

PRIMARY CARE ACCESS PROGRAM (PCAP) DESCRIPTION OF SERVICES

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Introduction

This information booklet explains how to access medically necessary services within the Primary Care Access Program (PCAP). You will be required to first complete an application to determine if you are eligible for other health care programs. Please keep this booklet to refer to when you need information on PCAP coverage.

What is The Primary Care Access Program (PCAP)?

PCAP is a health access program providing primary care, preventive care, pharmacy, and some screening and diagnostic services for adults who are uninsured, have a low-income, and are living in Santa Clara County.

- Primary health care services are provided through the County of Santa Clara Health System (hospitals & clinics) and Community Health Centers (clinics) that serve as the enrollee's primary care clinic and hospital when needed. (Please see the list of clinics and hospitals in the PCAP Clinic and Hospital Directory.)
- Copays may apply for services, check with your clinic for more information.
- As a PCAP enrollee you will receive services from your primary care clinic. If you need services or treatment(s) not provided by PCAP or your primary care clinic you will need a prior authorization so that services will be provided at low or no cost to qualified patients.

PCAP Eligibility

Individuals meeting the following criteria are eligible to apply to PCAP:

- Age 19 or older;
- Resident of Santa Clara County;
- Household income less than or equal to 400% of the Federal Poverty Level; and
- Not eligible for or currently covered by:
 - Employer sponsored health insurance coverage
 - Full Scope Medi-Cal coverage
 - Covered California or Covered California subsidies
 - Employer sponsored health insurance or dependent care coverage
 - Individual and Family Plan (IFP)
 - Medicare

How Do I Apply for PCAP?

Participating clinics are listed in the PCAP Clinic & Hospital Directory, <https://vhpn.sccgov.org/pcap/pcap-clinic-listings>. To determine if you are eligible to be enrolled in PCAP you have the option to walk-in, call-in, or schedule an appointment at a clinic listed in the directory. If you have questions, please call **1.888.363.3394**.

Choose a Primary Care Clinic

During the application process you will be asked to select a PCAP participating clinic as your primary care clinic. A primary care clinic is where you will receive preventive screenings, well visits, immunizations, care for chronic conditions, and treatment for acute illness like the flu.

PCAP Effective Date

Your PCAP effective date is based on when your application is submitted and approved. **If eligible, the effective date of coverage will be the first of the month that the PCAP application is approved.**

You will receive your PCAP welcome letter and ID card in the mail. You may call **1.888.363.3394** to request a replacement card if lost or missing.

Can I Change My Primary Care Clinic?

A primary care clinic is the clinic you choose. After you select a clinic, this will be your primary care clinic for accessing services. If you go to a clinic other than the one you selected, you will be directed back to the original primary care clinic unless you change your primary care clinic.

Changing your primary care clinic may ONLY be done:

- Within the first 30 days of enrolling in PCAP for any reason;
- Once a year during your annual renewal process;
- If you move or change jobs; or
- If you have a major change in your life or health situation.

How Do I Make an Appointment?

There is a list of clinics & phone numbers in the PCAP Clinic & Hospital Directory, and your PCAP ID card shows the clinic you selected. If you selected a Community Health Clinic: Call the Community Health Clinic to make an appointment by using the clinic phone numbers in the PCAP Clinic & Hospital Directory.

- If you selected a VMC Clinic: Call Valley Connection within the Valley Health and Hospital System at **1.888.334.1000 option 6**.

It's important for you to get a check-up even if you are not sick. At your first visit, your doctor will review your medical history, assess your health, and begin any new treatment



you need.

Appointment Day

- Please arrive early for your appointment. Give yourself plenty of time to get to your appointment. If you need directions, call your assigned primary care clinic to ask how to get there.
- Bring your PCAP ID Card with you to access covered services.
- Please call your clinic right away if you need to cancel your appointment or you cannot make it on time. By cancelling your appointment, you allow someone else to be seen by the doctor. If you miss your appointment, call right away to make another one.

Primary Care Coverage

Primary and Preventive Care

- Treatment of routine medical conditions, regular check-ups, and health screenings are covered and provided by your primary care clinic. Primary and preventive care services are important to your health care. Call your clinic to make an appointment for a regular check-up.
- Copayments may apply for services, please check with your primary care clinic.

Laboratory, Mammography, and Radiology (X-ray)

- Before making your appointment, please contact your primary care clinic or call Patient Access at **1.866.967.4677** for financial assistance, or your appointment may be rescheduled.
- Copayments may apply for services, please check with your primary care clinic.
- PCAP covers blood work, urine tests, throat cultures, and other lab tests your PCAP PCP decides are medically necessary.
- These laboratory tests must be ordered by your PCAP PCP and must be conducted at your primary care clinic if available, or at County of Santa Clara Health and Hospital System laboratories.
- PCAP covers basic radiology (x-ray) services that your PCAP PCP orders such as chest X-rays and other medically necessary tests including mammograms.

Services NOT Covered The following is a partial list of services that are not covered by PCAP:

- Services not Medically Necessary
- Acupuncture
- Hearing and Hearing Aids
- Chiropractic
- Cosmetic Surgery
- Dental Services
- Durable Medical Equipment (DME)
- Infertility
- Long-term Care
- Non-Emergency
- Transportation From Home
- Organ Transplants
- Travel Immunizations
- Vision Services
- Weight Loss Surgeries

Pharmacy Services

- Prescriptions from an approved Formulary (list of drugs) are covered when ordered by your PCAP PCP. Your PCAP PCP has access to the PCAP Formulary through the Valley Health Plan website.
- Call your clinic or County of Santa Clara Pharmacy Call Center at **1.408.977.3503** if you do not know where to get your medicine. The pharmacy voicemail will answer as 'Ambulatory Medication Services'.
- Mail order may be available which means you may have your medicine delivered to

your home.

- If this is your first time receiving a medication prescription through PCAP, you will need to physically visit the pharmacy to pick up your first prescription. While in the pharmacy, you may inform the pharmacy staff that you would like to utilize mail order service for your refills.
- In addition, when you call **1.408.977.3500** for refills, you will be given an option for mail order services, and mail order is encouraged when possible.

Specialty Services with Prior Authorization Only

You may also have access to specialty care and treatments if medically necessary, and with prior authorization approval, when requested by your Primary Care Provider. You will need prior authorization approval for specialty services, which may be provided at low or no cost to qualified patients.



PCAP Services Covered at County of Santa Clara Health and Hospital System

The following services are covered by PCAP when provided at County of Santa Clara Health and Hospital System:

- Emergency Department Visits
- Inpatient Hospital
- Speciality Care
- Urgent Care

PCAP Non-Covered Services Available Through Other Coverage Programs at Your Primary Care Clinic or County of Santa Clara Health and Hospital System

The following is a partial list of services that you may receive through other coverage programs:

- Family Planning, Access, Care and Treatment (Family PACT)
- Pregnancy (Presumptive Eligibility for Pregnant Women or Medi- Cal)
- Substance Abuse (HAP, Human Abuse Potential)
- Mental Health (HAP, Human Abuse Potential)

Annual Renewal

- You will receive a form in the mail each year, approximately 90 days prior to renewal, to renew your PCAP coverage.
- To complete your renewal your options are: complete the renewal form and mail it in

the postage paid envelop, make an appointment with your clinic or Patient Access to renew your PCAP coverage, or determine if you may be eligible for other coverage or insurance.

- Call your primary care clinic before your renewal date if you do not receive a renewal letter. Or, you may contact Patient Access if you are changing your clinic.
- You will need to provide recent copies of required papers which will include proof of identity, residency, and income.
- If you do not renew your coverage every year you will be disenrolled from PCAP, and you will be required to reapply. As a result, you will have a gap in coverage until your new effective date. You will still be required to provide proof of identity, residency, and income.

Disenrollment

To “disenroll” means that you leave PCAP and are no longer an enrollee.

Voluntary Disenrollment

Voluntary disenrollment is when you choose to end your PCAP enrollment for any reason. If you want to disenroll from PCAP, call your primary care clinic or Patient Access at **1.866.967.4677**. Disenrollment will become effective on the last day of the month it was requested.

Involuntary Disenrollment

Involuntary disenrollment is when you are disenrolled for a reason other than your own choice. You may be disenrolled from PCAP for any of the following reasons:

- You do not renew your participation every year;
- Your application was not completed, or it had errors;
- You moved outside of Santa Clara County;
- You get employer sponsored health insurance and/or dependent coverage or;
- You become eligible for government sponsored health insurance such as Medi-Cal or Medicare, or Covered California health insurance with or without subsidies; or
- You become eligible for VHP IFP (Individual and Family Plan);
- You made untrue statements in your application or renewal materials; or
- Your clinic or PCAP learns that you no longer qualify for the program.