

IMPORTANT INFORMATION ABOUT THE COUNTY MEDICAL SERVICES PROGRAM (CMSP)

PLEASE UNDERSTAND THAT CMSP IS NOT MEDI-CAL & IS NOT INSURANCE.

CMSP Benefits Summary

Prior authorization requirements, medical necessity & clinical guidelines, provider network requirements, and/or benefit limits may apply.

- Acute inpatient hospital care
- Adult day health care services
- Adult immunizations
- Audiology services
- Blood and blood derivatives
- Chiropractic services
- Chronic hemodialysis services
- Dental services
- Durable Medical Equipment (DME)
- Emergency air and ground ambulance services
- Hearing aids and cochlear implants
- Home health agency services
- Hospital and clinic outpatient services
- Infusion therapy
- Inpatient and outpatient heroin detoxification services
- Laboratory and radiology services
- Medical supplies
- Mental health services (mild to moderate)
- Non-emergency medical transportation when medically necessary
- Occupational therapy services
- Outpatient rehabilitation services in a rehabilitation facility
- Outpatient substance use disorder services
- Pharmaceutical services provided by network pharmacies
- Physical therapy services
- Physician services
- Podiatry services
- Preventative health screenings
- Prosthetic and orthotic appliances
- Psychiatric services (inpatient and outpatient) provided by a licensed, in-network Psychiatrist
- Speech therapy services
- Transplants
- Vision services including eye exams and prescription glasses

If you need or desire medical care that 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.

EXCLUDED BENEFITS:

CMSP **does not cover** the following services:

- Pregnancy-related services (contact your county eligibility office), breast and cervical cancer treatment services (contact BCCTP), infertility services (contact F-PACT), long-term care facility services (contact your county eligibility office), acupuncture services, cosmetic services, sexual reassignment services, and methadone maintenance.
- 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 network administered by Advanced Medical Management (excluding emergency, vision, and audiology services) and the MedImpact Healthcare Systems pharmacy network.

FINDING A PROVIDER: Only providers participating in the CMSP provider network and MedImpact Healthcare Systems (MedImpact) pharmacy network for CMSP are eligible to bill for non-emergency services, excluding vision and audiology services which can be payable to non-participating providers within California. 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. A person or facility providing care **does not** have to accept CMSP. Find out if a provider is a part of the CMSP provider network by calling (877) 589-6807 **before** you go for non-emergency services. Find out if a pharmacy is a part of the MedImpact pharmacy network by calling (800) 788-2949. 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 share-of-cost, you are not obligated to pay any difference between the provider's charges and CMSP rate of payment.

CERTIFICATION PERIODS: The length of time you will be eligible to receive CMSP benefits is limited to up to six (6) months from the date of application. One month of retroactive eligibility is available. You'll be notified of this limited certification period at the time of enrollment. If you need to continue services beyond your certification period, you will need to reapply for CMSP.

IMPORTANT INFORMATION ABOUT CMSP (CONTINUED)

PRIOR AUTHORIZATIONS & DETERMINATION OF MEDICAL NECESSITY: Some CMSP services have restrictions or require approval by CMSP's benefits administrators (Advanced Medical Management and MedImpact) before the services are authorized for payment. Your participating network provider is responsible for requesting the necessary approvals. Providers seeking prior authorization for medical, dental, vision, and audiology services should contact Advanced Medical Management. Some services may also have restrictions such as frequency limits.

The Drug Formulary is a list of medications that are covered by the CMSP prescription drug benefit and is available at www.cmspcounties.org. Some medications have restrictions, such as quantity limits or prior authorization approval. Physicians seeking prior authorization for selected medications are required to submit a Medication Request Form to MedImpact. The maximum dispensing period for all medications is a 30-day supply.

USING YOUR CARD: After enrollment in CMSP, you will receive a plastic State of California Benefits Identification Card (BIC) and CMSP ID Card. ***You should always carry your BIC and CMSP ID cards with you and show the cards to your providers when you receive care.*** Your providers will use the plastic BIC card to identify you and process your share-of-cost (SOC), if any. Your provider will use the CMSP card to bill for services. In an emergency, obtain medical care immediately, even if you do not have your ID cards with you. Remember to tell the provider that you are covered by CMSP and show the provider the cards as soon as possible. Your cards may be used **only by you** to receive care.

Misuse of these cards could result in a reduction of your benefits, termination of your eligibility, and/or prosecution.

BENEFIT APPEALS: If you are dissatisfied with any decisions regarding a benefit denial or the reduction or termination of a previously approved benefit under CMSP, you have the right to appeal that decision to Advanced Medical Management (medical, dental, and vision benefits) or to MedImpact (prescription drug benefit) within sixty (60) calendar days. After you have exhausted the appeal process, if you are not satisfied with the outcome of your appeal, you have the right to request a Medical Benefit Hearing within 30 calendar days of the notification by Advanced Medical Management or MedImpact of the appeal decision. You can request the Medical Benefit Hearing Request form (CMSP 1175A) from your county worker. Mail or fax the completed CMSP 1175A to the address listed on the form.

ELIGIBILITY HEARING: If you are dissatisfied with any action taken or not taken regarding your eligibility under CMSP, you have the right to an eligibility hearing to appeal the decision. You must request an eligibility hearing from your county eligibility office within thirty (30) calendar days of the date the Notice of Action (NOA) was mailed to you. If you do

not receive a NOA, you must request the eligibility hearing within thirty (30) calendar days of the date that you became aware of the action in which you were dissatisfied. More information about these steps is located on the back of the NOA.

SHARE-OF-COST (SOC): 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 certain CMSP benefits. Certain primary care and pharmacy benefits are excluded from the SOC requirements. For more information on what services do not require a SOC please visit www.cmspcounties.org or review the CMSP member guide.

OTHER PUBLICLY FUNDED HEALTH COVERAGE: As a condition of eligibility, all applicants for CMSP shall apply for, pursue, and retain eligibility for Medi-Cal, Medicare, or other available public health care benefits coverage which may be available to them. Further, all CMSP applicants and enrolled members shall report to the county any entitlement to other health coverage at the time of application, reapplication or redetermination, and report any change in entitlement no later than 10 calendar days from the date the applicant or member was notified of the change.

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.

ENFORCEMENT OF CMSP AS A SECONDARY PAYER: CMSP is the "payer of last resort." If you have HIV, AIDS, Hepatitis C, Breast or Cervical Cancer, certain genetic conditions (including but not limited to Hemophilia, Cystic Fibrosis, Sickle Cell Disease), or are seeking family planning or infertility services, you may be eligible for services through other programs. The other programs are:

1. California AIDS Drug Assistance Program (ADAP) – for information, call (844) 421-7050.
2. Family Planning, Access, Care, and Treatment Program (F-PACT) – for information, call (916) 650-0414.
3. Hepatitis C –Drug Company Patient Assistance Programs (PAPs) – for information call (888) 477-2669.
4. Medicine Assistance Tool (MAT) – for information, visit <https://medicineassistancetool.org> or call (571) 350-8643.
5. Breast and Cervical Cancer Treatment Program (BCCTP) – for information call (800) 824-0088.
6. Genetically Handicapped Persons Program (GHPP) – for information call (916) 552-9105 opt 2.

If applicable, 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 these 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.