

Member Guide for Aid Codes 50 and 89 County Medical Services Program (CMSP)

Welcome to the County Medical Services Program (CMSP). This Member Guide provides important information about your CMSP benefit coverage and how to obtain covered health care services. Please review this Member Guide to learn about your benefit coverage and how to contact Advanced Medical Management (AMM), the administrator for CMSP medical and dental benefits, if you have questions. This Member Guide also provides information on how to get prescription medications that are covered under your CMSP benefits and how to contact MedImpact Healthcare Systems, Inc. (MedImpact), the pharmacy benefit administrator for CMSP. AMM does not administer CMSP pharmacy benefits.

As an eligible Member of the County Medical Services Program (CMSP), you will receive (1) CMSP Identification (ID) Card from AMM and one (1) State of California Benefits Identification Card (BIC), a total of two (2) ID cards:

1. **CMSP ID Card**: The CMSP ID Card is for your CMSP Benefit coverage. Under the CMSP Benefit you may have a monthly Share of Cost (SOC) that must be paid or obligated before certain CMSP benefits are provided (see the Appendix of this Guide). Your CMSP ID Card is enclosed with this Member Guide.
2. **State of California Benefits Identification Card (BIC)**: This card contains your overall CMSP eligibility, including any SOC you have for the CMSP Benefit. You will receive this card separately from the State of California.

You should always carry your CMSP ID Card and your BIC with you. It is your responsibility to show your providers both your CMSP ID Card and your BIC at the time you receive services. Your providers will use these cards to identify you, verify your eligibility in the CMSP program, and process your share of cost, when required.

In an emergency, get medical care immediately, even if you do not have your ID cards with you. Remember to tell the emergency provider that you are covered by CMSP and show the provider your CMSP ID Card and BIC as soon as possible after you have received care.

Your CMSP 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 ID Card or BIC. You may also be referred to law enforcement for prosecution.

Use CMSP contracted providers only. Make sure that you are getting CMSP covered health care services from a contracting health care provider that participates in the CMSP/AMM provider network. Please note, situations in which emergency medical attention is needed are exempt from this requirement. For non-emergent services, ask your provider if they are a contracted CMSP/AMM provider. CMSP does not cover and will not pay for services provided by health care providers that are not a part of the CMSP/AMM provider network (except for

emergency services). For a list of participating providers in your area, please visit <https://cmisp.amm.cc/provider-search/>.

CMSP Benefit ID Card

Below is an example of your CMSP Benefit Member ID Card. You will use this ID Card when you seek health care services under the CMSP Benefit.

<p>CMSP COUNTY MEDICAL SERVICES PROGRAM</p> <p>Member Name: John Smith Member ID: 12345678A</p> <hr/> <p>Customer Service: (877) 589-6807 After Hours/Weekends: (562) 310-2145 TTY Line: (562) 429-8162 Pharmacy: (800) 788-2949 Website: http://cmisp.amm.cc</p> <hr/> <p>Primary care or specialist visits, adult preventative health screenings, selected lab & diagnostic tests performed by contracted providers with no share of cost or copay. \$5/Rx and \$1,500/Rx maximum may apply.</p> <p>Please refer to the CMSP Member Guide for additional benefit information and list of covered services with no share of cost or copay.</p>	<p>AMM ADVANCED MEDICAL MANAGEMENT, INC.</p> <p>Hospitals: Hospitals must notify AMM within twenty-four (24) hours of admission by calling (877) 589-6807</p> <p>Nonparticipating hospitals and providers: Non-contracting providers in CA or designated border state areas may be considered for payment only for emergency care. They must notify AMM within 24 hours of providing service by calling (877) 589-6807.</p> <p>Out-of-State Hospitals and Providers: This member has no benefits from non-AMM/CMSP providers except for emergency care in CA and within a 30 mile radius of the CA borders in AZ, NV, and OR.</p> <hr/> <p>By using this card, you acknowledge that AMM is the health care benefits administrator for CMSP.</p> <p>This card is for identification purposes only and is not proof of coverage and/or eligibility.</p> <p>Claims: Advanced Medical Management, Inc. 5000 Airport Plaza Drive #150 Long Beach, CA 90815-1260</p> <p>PayerIDs for electronic claims: Emdeon - CMSP1 Office Ally - AMM15</p> <p>* Prescription drug services through MedImpact (PCN/Group No. 80148); not an AMM product.</p>
---	---

Call the customer service number on your CMSP AMM ID card if you need a translation.

How to Use Your CMSP Benefit

- The CMSP Benefit is available to Aid Code 50 and 89 Members:** Aid Code 50 members and Aid Code 89 (legal resident) members have a SOC for their CMSP Benefit Coverage which includes certain inpatient, outpatient, and emergent services. Aid Code 50 and 89 (legal resident) members also have additional benefits without a SOC and with a \$5 copay for prescription drug services. See Appendix for covered services.
- Finding a CMSP/AMM 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 is available on the AMM website at <https://cmisp.amm.cc/provider-search/>. You can also call AMM Customer Service at 1-877-589-6807 for assistance in finding a network provider.
- Restriction on Non-Network Providers:** CMSP will NOT pay for, or reimburse you for, non-emergency medical services provided to you when it is provided by a non-contracting non-CMSP/AMM Network Provider. In addition, CMSP will NOT pay any providers who provide services, including emergency medical services, outside of California and the designated border state areas of Arizona, Nevada and Oregon.
- 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. Emergency services do not require prior authorization by AMM. 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

- Member Share of Cost (SOC):** With your CMSP Benefit you may have a monthly Share of Cost (SOC) obligation. With this SOC obligation, you must pay, or agree to pay, part of your monthly income toward your medical and prescription drug expenses before CMSP will pay for certain CMSP Health Benefits. Your CMSP county eligibility worker will explain how this works. See Appendix for services that do or do not require a SOC.
- Retroactive CMSP Benefit Coverage:** If you had medical or prescription drug expenses in the month before your first month of CMSP Benefit coverage, you may be eligible for one month of retroactive CMSP Benefit coverage that helps you pay for those expenses. For more information about Retroactive CMSP benefit coverage, contact your county eligibility worker.
- The benefit includes an annual physical, checkup or other (non-emergency) medical office visits:** You can schedule visits with a primary care provider or specialist at no cost to you. To obtain these services, you must use a CMSP/AMM contracted health care provider. Be sure to bring your CMSP ID Card and your BIC with you to your medical appointment. See Appendix for covered services.
- Ancillary Testing and Procedures:** A defined set of ancillary tests and screening labs are part of the CMSP covered benefit at no cost to you. See Appendix for a list of these covered services.
- Prescriptions:** Prescription drugs listed on the CMSP drug formulary are a covered benefit with a \$5.00 copay per prescription (up to a maximum of \$1500 in prescription drug benefits per eligibility period). Prescription drug services are administered by MedImpact. Your CMSP Benefit ID Card provides information on how to contact MedImpact regarding this coverage. In addition, information about this coverage is available by calling MedImpact at 1-800-788-2949 or found at: http://www.cmspcounties.org/benefits/prescription_drug.html.

How to Resolve a Problem with AMM or CMSP

Important Phone Numbers

Advanced Medical Management, Inc. Customer Service

1-877-589-6807

TTY Line for members with hearing or speech loss

1-562-429-8162

MedImpact Healthcare Systems, Inc. Prescription Drug Services*

1-800-788-2949

CMSP Governing Board - Medical Benefit Hearing

1-916-649-2631 opt 3

*Prescription drug services through MedImpact (PCN/ Group No. 50145); not an AMM product.

- 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 CMSP/AMM Network Provider who can provide covered services to you. In addition, 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. See Appendix for Covered Services.

Appendix

- For Aid Code 50 members, CMSP Benefit Coverage is limited to medically necessary services to address emergency medical conditions as well as specified primary, preventative health services detailed below.
- CMSP Benefit coverage includes the following benefits (limitations may apply):

Covered Services that may require a SOC:

Acute Inpatient Hospital Care (including acute inpatient rehabilitation and mental health)	Laboratory and Radiology Services
Adult Day Health Care	Medical supplies dispense by physicians, licensed pharmacies, or durable medical equipment dealers and prosthetic or orthotic providers
Blood and blood derivatives	Non-emergency medical transportation when medically necessary
Chronic hemodialysis services	Outpatient audiology services
Dental services (including diagnostic and preventative care, oral surgery and selected endodontic, restorative and prosthodontics services)	Outpatient occupational therapy services
Durable Medical Equipment (DME)	Outpatient physical therapy services
Emergency ambulance services and medically necessary transportation from the acute hospital to other facilities for medically necessary, specialized, or tertiary care	Outpatient rehabilitation services in a rehabilitation facility
Family planning services, including sterilization (when no other coverage, including F-PACT)	Outpatient speech pathology services
Hearing Aids	Physician Services
Home Health Agency services	Podiatry Services
Hospital outpatient and outpatient clinic services	Prosthetic and orthotic appliances
Infusion therapy	Psychiatric services provided by a licensed psychiatrist
Inpatient and outpatient heroin detoxification services (excluding methadone maintenance)	Transplants (Except Aid Code 50)

Covered Services without a SOC:

Screening for depression, alcohol misuse, obesity counseling (performed by a physician)	Screenings for HIV, HPV, Hepatitis B & C, STI Screenings
Various in-office minor medical procedures	Physical Therapy
Tobacco use counseling and intervention (performed by a physician)	Primary care or specialist office visits
Preventative health screenings	Routine screening laboratory testing
Adult immunizations	Specified X-rays of head, neck, chest, trunk, upper and lower extremities
Specified ultrasound of head, neck, trunk, upper and lower extremities	Colorectal cancer screening
EKG, Osteoporosis, DEXA Scan	Prescription medications with a \$5 copay per prescription (\$1500 maximum benefit limit)

For a complete list of covered benefits without a share of cost, please visit the AMM website at: https://cmsp.amm.cc/wp-content/uploads/2018/08/CMSP_CPT_Code_List.pdf or call Customer Service at 877-589-6807.

Benefit Coverage Exclusions:

Acupuncture	Podiatry-related acupuncture services
Breast and cervical cancer treatment services when covered by another payer (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 payer (F-PACT)
Hepatitis C medications when covered by other payers	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	Transplants for aid code 50 members

In addition, CMSP is the “payer of last resort” and is the secondary payer to state and federal health coverage programs. If you have HIV or AIDS, want family planning or infertility services, have Hepatitis C, or have breast or cervical cancers, you are required to seek eligibility with the following programs:

- California AIDS Drug Assistance Program (ADAP)** for HIV and AIDS medications (Call 1-844-421-7050)
- Family Planning, Access, Care and Treatment (Family PACT)** for family planning and infertility treatment (Call 1-800-942-1054)
- Assistance Program for Hepatitis C** medications (www.helpingpatients.org or call 1-888-477-2669)
- Breast and Cervical Cancer Treatment Program (BCCTP)** for breast and cervical cancer treatment services (Call 1-800-824-0088)

**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.

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:

For treatment: 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/consumers/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.

*******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.

HOW TO CONTACT US FOR MORE INFORMATION

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
San Francisco, CA 94103

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

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.