



Welcome to the County Medical Services Program!

As an eligible member of the County Medical Services Program (CMSP), you will receive an Advanced Medical Management, Inc. (AMM) CMSP Identification (ID) Card and a State of California Benefits Identification Card (BIC). CMSP has contracted with AMM to administer the medical and dental benefits of the CMSP Program (CMSP Health Benefits) that are described below. Your CMSP providers will use these cards to identify you, verify your eligibility in the CMSP program, and process your share of cost, if any. You must present these cards to your CMSP provider in order to receive CMSP Health Benefits during your certification period. Your certification period is the limited period of time in which you are eligible to receive CMSP Health Benefits. You will be notified of this certification period at the time your eligibility is determined by your county eligibility worker. To continue your eligibility for benefits beyond the certification period, you will need to reapply for CMSP with your county eligibility worker. Please understand that CMSP is not a Medical Program or private health insurance.

You can receive CMSP Health Benefits only through a provider that participates in the AMM CMSP network (except for emergency services). Prescription drug services are administered by MedImpact Healthcare Systems, Inc. (MedImpact) and its participating pharmacies serving CMSP members. Prescription drug services are not part of the services that are administered by AMM.

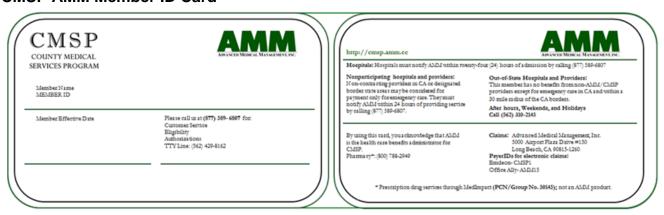
You should always carry your CMSP AMM ID Card and your BIC with you.

- Show your CMSP AMM ID Card and your BIC to your CMSP provider when you go for health care services. In an emergency, get medical care immediately, even if you do not have your cards with you. Remember to tell the provider that you are covered by CMSP and show the provider your CMSP AMM ID Card and BIC as soon as possible after you have received care. It is your responsibility to show your provider your CMSP AMM ID Card and your BIC at the time you receive services. Other than paying your share of cost (if you have any), you are not obligated to pay any difference between the provider's charges and the CMSP's rate of payment for covered CMSP Health Benefits.
- Your CMSP AMM ID Card and BIC must be used only by you. Your CMSP Health Benefits may be reduced or your eligibility with CMSP may be discontinued if you let someone else use your CMSP AMM ID Card or BIC.

Important Phone Numbers

Advanced Medical Management, Inc. Customer Service TTY Line for members with hearing or speech loss MedImpact Healthcare Systems, Inc. Prescription Drug Services* CMSP Governing Board- Medical Benefit Hearing 1-877-589-6807 1-562-429-8162 1-800-788-2949 1-916-649-2631 Opt 3

CMSP AMM Member ID Card



We can translate this at no cost. Call the customer service number on your CMSP AMM ID card.

Podemos traducir gratuitamente. Llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación (ID card).

It is your responsibility to present your CMSP AMM ID card to your provider at the time of service. If you're determined to be eligible for CMSP after service has been rendered, it's important that you go back and inform your provider of this change.

Prescription Drug Services

Your CMSP AMM ID provides information on how to contact MedImpact (the administrator of the CMSP prescription drug services) for additional information and assistance regarding the coverage of prescription drug services under CMSP. AMM does not administer the Prescription Drug Service Program for the CMSP Program.

Prior Authorizations for Health Care Services

 Some CMSP Health Benefits may require prior approval by AMM before services are provided. Your CMSP providers are responsible for requesting any necessary approval from AMM.

Emergency Services

- If you have a medical emergency, call 911 or go to the nearest emergency room. Emergency services within California and designated border state areas of Arizona, Oregon and Nevada provided by network and non-network providers will be covered by CMSP. However, CMSP does not provide any benefits for emergency services outside of California and the designated border state areas of Arizona, Oregon and Nevada. You should call AMM at 1-877-589-6707 after the emergency so follow-up care can be planned.
- Emergency services are those health services that are provided by network or non-network providers for a medical condition manifesting itself by acute symptoms of recent onset and severity (including, without limitation, severe pain), such that a prudent layperson, possessing an average knowledge of health care and medicine, could reasonably believe that the absence of immediate medical attention could reasonably result in any of the following:
 - ✓ Placing your health in serious jeopardy
 - ✓ Serious impairment of bodily function
 - ✓ Other serious medical consequences
 - ✓ Serious and/or permanent dysfunction to any bodily organ or part

Share of Cost

Some CMSP eligible members have a share of cost obligation. If you have a share of cost, you must
pay, or agree to pay, part of your monthly income toward your medical expenses before AMM will pay for
CMSP Health Benefits. Your CMSP county eligibility worker will explain how this works.

Finding a Network Provider

Your CMSP county eligibility worker has a listing of the CMSP AMM network providers. This listing
includes the provider's address, telephone, number, and office hours. In addition, information about
CMSP AMM network providers (Network Providers) is available on the AMM website at
http://cmsp.amm.cc/providers. Here you can use our provider search to assist with your network
provider selection. You can also call AMM Customer Service at 1-877-589-6807 for assistance in finding
a network provider.

Seeing a Non-Network Provider. CMSP will NOT pay for, or reimburse you for, nonemergency care provided to you when it is provided by a Non-Network Provider.

In addition, CMSP will NOT pay any providers who provide services outside of California and the
designated border state areas of Arizona, Nevada and Oregon. CMSP will pay for medically necessary
emergency services provided by any provider within California and the designated border state areas of
Arizona, Nevada and Oregon.

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 of cost, the share of cost must be paid in the first month of enrollment in order for CMSP to consider payment for any medical services during the pre-enrollment period.
 Contact your county worker for further information.

How to Resolve a Problem with AMM or CMSP

• If you have a question, complaint or grievance about services with AMM or your CMSP health care provider, call AMM's Customer Service department at 1-877-589-6807, Monday through Friday, 8 a.m. to 5 p.m. We can help you find a Network Provider who can answer questions regarding your CMSP Health Benefits. We can also help you fill out a grievance or complaint form or mail a form to you. The form is also available on our website at http://cmsp.amm.cc/members. Once your form is complete please fax it to Customer Service at 1-562-766-2006.

Appeals

 If a medical benefit is denied, reduced or terminated by AMM, you, or your authorized representative, including your provider, may submit an appeal of a denied, reduced or terminated service in whole or in part to AMM's Appeals department in writing or by phone. You must request an appeal within 60 calendar days of the notification by AMM of the denied, reduced or terminated service. The AMM Appeals department may be reached at: CMSP- Advanced Medical Management, Inc.

Attention: Care Management - Member Appeals

5000 Airport Plaza Drive, Suite 150

Long Beach, CA 90815-1260 Phone: 1-877-589-6807 Fax: 1-562-766-2005

To Request a Medical Benefit Hearing

• If you file an appeal with Advanced Medical Management, Inc. (AMM) regarding a denial, reduction or termination of service by AMM and you are not satisfied with how AMM has resolved your appeal under the AMM appeals procedures, you have the right to request a Medical Benefit Hearing with the CMSP Governing Board. You must request a Medical Benefit Hearing within 30 calendar days of the notification by AMM of the appeal decision. You can request a Medical Benefit Hearing from the CMSP Governing Board at:

CMSP Governing Board

Attention: Medical Benefit Hearing 1545 River Park Drive, Suite 435 Sacramento, CA 95815

Phone: 1-916-649-2631, Option 3

Fax: 1-916-649-2606

Other Health Coverage and Third Party Liability

You are required to notify your county eligibility worker if you have any other health coverage.
 This information will be identified on your CMSP eligibility record and CMSP providers must bill the other health coverage before billing CMSP. You are also required to notify your CMSP county eligibility worker of any health care services you receive as a result of an accident or injury caused by some other person's action or failure to act. This is called third party liability.

CMSP Health Benefits include:

- Acute inpatient hospital care (including acute inpatient rehabilitation and mental health*)
- · Adult day health care services
- · Blood and blood derivatives
- · Chronic hemodialysis services
- Specified dental services (including diagnostic and preventive care, oral surgery and selected endodontic, restorative, and prosthodontics services)
- Durable Medical Equipment (DME)
- Emergency ambulance services and medically necessary transportation from the acute hospital to other facilities for medically necessary, specialized or tertiary care
- Emergency services within California and designated border state areas of Arizona, Oregon and Nevada
- Family planning services, including sterilization, (when no other coverage, including F-PACT)
- · Hearing aids
- · Home health agency services
- Hospital outpatient services and outpatient clinic services
- Infusion therapy
- Inpatient and outpatient heroin detoxification services

- (excluding methadone maintenance)
- Laboratory and radiology services
- Medical supplies dispensed by physicians, licensed pharmacies, or DME dealers
- Nonemergency medical transportation when medically necessary
- Outpatient audiology services
- Outpatient occupational therapy services
- Outpatient physical therapy services
- Outpatient rehabilitation services in a rehabilitation facility (excluding acupuncture services)
- Outpatient speech pathology services
- Prescription drug services provided by licensed pharmacists (CMSP pharmacy services, excluding home infusion therapy, are provided under contract between the CMSP Governing Board and MedImpact)
- Physicians and primary care provider's services
- Podiatry services
- Prosthetic and orthotic appliances
- Psychiatric services (inpatient and outpatient) provided a licensed, in-network psychiatrist
- Transplants (EXCEPT Aid Code 50)

*AMM will pay only hospitals and psychiatrists participating in your AMM CMSP provider network. CMSP covers inpatient mental health services authorized by local mental health departments up to a maximum of six days per inpatient stay and up to 10 hospital days per fiscal year. A maximum of five hours of psychiatric professional services per inpatient stay are also covered. CMSP covers outpatient services provided by licensed psychiatrists. Up to 10 outpatient psychiatric services are covered within a 120-day period.

CMSP Excluded Benefits: Specifically excluded benefits under CMSP's current benefit package, but are not limited to:

- Acupuncture
- Podiatry- related acupuncture services
- Breast and cervical cancer treatment services when covered by other coverage (Breast and Cervical Cancer Treatment Program/Medi-Cal)
- Chiropractic
- Contact lenses that are not medically necessary
- Cosmetic services
- Optometry services and eye appliances
- Family Planning services when covered by other coverage (F-PACT)
- Hepatitis C medications when covered by other services
- · Long-term care

- Methadone maintenance services
- Mental health and substance abuse services provided by non-contracted providers
- Public transportation, such as airplane, bus, care or taxi rides
- Pregnancy-related and infertility services
- Services by a Psychologist, LCSW, MFT or substance use disorder counselor
- Sexual reassignment services
- Skilled Nursing Facility services
- Transportation for Aid Code 50 members

CMSP is the "payer of last resort." AMM is a Secondary Payer to ADAP, Family PACT, the Breast and Cervical Treatment Program (BCCTP), and Hepatitis C Patient Assistance Programs (PAP). If you have HIV or AIDS, want family planning or infertility services, have Hepatitis C, or have breast or cervical cancer, you are required to seek eligibility with the following programs:

- California AIDS Drug Assistance Program (ADAP) for HIV and AIDS medications. Call 1-888-311-7632 for more information.
- Family Planning, Access, Care and Treatment (Family PACT) for family planning and infertility treatment. Call 1-800-942-1054 for more information.
- Assistance Program for Hepatitis C medications. Information can be found on the website www.helpingpatients Patient.org or by calling 1-888-477-2669.
- Breast and Cervical Cancer Treatment Program (BCCTP). Call 1-800-824-0088 for more information.

If you need medical care not covered by CMSP, call AMM Customer Service at 1-877-589-6807. Advanced Medical Management, Inc. (AMM) may be able to refer you to other services.



NOTICE OF PRIVACY PRACTICES

Effective April 1, 2015

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY.

PRIVACY AND YOU

Your health information is personal and private. The County Medical Services Program (CMSP) must keep your health information private. We get information about you when you apply for benefits. Your doctors, dentists, clinics, labs, and hospitals send information to us when they ask us to approve and pay for your health care. We must give you this Notice of the law and how we keep your health information private and your rights.

HOW WE MAY USE AND SHARE YOUR INFORMATION

CMSP and people that work with us must obey laws on how we use and share your information. Your name, address, personal facts, the medical care you had, your medical history, and your medical records can only be used and shared for reasons related to operating CMSP. Such reasons include:

- To approve eligibility and medical or dental assistance
- Establishing ways to pay for health care
- To approve, provide, and pay for medical and dental services
- To investigate or prosecute cases involving CMSP (such as fraud)

The examples below show how we may use and share your health information for treatment, payment, and health care operations:

<u>For treatment:</u> CMSP may need to approve in advance medical or dental care you may need. We will receive information from and share it with the necessary people to make sure you get the care you need.

For payment: CMSP and others that work with us receive, review, approve, process, and pay for health care bills sent to us for your medical or dental care. When we do this, we share information with the doctors, dentists, clinics, and others who bill us for services. We may send bills sent to us to other health plans or groups that are responsible for payment. For health care operations: We may use your health care records to check the quality of the health care services you receive. We may also use them in audits, fraud and abuse programs, planning, and managing CMSP.

OTHER USES FOR YOUR HEALTH INFORMATION

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumer s/index.html

Some examples of the situations where we may share your information are provided below:

We may send other information or notices to you about your health services.

We may be forced to give out your health information when ordered by the court. We will give out information voluntarily to a court or lawyer if it is related to operating CMSP. Such cases may involve fraud or actions to get money back from legally responsible third parties, when CMSP has paid your medical bills.

You or your doctor, dentist, hospital, etc. may appeal CMSP decisions made about bills for services for you. Your health information may be used to make decisions about an appeal.

We may share health information about you for certain public health purposes, such as preventing disease, helping with product recalls, reporting adverse reactions to medications, or reporting suspected abuse, neglect or domestic violence.

We may share your information for health research. We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

We may share health information about you with organ procurement organizations, or with a coroner, medical examiner or funeral director when an individual dies.

We may share health information about you for workers' compensation claims, with health oversight agencies for activities authorized by law, or for special government functions such as national security and presidential protective services.

We will never use your genetic information to make decisions

about your eligibility for coverage or the cost of coverage, and we will never use your personal information for marketing or sell your personal information.

WHEN IS WRITTEN PERMISSION NEEDED

If CMSP wants to use your personal information for any reason not listed above, it will need to get written permission from you. If you give us written permission to use or share your information for other reasons, you may take back your permission in writing at any time.

WHAT ARE MY PRIVACY RIGHTS?

You have the right to:

- Ask us not to use or share your personal CMSP information in the ways described above. We may not be able to agree to your request.
- Ask CMSP to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests when necessary to protect your safety.
- See and get a copy of information that CMSP has about you. Someone who has the legal right to act for you (your personal representative) may also look at and get a copy of this information for you. CMSP has information about your eligibility, information about your health care bills, and some medical information, which we use to approve services for you or manage your health care. You will be sent a form to fill out and will be charged a fee for the costs of copying and mailing records. We may keep you from seeing parts of your records for reasons allowed by law.
- Change records if you believe some information we have about you is wrong. We may deny your request if the information is not made or kept by CMSP, or if it is already correct and complete. You may ask for a review of our refusal or send in a letter disagreeing with our decision. This letter will be kept with your CMSP records.
- When we share your health information for reasons other than your care, payment, or CMSP operations, you have the right to ask for a list of whom we shared the information with, when, for what reasons, and what information was shared.
- To be notified following a breach involving your health information.
- You have a right to get a paper copy of this Notice of Privacy Practices. You can also find this Notice on our websites at: www.cmspcounties.org.

If you want to use any of the privacy rights explained in this Notice, have questions or want further information, please contact the Privacy Officer at the following address and phone number:

Privacy Officer
County Medical Service Program
Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631 Option 3

To get a copy of this notice in other languages, Braille, large print, audiocassette, or computer disk, please call or write the Privacy Officer at the phone number and address provided.

COMPLAINTS

If you think that your privacy rights have been violated and wish to complain, you may file a complaint by calling or writing either of the following:

Privacy Officer

County Medical Service Program
Governing Board

1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631 Option 3

or

Office for Civil Rights/Region IX (California)
U.S. Department of Health and Human
Services
ATTN: Regional Manager
90 7th Street, Suite 4-100

Phone (415) 437-8310; FAX (415) 437-8329

San Francisco, CA 94103

No RETALIATION

CMSP cannot take away your health care benefits or retaliate in any way if you file a complaint or use any of the privacy rights in this Notice.

CHANGES TO NOTICE OF PRIVACY PRACTICES

CMSP must obey the rules of this Notice. We have the right to change our privacy rules and use them with all CMSP records. If we do make substantive changes, we will send a new Notice.

*****IMPORTANT****

CMSP DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR, DENTIST, CLINIC, OR HEALTH PLAN.