The Department of Health Care Services (DHCS) may develop new managed care county programs or pilot projects in California to extend coordinated, competent care to identified populations. These special projects are designed to improve recipients’ health status and to avoid unnecessary costs. This section describes managed care plans (MCPs) not mentioned in other MCP sections.

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

**AIDS HEALTH CARE FOUNDATION dba POSITIVE HEALTH CARE**

For information about AIDS Health Care Foundation, dba Positive Health Care, refer to the *MCP: Primary Care Case Management (PCCM)* section in this manual.

**PACE**

Program of All-Inclusive Care for the Elderly (PACE) plans receive a monthly capitated payment from both Medicare and Medi-Cal to offer and manage the health, medical and social services needed to restore or preserve the independence of frail elderly individuals. PACE plans include the following:

- AltaMed Senior BuenaCare – East Los Angeles
- Bakersfield PACE – Kern and Tulare Counties
- Brandman Centers for Senior Care – Los Angeles County/San Fernando Valley
- Center for Elders Independence – Alameda and Contra Costa counties
- Central Valley PACE – San Joaquin and Stanislaus counties
- Central Valley Medical Services – Fresno County
- Community Eldercare of San Diego dba St. Paul's PACE
- Family Health Centers of San Diego – San Diego County
- Gary and Mary West PACE of Northern San Diego – San Diego County
- Humboldt Senior Resource Center – Humboldt County
- InnovAge PACE – Riverside County
- InnovAge PACE – San Bernardino County
- L.A. Coast PACE – Los Angeles County
• On Lok Lifeways – Alameda County
• On Lok Lifeways – San Francisco County
• On Lok Lifeways – Santa Clara County
• Orange County Health Authority dba CalOptima PACE
• Pacific PACE – Los Angeles County
• San Ysidro Health Center dba San Diego PACE
• Sequoia PACE – Fresno, Kings, Madera and Tulare counties
• Stockton PACE – San Joaquin and Stanislaus Counties
• Sutter Senior Care – Sacramento County

Eligible Recipients

Enrollment is voluntary and individuals qualify for plan services if they meet the following criteria:

• Are 55 years of age or older
• Live in a specific geographic area
• Are certified by DHCS as nursing-home eligible
• Able to live safely in the community without jeopardizing their health or safety

Noncapitated Services

The services listed below are not capitated and are not reimbursed by PACE plans. Providers should follow the billing instructions for noncapitated services (regular Medi-Cal) as specified in policy sections of the Medi-Cal provider manual.

• Alpha-Fetoprotein testing program laboratory services administered by the DHCS Genetic Disease Branch
• California Children’s Services (CCS)
• California Community Transition (CCT) services
• Child Health and Disability Prevention (CHDP) program services
• County hospitals for the treatment of tuberculosis, or chronic medically uncomplicated narcotism or alcoholism services
• Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – Marriage, family and child counseling
• EPSDT onsite investigation to detect the source of lead contamination
• Federal or State governmental hospital (for example, Veteran Hospital or Prison Hospital) services

• Local Educational Agency (LEA) assessment services rendered to a member who qualifies for LEA services

• LEA services pursuant to an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP)

• Newborn Hearing Screening Program services

• Newborn screening, mental retardation

Authorization

Authorization for services are approved by each plan’s interdisciplinary team, which consists of primary care physicians, nurses, physical and occupational therapists, social workers, recreation therapists, home health aides, dieticians and drivers. Each PACE plan must be reachable after hours to provide authorization for after hours services, except in the case of an emergency.

Border and Out-of-State Providers

Providers in designated border communities and out-of-state providers must obtain plan authorization when rendering services to plan members, except in case of an emergency.

Where to Submit Claims

All claims for capitated services must be submitted to PACE. Claims for noncapitated services must be sent to the California MMIS Fiscal Intermediary.

See the MCP: Code Directory section in this manual for plan address and telephone number information.

Family Mosaic Project

The Family Mosaic Project is a program offered by the San Francisco City and County Department of Public Health. It serves severely emotionally disturbed children who are candidates for out-of-home placement.

This pilot project is capitated for Short-Doyle/Medi-Cal and fee-for-service mental health benefits.

Eligible Recipients

Recipients between the ages of 1 and 21 who reside in San Francisco City and County (ZIP codes 94101 through 94188) and meet the project’s criteria are eligible to enroll.
Noncapitated Services

The services listed below are not capitated and not reimbursed by the Family Mosaic Project. 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.

- Acupuncture services
- Alpha-Fetoprotein testing program laboratory services administered by the DHCS Genetic Disease Branch
- Chiropractic services
- Community-Based Adult Services (CBAS)
- Directly Observed Therapy (DOT) for tuberculosis
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) individual outpatient drug-free counseling for alcohol and other drugs
- EPSDT onsite investigation to detect the source of lead contamination
- Federal or State governmental hospital (for example, Veteran Hospital or Prison Hospital) services
- Heroin detoxification services
- Home and Community-Based Care Waiver services:
  - Acquired Immune Deficiency Syndrome (AIDS) and AIDS-Related Conditions
  - In-Home Operations (IHO) Waiver
  - Nursing Facility/Acute Hospital (NF/AH) Waiver
- Local Educational Agency (LEA) assessment services rendered to a member who qualifies for LEA services
- Multipurpose Senior Services Program (MSSP)
- Newborn Hearing Screening Program services
- Optical lenses and services rendered under the Prison Industries Authority (PIA) State contract
Capitated/Noncapitated Drugs  All drugs are noncapitated for the Family Mosaic Project Health Plan. Providers should follow billing instructions for noncapitated drugs (fee-for-service) as specified in the appropriate Part 2 manual.

Erectile Dysfunction Drugs  Erectile dysfunction (ED) drugs that are 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.

Authorization  Authorization requests for Short-Doyle and mental health services must be submitted to the Family Mosaic Project, not to the TAR Processing Center.

Where to Submit Claims  Providers submit claims for capitated services to the plan. See the MCP: Code Directory section in this manual for plan address and telephone number information.

Providers submit claims for noncapitated services (fee-for-service) to the CA-MMIS FI specified in the appropriate Part 2 manual.

SCAN Health Plan  The Senior Care Action Network (SCAN) Health Plan is a Medicare Advantage Special Needs Plan with a comprehensive risk managed care contract to serve the Medicare/Medi-Cal dual eligible population. SCAN covers Medi-Cal state plan services plus offers home and community-based services to members who are determined to require nursing facility level of care. SCAN’s goal is to provide comprehensive managed care to the senior population. SCAN also provides services to members who need long-term care in a nursing facility. Each of the following counties house two SCAN plans:

- Los Angeles
- Riverside
- San Bernardino

Eligible Recipients  Individuals qualify for SCAN services if they meet the following criteria:

- Are 65 years of age or older
- Live in specific geographic areas of Los Angeles, Riverside and San Bernardino
- Have both Medicare Part A and B benefits
- Do not have End Stage Renal Disease (ESRD) prior to enrollment
<table>
<thead>
<tr>
<th>Noncapitated Services</th>
<th>The services listed below are noncapitated and are not reimbursed by SCAN Health Plans. Providers should follow billing instructions for noncapitated services (fee-for-service) as specified in policy sections of the appropriate Part 2 manual.</th>
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<td>• California Community Transition (CCT) services</td>
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<td>• Short-Doyle/Medi-Cal services</td>
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Authorization

Authorization of plan-capitated services must be directly obtained from SCAN or the participating Independent Physicians Association (IPA) in certain cases. The Medi-Cal field offices do not authorize capitated services. Authorization of noncapitated services is provided by the Medi-Cal field offices, and Treatment Authorization Requests (TARs) for those services must be submitted to the TAR Processing Center.

Border and Out-of-State Providers

Providers in designated border communities and out-of-state providers must obtain plan authorization when rendering services to plan members, except in case of an emergency.

Where to Submit Claims

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

Providers submit claims for noncapitated services (fee-for-service Medi-Cal) to the CA-MMIS FI as specified in the appropriate Part 2 provider manual.

End Stage Renal Disease Pilot Project: VillageHealth

SCAN is involved in a pilot project (begun January 1, 2006) that was developed to provide care for recipients with End Stage Renal Disease (ESRD) who otherwise would be excluded from Medicare health plan enrollment. For this pilot project, SCAN operates VillageHealth, a specialty health plan that performs the functions of a Medicare Health Maintenance Organization (HMO). This project has been extended through December 31, 2020.

Information about Medicare HMOs is included in the Medicare/Medi-Cal Crossover Claims Overview and Other Health Coverage (OHC) Guidelines for Billing sections in this manual and the Other Health Coverage (OHC) section in the appropriate Medi-Cal Part 2 manual.
VillageHealth

VillageHealth is a Medicare primary payer for this pilot project, acting like a Medicare fee-for-service contractor. SCAN and its affiliate VillageHealth is partnered with DaVita, the company that provides the dialysis services to pilot-project patients.

Recipient Eligibility

VillageHealth serves recipients in select ZIP codes in San Bernardino and Riverside counties. The eligibility verification message returned for recipients who qualify for this plan will include the following wording:

“…OTHER HEALTH INSURANCE COV UNDER MEDICARE RISK HMO, [VILLAGEHEALTH]…”

Billing

Providers bill for services rendered to VillageHealth members as follows:

- Plan-covered services to VillageHealth
- Copayments, coinsurance and deductibles for plan-covered services to Medi-Cal, similar to crossover claims
- Services denied or not covered by VillageHealth to Medi-Cal as standard fee-for-service claims
Claim Completion for Copayments, Coinsurance and Deductibles

Claims for copayments, coinsurance or deductibles must be submitted as paper claims. Instructions for submitting paper claims closely parallel the instructions for billing Medicare/Medi-Cal hard copy crossover claims. Therefore, billers should refer to the “Hard Copy Submission Requirements of Medicare-Approved Services” in the appropriate Part 2 manual.

In their interpretation of the manual, billers should consider “VillageHealth” the same as “Medicare.” For example, “Medicare approved service” would also be interpreted as “VillageHealth approved service."

In addition, claims for copayments, insurance or deductibles treated like crossovers must be billed to Medi-Cal with the same national codes and modifiers billed to VillageHealth and include the following:

- A copy of the Remittance Advice received from VillageHealth. The RA must state “SCAN ESRD PILOT” for VillageHealth claims in the Remarks section at the bottom left and include the address and telephone number for the plan in the upper right corner.

  **Outpatient Clinic/Hospital Providers:** The RA provided by VillageHealth must be in the Medicare National Standard Intermediary (Medicare RA) format equivalent to the latest PC Print single claim detail version with billed amounts, paid amounts, group codes, reason codes, amounts showing line level coinsurance, and deductible amounts and other adjustments, as appropriate.

- VillageHealth Automated Eligibility Verification System carrier code S323, as appropriate, in the Insurance Plan Name or Program Name field (Box 11C) on the CMS-1500 claim or Health Plan ID field (Box 51) on the UB-04 claim.
## The California Kids Care Program

The California Kids Care program at Rady Children’s Hospital – San Diego is responsible for eligible children’s medical coverage offered by the San Diego County California Children’s Services (CCS) program. It serves voluntarily enrolled, CCS-eligible recipients diagnosed with any of the following conditions:

- Acute lymphoid leukemia
- Cystic fibrosis
- Diabetes types 1 and 2 (ages 1 – 10)
- Hemophilia
- Sickle cell disease

## Capitated/Noncapitated Services

The services listed below are noncapitated and not reimbursed by the California Kids Care program plan, unless noted. Noncapitated drugs and clinic/health center services match those found in the *MCP Geographic Managed Care (GMC)* section of this manual. Contact the Managed Care Plan (MCP) for questions regarding capitated services. See the *MCP: Code Directory* section in this manual for Rady Children’s Hospital – San Diego address and telephone number.

For these listed noncapitated services, providers should follow program specific fee-for-service billing instructions as specified in policy sections of the provider manuals.

- AIDS or AIDS-related conditions (AIDS Waiver Program)
- Acupuncture services
- Alcohol and substance abuse treatment programs, including heroin detoxification
- Alpha-Fetoprotein testing – See the expanded Alpha-Fetoprotein prenatal laboratory services testing entry in this list
- The Assisted Living Waiver Pilot Project
- Blood collection/handling – Handling and/or conveyance of specimen for transfer from the physician’s office to a laboratory
- Blood collection/handling related to other specified antenatal screening – See the expanded Alpha-Fetoprotein prenatal laboratory services testing entry in this list
- Chiropractic services
• Dental services
• Directly Observed Therapy for tuberculosis
• Drugs – See “Capitated/Noncapitated Drugs” in the MCP Geographic Managed Care (GMC) section of this manual.
• Early and Periodic Screening, Diagnostic and Treatment (EPSDT) individual outpatient drug-free counseling for alcohol and other drugs
• EPSDT Marriage, Family and Child Counselor and EPSDT Social Worker
• EPSDT onsite investigation to detect the source of lead contamination
• EPSDT supplemental service Pediatric Day Health Care
• End of Life Option Act counseling and discussion regarding advance directives or end of life care planning and decisions
• Expanded Alpha-Fetoprotein prenatal laboratory testing and blood collection/handling with other specified antenatal screening diagnosis administered by DHCS Genetic Disease Branch
• Home and Community-Based Services Waiver
  – In-Home Operations Waiver
  – Nursing Facility/Acute Hospital Waiver
    Note: Providers should contact the plan for individual billing instructions.
• Hospital inpatient state and federal services; for example, state mental institutions, prison and federal military hospitals and Veteran’s Affairs hospitals; currently none bill Medi-Cal
• Local Educational Agency (LEA) assessment services rendered to a member who qualifies for LEA services
• LEA services pursuant to an Individualized Education Plan or Individualized Family Services Plan
• Newborn hearing screening program services
- Prison Industry Authority state contract optical lenses and services
- Psychiatric services rendered by a psychiatrist; psychologist; marriage, family and child counselor; or a licensed clinical social worker, including both of the following:
  - Inpatient psychiatric
  - Outpatient mental health services
- Specialty mental health services
- Women, Infants and Children Supplemental Nutrition Program