

County Medical Services Program

The County Medical Services Program (CMSP) is a joint county/state program that provides medical and dental care to individuals ages 21-64, who live in California's 34 rural counties (see list of counties below). The program, created in 1983¹, is administered by Blue Cross Life and Health, but the County Health Services Program determines eligibility. The beneficiaries of the program are "medically indigent adults" who have no other source of medical insurance. CMSP is designed to provide a safety net for individuals otherwise who could not obtain medical and dental care.

How Can Someone Apply for the County Medical Services Program?

Individuals apply for CMSP at the county welfare or social services department. Some counties allow individuals to apply at other sites, including hospitals. When individuals apply for CMSP, they will be asked to provide Social Security numbers for each person who is applying, the most current pay stub or other verification of earned income. The applicant must either have a Social Security number or be in the process of applying for one. Identity and the value of bonds, stocks, trusts, deeds, and other real property will also be subject to verification. If the applicant is not working, she may submit State Disability, Unemployment Insurance Benefits or Worker's Compensation payment information. Applicants may also be asked to verify resources through bank statements, and stocks, bonds, and mutual funds. In emergency situations, the client's signed statement may be accepted to verify income. In these cases, the client has ten (10) days to provide written verification, after which, if the documents have not been received, coverage will be discontinued. To be eligible for CMSP, an individual **cannot** be eligible for Medi-Cal.

How Can a Person Qualify for CMSP?

In order to obtain full-scope benefits, an applicant must be a U.S. citizen or have legal immigration status. CMSP county residents with undetermined immigration status may obtain restricted emergency services.

To qualify for CMSP's program benefits, an applicant may have only \$2000 in liquid assets during the month in which she is applying. This includes cash, bank accounts, and CDs. A family of two is allowed to have \$3000, a family of three can have \$3150 and four can have \$3300. The value of the primary residence and first motor vehicle is exempt in determining the value of the applicant's assets.

As in Medi-Cal, individuals can spend down their resources to meet the property limits. The spend down or share of cost is determined in a manner similar to how it is determined in the Medi-Cal program. The amount of the share of cost is based upon the "maintenance need level" established by the CMSP program. The maintenance need level (MNL) depends on the number of people in the family. Any amount over the MNL is considered excess income and will be considered an individual's share of cost. An individual must first incur medical expenses that she receives in a month as her share of cost before she can obtain CMSP coverage of her treatment. To find out more information, the applicant should speak with an eligibility worker.

¹ The enabling statute is California Welfare and Institutions Code §16809 et seq.
Information in this fact sheet was found in County Medical Services Program eligibility manual and other educational material.

The eligibility criteria are the same in all 34 counties.

Once eligibility is determined, an enrollee is certified eligible for six (6) months if no share of cost is due, certified eligible for three (3) months if a share of cost is found to be owed, or certified eligible for two (2) months with an undetermined immigration status. Once the certification period expires, the enrollee must re-apply in order to continue receiving benefits. Re-application may take place during the last month of eligibility of any time thereafter.

The CMSP beneficiary must notify the welfare/social services department of the following changes within ten (10) days: marriage, divorce, pregnancy, new job, job loss, address change, any changes in income, and any other facts pertinent to eligibility.

How Can a Person Receive Benefits?

CMSP enrollees may receive medically necessary services (see list of covered and noncovered services below) within the CMSP scope of benefits from any approved CMSP provider throughout the State. Enrollees may be required to pay a copayment of \$1 for office visits, \$1 for medication, and \$5 for emergency room visits that are not considered emergencies.

After a county determines that an applicant is eligible, she will receive notice of enrollment and a Benefits Identification Card (BIC), which is not proof of CMSP eligibility but can be used to verify eligibility. The card will have the enrollee's name, identification number, and a magnetic strip. To receive CMSP benefits, an enrollee must see a CMSP provider. CMSP providers include all Medi-Cal providers. Before an enrollee sees a provider, she must be sure that the provider accepts CMSP. If the individual is treated by a provider who does not accept CMSP, she will be responsible for paying for those services. It is the enrollee's responsibility to present her BIC card when she receives services so that the provider can process the enrollee's share of cost if she has one. An enrollee can see a provider outside her county of residence.

Along with a BIC card, CMSP beneficiaries will receive a CMSP/Blue Cross Life Identification Card, which does not serve as proof eligibility but rather is used to verify eligibility for prescription medications. To fill a prescription, CMSP clients will need to go to a local pharmacy that is in MedImpact's network. Most of the pharmacies that have provided prescriptive drugs in the past are included in this network. The CMSP client must present both the BC Life Identification Card and BIC to fill a prescription.

What if the Enrollee Moves from the County?

CMSP is administered only in California's 34 rural counties. While other counties have similar county programs for medically indigent adults, they are separate programs. Some county programs have more restrictive eligibility criteria. An enrollee should tell her eligibility worker before she moves as she will have to re-apply for benefits in the new county.

Can an Enrollee Challenge the County's Actions?

Yes. If the enrollee disagrees with the county's actions, she may appeal that action. Before taking action, an enrollee should discuss the action with her eligibility worker and the worker's supervisor. If the enrollee continues to be dissatisfied, she should request a hearing. Such a request should be sent to the welfare/ social services office. As with Medi-Cal, an enrollee can continue to receive benefits if she has requested a hearing before the date the action will occur. If an applicant is not satisfied with the decision of the hearing, a final appeal can be made to the County Medical Services Program Governing Board. An enrollee may also appeal benefit decisions through the Blue Cross Life and Health appeal process. If appealing a prescription medication decision, the enrollee can go through MedImpact's appeals process.

When Can an Enrollee Begin to Receive Services?

An enrollee is generally eligible for services obtained in the month she applied. Retroactive eligibility is no longer available to CMSP applicants.

What services may a CMSP recipient receive?

The lists of covered and non-covered services are presented below. A provider must submit a Treatment Authorization Request (TAR) in order for the individual patient to receive some services. CMSP uses the same TAR forms and field offices as the Medi-Cal program. Your doctor or other provider should know the limitations and is responsible for requesting any necessary approval from CMSP's benefit administrators.

For questions about eligibility, enrollees should contact their local welfare/ social service office.

For questions regarding CMSP medical benefits, enrollees can contact Blue Cross Life and Health Customer Care Center at (800) 670-6133.

For questions regarding CMSP dental benefits, enrollees can contact Doral Dental at (888) 278-7310.

For questions regarding CMSP prescription drug benefits, CMSP clients can contact the MedImpact Customer Service Line at 800-788-2949.

For additional information, contact:

CMSP Governing Board
1451 River Park Drive Suite 222
Sacramento, CA 95815
(916) 649-2631
fax (916) 649-2606
www.cmspcounties.org

CMSP COUNTIES

Alpine	Glenn	Madera	Nevada	Sonoma
Amador	Humbolt	Marin	Plumas	Sutter
Butte	Imperial	Mariposa	San Benito	Tehama
Calaveras	Inyo	Mendocino	Shasta	Trinity
Colusa	Kings	Modoc	Sierra	Tuolumne
Del Norte	Lake	Mono	Siskiyou	Yuba
El Dorado	Lassen	Napa	Solano	

CMSP COVERED SERVICES

- 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 (see excluded benefits below)
- 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

NONCOVERED SERVICES

- Eye appliances including frames, lenses, contact lenses and low-vision aids
- Pregnancy-related services (contact your county eligibility office)
- Long-term care facility services (contact your county eligibility office)
- Services of chiropractors, psychologists, social workers, or marriage and family therapists
- 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/BC Life & Health provider network (excluding emergency services) and the CMSP/MedImpact pharmacy network
- Organ transplants for persons who are eligible for CMSP emergency services only
- 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.