

IMPORTANT INFORMATION ABOUT THE COUNTY MEDICAL SERVICES PROGRAM (CMSP)

PLEASE UNDERSTAND THAT CMSP IS NOT THE MEDICAL PROGRAM.

When eligible for CMSP, you will receive a plastic State of California Benefits Identification Card (BIC) and a CMSP/Anthem Blue Cross ID Card. Please see the backside of this notice for instructions on when to use these cards. The length of time you will be eligible to receive CMSP benefits is limited. You will be notified of this limited certification period at the time of enrollment.

MISUSE OF YOUR BIC OR CMSP/ANTHEM BLUE CROSS CARDS COULD RESULT IN A REDUCTION OF YOUR BENEFITS, TERMINATION OF YOUR ELIGIBILITY, AND/OR PROSECUTION (TITLE 22, CCR, SECTION 50733(d)).

BENEFITS. Prior authorization requirements and/or benefit limits may apply. You should always carry your cards with you. Your cards may be used **only by you** to receive the following care:

- Acute inpatient hospital care (including acute inpatient rehabilitation)
- Adult day health care services
- Audiology services
- Blood and blood derivatives
- Chronic hemodialysis services
- Dental services
- Durable medical equipment
- Emergency air and ground ambulance services
- Hearing aids
- Home health agency services
- Hospital outpatient services
- Laboratory and radiology services
- Medical supplies, when prescribed by a licensed practitioner within the scope of his/her practice, or durable medical equipment dealers, and prosthetic and orthotic providers
- Non-emergency medical transportation
- Occupational therapy services
- Optometry services including an eye examination & an allowance of \$80 for materials (lenses & frames)
- Outpatient clinic services
- Outpatient heroin detoxification services
- Pharmaceutical services provided by network pharmacies
- Physical therapy services
- Physician services
- Podiatry services
- Prosthetic and orthotic appliances
- Rehabilitation clinics
- Speech therapy services

EXCLUDED BENEFITS. CMSP **does not include** the following services:

- Pregnancy-related services (contact your county eligibility office)
- Long-term care facility services (contact your county eligibility office)
- Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists
- Contact lenses that are not medically necessary
- Methadone maintenance services
- All services provided outside of the State of California and designated border-state areas
- Services provided by providers that do not participate in the CMSP/Anthem Blue Cross provider network (excluding emergency services) and the CMSP/MedImpact pharmacy network
- Organ transplants and eye appliances (including but not limited to eye glasses and contact lenses) for persons who are eligible for CMSP emergency services only under aid code 50

If you need or desire medical care which is not covered by CMSP, you must pay for it yourself or make other arrangements with the provider. Contact your county health department for other possible health care resources available in your county.

PRE-ENROLLMENT MEDICAL CARE: For enrolled CMSP members, CMSP will pay for medical services resulting from a “qualifying medical event” that occurred during the ten (10) calendar day “pre-enrollment” period immediately before the member’s first month of CMSP enrollment. A qualifying medical event is defined as any emergency condition that resulted in the CMSP member receiving emergency medical services. If the CMSP member has a share cost, the share of cost must be paid in the first month of enrollment in order for CMSP to pay for any medical services during the pre-enrollment period. Contact your county worker for further information.

See the backside of this notice for additional important information.

ENFORCEMENT OF CMSP AS A SECONDARY PAYER. CMSP is the “provider of last resort.” If you have HIV or AIDS, are seeking family planning services, have Hepatitis C or are undergoing treatment for Breast or Cervical Cancer, you may be eligible for services through other programs. The other programs are:

1. California AIDS Drug Assistance Program (ADAP)—for information, call (888) 311-7632.
2. Family Planning, Access, Care, and Treatment Program (Family PACT)—for information, call (800) 942-1054.
3. Hepatitis C – Drug Company Patient Assistance Programs (PAPs) – for information, call (888) 477-2669; information is available on the internet at: www.pparx.org. Your medical provider may also be able to provide information.
4. Breast and Cervical Cancer Treatment Program—for information call (800) 824-0088.

You must use these programs before receiving services from CMSP. If you need services, including prescriptions that are covered by any of these programs, your provider will need to provide documentation that you were not eligible to receive services from the above-mentioned programs. *Without this proof, services related to medical conditions covered by the above programs will be denied.* Further information on CMSP as a secondary payer can be found at www.cmspcounties.org.

USING YOUR CARD. *You should always carry your BIC and CMSP/Anthem Blue Cross ID cards with you.* Your providers will use the plastic BIC card to identify you and process your share-of-cost (SOC), if any. Additionally, your provider will use the CMSP/Anthem Blue Cross card to bill CMSP for services. In an emergency, obtain medical care immediately, even if you do not have your cards with you. Remember, however, to tell the provider that you are covered by CMSP and show the provider your cards as soon as possible after you have received care.

PRIOR AUTHORIZATIONS. There may be some limitations on the amount of care you may receive with your cards. Also, some services require prior approval by CMSP benefits administrators (Anthem Blue Cross and MedImpact) before they are given. Your doctor or other provider should know the limitations, and is responsible to request any necessary approval from CMSP’s benefit administrators.

SHARE-OF-COST. Some persons eligible for CMSP have a SOC obligation. If you have a SOC, you must pay, or agree to pay, part of your monthly income toward your medical expenses in the month of service before CMSP will pay for covered benefits. Your county worker will explain how this works.

CERTIFICATION PERIODS. Depending on what CMSP eligibility category you are in, your time on CMSP (certification period) will be different. Members who are eligible for emergency services only will be certified for two (2) months. Members with a SOC will be certified for three (3) months. Members without a SOC will be certified for six (6) months. If you have a need to continue services beyond your certification period, you will need to apply for CMSP again.

FINDING A PROVIDER. *Remember:* A person or facility providing care **does not** have to accept CMSP. Find out if the provider is a part of the CMSP/Anthem Blue Cross provider network **before** you go for non-emergency treatment or services. Find out if the pharmacy is a part of the CMSP/MedImpact pharmacy network. It is your responsibility to show the provider your BIC card and your CMSP/Anthem Blue Cross ID card at the time you receive services. CMSP payments to providers are considered payment in full for the services that you receive, although these payments may be less than a provider’s usual and customary charges. Aside from your possible SOC, you are not obligated to pay any difference between the provider’s charges and CMSP’s rate of payment.

BILLING THE PROGRAM. Only providers participating in the CMSP/Anthem Blue Cross provider network or CMSP/MedImpact pharmacy network are eligible to bill CMSP for non-emergency services. If your provider does not participate in one of these networks, and you decide to pay for the services in order to continue seeing that provider, CMSP cannot reimburse you for those services.

OTHER HEALTH COVERAGE. You are required to notify your county eligibility office if you are covered by any health insurance carrier. Other health coverage (OHC) information will be identified on your CMSP eligibility record, and providers of service must bill the OHC prior to billing CMSP.

THIRD PARTY LIABILITY. You are required to report to your county eligibility office when CMSP will be billed for health care services you received as a result of an accident or injury caused by a person’s action or failure to act.

BENEFIT APPEALS. If you are dissatisfied with any decisions regarding a benefit denial or reduction or the termination of a previously approved benefit under the CMSP, you have the right to appeal that decision to Anthem Blue Cross (medical, dental, or vision benefits) or to MedImpact (prescription drug benefit). After you have completed the Anthem Blue Cross or MedImpact appeal process, if you are not satisfied with the outcome of your appeal, you have the right to request a Medical Benefit Hearing by the CMSP Governing Board. You should request a copy of the Medical Benefit Hearing Request, form CMSP 1175 A, from your eligibility worker. The completed CMSP 1175 A should be mailed or faxed to the address listed on the form.