included in the *MCP: Code Directory* section in this manual.

PCCM Plans

The following is a Primary Care Case Management (PCCM) plan: AIDS Healthcare Centers – Los Angeles.

AIDS Healthcare Centers

AIDS Healthcare Centers, Los Angeles County, is a PCCM program specializing in the care of recipients with Acquired Immune Deficiency Syndrome (AIDS). AIDS Healthcare Centers is paid a capitation rate per person per month to cover the cost of rendering all Medi-Cal services except the noncapitated services listed on the following pages.

Eligible Recipients

Recipients with a Level 3 AIDS diagnosis are eligible for services rendered by AIDS Healthcare Centers. Level 3 patients are defined by the Center for Disease Control as having fewer than 200 T-cells.

Noncapitated Services

The services listed below are not capitated and not reimbursed by AIDS Healthcare Centers. Providers should follow billing instructions for noncapitated services (regular fee-for-service Medi-Cal) as specified in policy sections of the Medi-Cal provider manuals.

- Assisted Living Waiver Pilot Program
 - Community transition, waiver; per service
 - Coordinated care fee, initial rate
 - Coordinated care fee, maintenance rate
 - Habilitation, educational, waiver; per hour
 - Habilitation, residential, waiver; per 15 minutes
 - Home modifications, per service
 - Sign language or oral interpretive services; per 15 minutes
- California Children’s Services (CCS)
- Dental Services (bill Denti-Cal)
- Directly Observed Therapy (DOT) for tuberculosis
- End of Life Option Act counseling and discussion regarding advance directives or end of life care planning and decisions
- Federally Qualified Health Center dental (per visit code 03) services
- Genetically Handicapped Persons Program
- «Home and Community-Based Waiver Programs, including:
 - Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver
 - Assisted Living Waiver (ALW)
 - Home and Community-Based Alternatives (HCBA) Waiver
 - Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD) Waiver
 - Multipurpose Senior Services Program (MSSP) Waiver
 - Self-Determination Program (SDP) Waiver»

- Inpatient services
- Local Educational Agency (LEA) assessment services rendered to a member who qualifies for LEA services
- Local Educational Agency (LEA) services pursuant to an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP)
- Medication Therapy Management (MTM) services
- Newborn Hearing Screening Program services
- Non-Pharmacy-Dispensed Drugs – see “Noncapitated Drugs” elsewhere in this section
- Optical lenses and services rendered under the Prison Industries Authority (PIA) State contract
- Physician inpatient services
- Rural Health Clinic dental (per visit code 03) services

Authorization

Treatment Authorization Requests (TARs) for hospitalization other than for psychiatric inpatient hospital services and other noncapitated services must be submitted to AIDS Healthcare Centers. Authorization for psychiatric inpatient hospital services must be provided by the member’s mental health plan. Refer to *Inpatient Mental Health Services Program* and *Inpatient Mental Health Services Program: Plan-Authorization Directory* sections in the appropriate Part 2 manual for Mental Health Plan authorization and contact information.

Providers who accept plan referrals will receive approval to treat the recipient as part of the referral process. When members self-refer, providers must contact the plan for authorization and billing instructions. Services covered under the plan’s capitation are subject to the plan’s authorization and billing process.

Where to Submit Claims

Submit claims for capitated services to the PCCM plan. See the *MCP: Code Directory* section in this manual for plan address and telephone number information.

Submit claims for noncapitated inpatient services to the California Medicaid Management Information System (MMIS) Fiscal Intermediary (FI) with a plan-authorized TAR.

Submit other noncapitated service claims fee-for-service to the FI as specified in the appropriate Part 2 provider manual.

Other Services

The services below are noncapitated.

CHDP, Dental and Short-Doyle

Child Health and Disability Prevention (CHDP) Program services do not require plan authorization and may be billed to Medi-Cal without plan membership.

Dental services are billed to Medi-Cal Dental's fiscal intermediary.

Short-Doyle/Medi-Cal mental health program services do not require plan authorization and may be billed to the member's mental health plan without regard to plan membership.

Emergency Services

Emergency services do not require authorization. Emergency room services to evaluate whether a member's condition requires emergency care also do not require authorization. If the evaluation confirms that an emergency condition exists, the provider should render the emergency services required to stabilize the PCCM member. If emergency services are not justified, the provider must obtain authorization from the plan for post-stabilization or non-emergency services beyond the emergency services screening examination.

Documented claims for emergency room services rendered to the member must be submitted to the PCCM plan.

Medi-Services

Provision of noncapitated Medi-Services to plan members follows the same requirements as Medi-Services for fee-for-service. Chiropractors, psychologists and acupuncturists are providers of noncapitated Medi-Services.

PIA Eyewear

Prison Industry Authority (PIA) eyewear is not available to PCCM plan members, regardless of whether vision services are rendered on a capitated or noncapitated basis.

Noncapitated Drugs

The following drugs are noncapitated for PCCMs when billed by a non-Pharmacy provider. Providers should follow billing instructions for noncapitated drugs (fee-for-service) as specified in the appropriate Part 2 provider manual.

Alcohol and Heroin and Detoxification and Dependency Treatment Drugs

Selected alcohol and heroin detoxification and dependency treatment drugs that meet DHCS Medi-Cal Managed Care Division definitions are noncapitated.

- Acamprosate Calcium
- Buprenorphine extended release injection
- Buprenorphine HCl
- Buprenorphine/Naloxone HCl
- Buprenorphine implant (Probuphine)
- Buprenorphine transdermal patch *
- Disulfiram
- Lofexidine HCl
- Naloxone HCl (intranasal and injectable)
- Naltrexone
- Naltrexone Microsphere injectable suspension

Blood Factors: Clotting Factor Disorder Treatments

Selected clotting factor disorder treatments that meet DHCS Medi-Cal Managed Care Division definitions are noncapitated.

- Antihemophilic factor VIII/von Willebrand factor complex (human)
- Anti-inhibitor
- Coagulation factor X (human)
- Emicizumab-kxwh (Hemlibra)
- Factor VIIa (antihemophilic factor, recombinant)
- Factor VIII (antihemophilic factor, human)
- Factor VIII (antihemophilic factor, recombinant)
- Factor VIII (antihemophilic factor, recombinant) (Afstyla), per IU
- Factor VIII (antihemophilic factor, recombinant) (Nuwiq), per IU
- Factor VIII (antihemophilic factor, recombinant) PEGylated, per IU
- Factor IX (antihemophilic factor, purified, nonrecombinant)
- Factor IX (antihemophilic factor, recombinant)
- Factor IX complex
- Factor IX, albumin fusion protein, (recombinant), (Idelvion) per IU
- Factor X (human), per IU
- Factor XIII (antihemophilic factor, human)
- Hemophilia clotting factor, not otherwise classified
- Injection, factor VIII (antihemophilic factor, recombinant) (Obizur)
- Injection, factor VIII (antihemophilic factor, recombinant), pegylated-aucl (Jivi), 1 IU

- Injection, factor VIII, fc fusion (recombinant)
- Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebinyn), 1 IU
- «Injection, coagulation cactor IX (recombinant), (Ixinity®), 1 IU»
- Von Willebrand factor (recombinant) (Vonvendi), per IU
- Von Willebrand factor complex (human), Wilate
- Von Willebrand factor complex (Humate-P)

Erectile Dysfunction Drugs

Erectile dysfunction (ED) drugs listed in the *Part 2 – Pharmacy* provider manual are noncapitated when used for the treatment of ED, which is not a Medi-Cal benefit, and therefore not a covered service. For all other indications, ED drugs are capitated to the plans.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
«*	Not all forms of this drug are FDA approved for treatment of alcohol and heroin detoxification and dependency. The drug remains noncapitated regardless of the diagnosis for which it was used»