

**COUNTY MEDICAL SERVICES PROGRAM
NOTICE OF ACTION
APPROVAL/DENIAL OF BENEFITS RESTRICTED TO
EMERGENCY MEDICAL SERVICES**

(County Stamp)

Case name: _____
 Case number: _____
 District: _____
 This affects: _____
(Names)

Your application for CMSP benefits has been approved. Your CMSP certification period begins the first day of (month/year) _____ and ends the last day of (month/year) _____. You will be eligible as follows:

Month:	_____	_____
Gross income:	\$ _____	\$ _____
Net nonexempt income:	\$ _____	\$ _____
200% FPL*:	\$ _____	\$ _____
Eligible for the month:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance need:	\$ _____	\$ _____
Excess income/monthly share-of-cost:	\$ _____	\$ _____

* If this information indicates you are not eligible for a particular month, it was because your Net Nonexempt Income exceeded 200% of the Federal Poverty Level (FPL).

An emergency medical condition means: a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including without limitation severe pain) such that a prudent layperson, possessing an average knowledge of health and medicine, could reasonably believe that the absence of immediate medical attention could reasonably result in: placing the member's health in jeopardy; serious impairment to bodily function other serious medical consequences or serious and/or permanent dysfunction to any bodily organ or part. The CMSP Governing Board may review the provider's decision that an emergency service was required.

Your application for full CMSP benefits is denied. We have granted you, instead, eligibility for emergency medical treatment.

We are taking this action because you are a non-citizen who (one of the following reasons applies):

- Does not have satisfactory immigration status according to information received from the U. S. Citizenship and Immigration Services (USCIS).
- Lacks documentary proof of satisfactory immigration status for CMSP purposes.
- Has been admitted to the United States as a nonimmigrant for a limited period of time.

For the months that the above indicates you are eligible, you will receive your plastic Benefits Identification Card (BIC) soon. Do not throw this card away. This card is good as long as you are eligible for CMSP. Take this plastic card to your pharmacy, doctor, or other provider participating in the CMSP/Anthem Blue Cross provider network to get your health care services. Your BIC will show the provider **if** you have a share-of-cost to pay. The amount that you pay or obligate to the health care provider(s) will be automatically computed. After your total monthly share-of-cost has been paid or obligated, you will not have to pay for covered health care services received that month from providers participating in the CMSP/Anthem Blue Cross provider network.

In addition to the plastic BIC as described above, you will soon receive a CMSP/Anthem Blue Cross identification card. You should present this card along with the BIC to your provider when obtaining services, including medications.

CMSP limits the length of your eligibility. You will automatically be discontinued from CMSP at the end of the month stated above.

If you continue to need aid after the date of discontinuance, you can reapply during your last month of eligibility. Please do not reapply sooner.

Eligibility Worker	Telephone number	Date
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Do not throw your plastic ID card away. You can use it again if you become eligible for CMSP or Medi-Cal. The authority that requires this action is in CMSP All County Letter No. 04-07 and/or CMSP Eligibility Manual sections 1-101, 5-016, 8-011, 8-012, 8-053, 10-012, 11-011.