

CMSP All County Letter No.: 14-02  
Issue Date: January 3, 2014



TO: All County Welfare Directors

SUBJECT: CMSP Policy on Determination of Other Health Coverage Under Expanded  
Medi-Cal & Covered California

Effective January 1, 2014 CMSP Regulations further clarify existing CMSP Governing Board policy that CMSP benefit coverage is in excess of and secondary to any other form of health care benefits coverage. As a part of this clarification, beneficiaries who are or who become eligible for Medi-Cal, Medicare, and coverage available under Covered California with public subsidies shall not be eligible or continue to be eligible for benefits provided by CMSP.

On December 11, 2013 the CMSP Governing Board approved the CMSP Eligibility Manual, which has been provided under ACL 14-01. At the same time, the Governing Board approved the following policy concerning the determination of other health coverage under the expanded Medi-Cal program and Covered California. For Covered California, this policy separates CMSP applications between those that **are** subject to the Covered California open enrollment period and those that **are not** subject to the open enrollment period. The policy is effective January 1, 2014.

This policy has been incorporated into the revised CMSP Eligibility Manual under Article 3, Section 3-012.3, and is attached for your information. Other conforming changes to the Eligibility Manual were also made under Articles 11 and 13.

Thank you for your attention to this matter. If you have any questions, please contact Ms. Kalleen Lyman, Information Technology Administrator at (916) 649-2631, extension 15 or by email at [klyman@cmspcounties.org](mailto:klyman@cmspcounties.org).

Sincerely,

A handwritten signature in blue ink, appearing to read "Kari Brownstein".

Kari Brownstein  
Director of Finance & Administration

**Policy on Determination of Other Health Coverage  
Under Expanded Medi-Cal and Covered California**

**New CMSP Eligibility Manual Section 3-012.3**

3-012.3 Evaluation for Expanded (MAGI-Based) Medi-Cal and Covered California

CMSP is the “payer of last resort.” Prior to evaluating eligibility for CMSP, all applicants shall be evaluated for all Medi-Cal programs, including the Medi-Cal expansion beginning January 1, 2014 (MAGI-based Medi-Cal). In addition, all applicants shall be evaluated for Covered California. For CMSP applicants that may be eligible for Covered California, the following rules shall apply:

A. Applications Subject to Covered California Open Enrollment Period

1. Beginning January 1, 2014 an application for CMSP shall be “subject to the Covered California open enrollment period” when the application is pending disposition action by the county:
  - a. Between January 1, 2014 and February 26, 2014; and,
  - b. Between October 1, 2014 and November 30, 2014.
2. Beginning January 1, 2015 and for each following year, an application for CMSP shall be considered “subject to the Covered California open enrollment period” when the application is pending disposition action by the county between October 1 and November 30.
3. When applications are subject to a Covered California open enrollment period, applicants for CMSP that are not otherwise eligible for Medi-Cal shall be required to do the following:
  - a. Provide electronic or written evidence to the county that an application has been made to Covered California for health insurance coverage.
    - i. Such evidence may be obtained by the county through electronic interface as systems may allow.
  - b. Provide electronic or written evidence to the county that the applicant has paid the first month’s premium for participation in Covered California, when required.
    - i. Such evidence may be obtained by the county through electronic interface as systems may allow.
4. Counties shall notify CMSP applicants of the requirements described in 3 (a) and (b) at the time of application if application is to be made on the CMSP application form. If application is to be made using an alternative application form or method, including

any application otherwise accepted for Medi-Cal, the applicant shall be notified of these requirements at the time of application processing by the county.

5. For 2014 only, for CMSP applications that are pending disposition action by the county in January through February, applicants shall provide the evidence set forth in 3 (a) and (b) as soon as possible but no later than February 26. For CMSP applications that are pending disposition action by the county in October through November, applicants shall provide the evidence set forth in 3 (a) and (b) as soon as possible but no later than the November 26.
6. For 2015 and each following year, for CMSP applications that are pending disposition action by the county in October through November, applicants shall provide the evidence set forth in 3 (a) and (b) as soon as possible but no later than November 26.
7. Applicants that fail to comply with the requirements set forth in 3 (a) and (b) shall be determined in non-compliance with CMSP eligibility rules that require applicants to cooperate, initially and during the course of CMSP eligibility, in availing themselves of other health coverage. Such applicants shall be denied eligibility for CMSP for noncooperation.
8. If all other CMSP eligibility criteria are met, applicants that provide the evidence set forth in 3 (a) and (b) shall be approved for CMSP for the period commencing with the first of the month of application to the beginning of the Covered California coverage period, or for three months, including the month of application, whichever is shorter.
9. CMSP applicants that are denied CMSP eligibility during a period that is subject to the Covered California open enrollment period due to non-compliance with the requirements set forth in 3 (a) and (b) may apply for CMSP beginning with the first of the month following the period that is subject to the Covered California open enrollment period.
  - a. For CMSP applicants that are denied CMSP eligibility due to non-compliance with 3 (a) and (b), the beginning date of aid for CMSP shall be the first of the month in which the application is taken after the end of period that is subject to the Covered California enrollment period.

B. Applications Not Subject to Covered California Open Enrollment Period

1. Beginning January 1, 2014, an application for CMSP shall be considered "not subject to the Covered California open enrollment period" when the application is received and pending disposition by the county between February 27, 2014 and September 30, 2014 and between December 1 and December 31, 2014.
2. Beginning January 1, 2015 and for each following year, an application shall be considered "not subject to the Covered California open enrollment period" when the

application is received and pending disposition action by the county between December 1<sup>st</sup> and September 30.

3. During any period when applications are not subject to the Covered California open enrollment period, CMSP applicants that are not otherwise eligible for Medi-Cal shall be required to do the following:
  - a. Provide electronic or written evidence of any participation in Covered California that was terminated for lack of monthly premium payment.
    - i. Such evidence may be obtained by the county through electronic interface as systems may allow.
    - ii. Processing of the application shall not be completed until the applicant provides this evidence.
  - b. Provide an attestation that none of the conditions outlined below are applicable. These conditions are considered special circumstances for enrollment in Covered California outside of an open enrollment period:
    - i. A qualified individual or a dependent's loss of Minimum Essential Coverage;
    - ii. A qualified individual gains a dependent or becomes a dependent;
    - iii. An individual not previously a U.S. citizen, U.S. national or lawfully present gains such status;
    - iv. A qualified individual's enrollment or disenrollment in a Covered California Plan (CCP) is unintentional, inadvertent, or erroneous as a result of an error, misrepresentation, or inaction of the staff or instrumentalities of Covered California or Health and Human Services;
    - v. An enrollee adequately demonstrates that a CCP substantially violated a material provision of its contract in relation to the enrollee;
    - vi. An enrollee is determined newly eligible or newly ineligible for Advanced Premium Tax Credit (APTC) or has a change in eligibility for cost-sharing reduction (CSR);
    - vii. An individual whose existing coverage through an eligible employer-sponsored plan will no longer be affordable or provide minimum value;
    - viii. A qualified individual or enrollee gains access to new CCPs as a result of a permanent move; this also applies to individuals recently released from incarceration; or,
    - ix. A qualified individual who is an Indian may enroll in a CCP or change to another one time per month.
4. If the attestation described in 3 (b) finds none of the conditions are applicable, a determination of eligibility for CMSP shall be made following receipt of all other information required to determine eligibility.

5. If the attestation described in 3 (b) finds one or more of the conditions are applicable, the applicant shall be required to do the following:
  - a. Provide electronic or written evidence to the county that an application has been made to Covered California for health insurance coverage.
    - i. Such evidence may be obtained by the county through electronic interface as systems may allow.
  - b. Provide electronic or written evidence to the county that the applicant has paid the first month's premium for participation in Covered California.
    - i. Such evidence may be obtained by the county through electronic interface as systems may allow.
6. If the applicant fails to provide the evidence described in 3 (b) or 5 (a) and 5(b) within sixty (60) days of the qualifying date for the special circumstance, or as otherwise required by Covered California, the CMSP application shall be denied.