


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. CMSP members will have two (2) ID Cards:

1. **State of California Benefits Identification Card (BIC):** If you don't already have one, you will receive this card separately from the State of California.
2. **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 before certain CMSP benefits are provided (see page 2 of this Guide). Your CMSP ID Card is enclosed with this Member Guide. You will use this ID card when you seek health care services. Below is an example of a CMSP ID Card:

		
Member Name / Nombre del afiliado:		
Member ID / ID del afiliado:		
RX BIN: 003585	RX PCN: 50145	RX GROUP:
CMSP Customer Service / Servicio de atención al cliente: (877) 589-6807 TTY Line / Línea de TTY (teléfono de texto): (562) 429-8162 *Pharmacy Services / Servicios farmacéuticos: (800) 788-2949 *Prescription drug services through MedImpact; not an AMM product. \$5/Rx and \$1,500/Rx maximum may apply / Servicios de medicamentos recetados a través de MedImpact; No es un producto de AMM. Puede aplicar un máximo de 5 USD por receta y 1500 USD por receta		
Refer to the CMSP Member Guide for additional benefit information & a list of covered services with no share of cost (if applicable) & benefit exclusions / Consulte la guía para afiliados de CMSP para obtener más información sobre los beneficios y una lista de los servicios cubiertos sin costos compartidos (si corresponde) y una lista de los servicios excluidos. <a href="https://cmsp.amm.cc">https://cmsp.amm.cc</a>		

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<b>Hospitals &amp; Emergency Services Providers:</b> Hospitals must notify AMM within 24 hours of admission by calling (877) 589-6807. For after hours, holidays, & weekends, call (562) 310-2145.  <b>Non-Contracted Hospitals &amp; All Other Providers:</b> Covered services rendered by non-contracted hospitals and all other providers may be considered for payment only for emergency care in CA or within a 30-mile radius of the CA border in AZ, NV, & OR. AMM must be notified within 24 hours of providing services by calling (877) 589-6807. For after hours, holidays, & weekends, call (562) 310-2145.  <b>Non-Contracted Vision &amp; Audiology Providers:</b> Covered vision & audiology services are payable to eligible non-contracted providers in CA. Call (877) 589-6807 for benefit limits.	<b>By using this card, you acknowledge that AMM is the health care benefits administrator for CMSP / Al usar esta tarjeta, usted reconoce a Advanced Medical Management como administrador de beneficios de atención médica de CMSP</b>  This card is for identification purposes only and is not proof of coverage and/or eligibility / Esta tarjeta se utiliza únicamente para fines de identificación y no es una prueba de cobertura o elegibilidad
<b>Claims:</b> Advanced Medical Management, Inc. 5000 Airport Plaza Drive #150 Long Beach, CA 90815-1260  <b>Payer IDs for Electronic Claims:</b> Emdeon/Caprio – CMSP1 Office Ally – AMM15 Claimremedi – CMSP Cognizant/Trizetto – Institutional Claims: UMM15 Professional Claims: AMM15	

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

*Podemos traducir gratuitamente. Llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación.*

Your benefit period is the limited period of time in which you are eligible to receive CMSP Benefits. You will be notified of this benefit period at the time your eligibility is determined. To continue your eligibility for benefits beyond the benefit period, you will need to reapply for CMSP. Please understand that CMSP is not a Medi-Cal Program or private health insurance.

- ✓ **Retroactive CMSP Benefit Coverage:** If you had healthcare 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 welfare department.
- ✓ **Share of Cost (SOC):** 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 benefits. You will be informed of your SOC amount when your eligibility is determined. See page 2 of this guide for covered services that do and do not require a SOC.
- **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 (if applicable).
- **In an emergency, get healthcare 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 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.

**CMSP benefit coverage includes the following services (limitations may apply):**

**CMSP Covered Services without a SOC (if applicable)**

Adult Immunizations	Primary Care & Specialist Office Visits
Colorectal Cancer Screening	Routine Screening & Laboratory Testing
EKG, Osteoporosis, & DEXA Scan	Obesity Counseling (performed by a physician)
Mental Health Services (mild to moderate)	Screenings for HIV, HPV, Hepatitis B & C, & STI Screenings
Outpatient Substance Use Disorder Services	Specified Ultrasound of Head, Neck, Trunk, Upper & Lower Extremities
Physical Therapy	Specified X-rays of Head, Neck, Chest, Trunk, Upper & Lower Extremities
Specified Prescription Medications with a \$5 Copay per Prescription (\$1500 maximum benefit limit)	Tobacco Use Counseling & Intervention (performed by a physician)
Preventative Health Screenings	Various In-Office Minor Medical Procedures

**CMSP Covered Services that may require a SOC (if applicable)**

Acute Inpatient Hospital Care (including acute inpatient rehabilitation & mental health)	Laboratory and Radiology Services
Adult Day Health Care	Medical Supplies dispensed by Physicians, Licensed Pharmacies, or Durable Medical Equipment dealers & prosthetic or orthotic providers
Blood & Blood Derivatives	Non-Emergency Medical Transportation when medically necessary
Chiropractic Services	Outpatient Audiology Services (including hearing aids)
Chronic Hemodialysis Services	Outpatient Occupational Therapy & Physical Therapy Services
Dental Services (including diagnostic & preventative care, oral surgery & selected endodontic, restorative & prosthodontics services)	Outpatient Rehabilitation Services in a Rehabilitation Facility
Durable Medical Equipment (DME)	Physician Services
Emergency Ambulance Services & medically necessary transportation from the acute hospital to other facilities for medically necessary, specialized, or tertiary care	Podiatry Services

Family Planning Services, including sterilization (when no other coverage, including F-PACT)	Prescription Drug Services provided by Licensed Pharmacists (CMSP pharmacy services, excluding home infusion therapy, are provided under contract between the CMSP Governing Board & MedImpact)
Home Health Agency Services	Prosthetic & Orthotic Appliances
Outpatient Hospital & Clinic Services	Psychiatric Services (inpatient & outpatient) provided by a licensed, in-network psychiatrist
Infusion Therapy	Transplants
Inpatient & Outpatient Heroin Detoxification Services (excluding methadone maintenance)	Vision Services including eye exams & prescription glasses

For a complete list of covered benefits, including those without a share of cost (if applicable), please visit the AMM website at: <https://cmsp.amm.cc/Providers> or call customer service at 877-589-6807.

- **Your benefit includes physicals, checkups, or other (non-emergency) medical office visits:** You can schedule visits with contracted CMSP providers at no cost to you. To obtain these services, you must use a CMSP contracted health care provider (with the exception of eligible non-contracted auditory and vision providers – see below for more information). Be sure to bring your CMSP ID Card and BIC with you to your appointment. See page 2 of this guide for covered services that do not require a SOC (if applicable).
  - ✓ **Audiology Services:** CMSP covers specified audiology services (including hearing aid evaluations and hearing aids) by contracted and eligible non-contracted providers in California with a maximum of two (2) audiometry assessments per month and one (1) tympanometry assessment every six (6) months. Some services may require prior authorization; please call (877) 589-6807 for benefit limits.
  - ✓ **Chiropractic Services:** CMSP covers specified chiropractic services with a maximum of two (2) visits per calendar month (authorization required after two (2) visits per calendar month) by approved in-network providers.
  - ✓ **Dental Services:** CMSP covers specified dental services by approved in-network providers with a maximum of one (1) oral evaluation every six (6) months. Some services may require prior authorization; please call (877) 589-6807 for benefit limits.
  - ✓ **Mental Health Services:** AMM will pay only inpatient mental health hospitals and psychiatrists participating in the CMSP provider network. Services must be authorized by local mental health departments up to a maximum of six (6) days per inpatient stay and up to ten (10) hospital days per fiscal year and a maximum of five (5) hours of psychiatric professional services per inpatient stay. Outpatient services provided by licensed psychiatrists are covered with a maximum of ten (10) outpatient psychiatric services within a 120-day period. Specified outpatient mental health (mild to moderate) services by in-network providers are covered with a maximum of twelve (12) visits per enrollment period (any approved combination of individual, family, and/or group therapy or evaluations) when rendered by approved providers.
  - ✓ **Physical Therapy:** CMSP covers specified physical therapy services with a maximum of 24 visits per benefit period. Physical therapy services in excess of 24 visits within a member's benefit period will not be payable by CMSP.
  - ✓ **Substance Use Disorder Services:** CMSP covers specified substance use disorder services (including alcohol misuse screenings and behavioral health counseling interventions for alcohol misuse) by approved in-network providers with a maximum of twelve (12) visits per enrollment period (any approved combination of individual and/or group treatment or screenings).
  - ✓ **Vision Services:** CMSP covers specified vision services by contracted and eligible non-contracted providers in California with a maximum of one (1) routine eye exam and prescription glasses every two (2) years. Some services may require prior authorization; please call (877) 589-6807 for benefit limits.

- **Lab Testing and Procedures:** A defined set of ancillary tests and screening labs are part of the CMSP covered benefit at no cost to you. These tests must be done through a contracted CMSP provider. See page 2 of this guide for covered services that do not require a SOC (if applicable).
- **Prescriptions:** The below table describes CMSP's prescription coverage:

	CMSP Primary Care Benefit	CMSP Standard Benefit
<b>When to Use the Benefit</b>	<ul style="list-style-type: none"> <li>• Primary pharmacy benefit for CMSP Aid Codes 89, 50, &amp; 8S</li> </ul>	<ul style="list-style-type: none"> <li>• Primary pharmacy benefit for CMSP Aid Code 88 &amp; 8M</li> <li>• Secondary pharmacy benefit for CMSP Aid Code 89, 50, &amp; 8S</li> <li>• Use when CMSP Primary Care Benefit does not provide coverage (e.g., prescription cost exceeds maximum cost of \$500/claim, drug is excluded from Primary Care Benefit, or patient exceeds \$1500 maximum benefit per CMSP Primary Care Benefit enrollment period)</li> </ul>
<b>Member Out-of-Pocket Cost</b>	<ul style="list-style-type: none"> <li>• \$5 copayment per prescription</li> <li>• No monthly Share of Cost requirement</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly Share of Cost must be met before prescription coverage</li> <li>• No copayment per prescription</li> </ul>
<b>Benefit Maximums</b>	<ul style="list-style-type: none"> <li>• \$500 per prescription claim</li> <li>• \$1500 maximum benefit per CMSP Primary Care Benefit enrollment period</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Drug Exclusions</b>	<ul style="list-style-type: none"> <li>• Specialty drugs excluded.</li> <li>• See "<i>Prescription Coverage of Select Drug Classes</i>" section of the CMSP Primary Care Benefit formulary for additional information about excluded drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Specialty drugs generally covered. See "<i>Prescription Coverage of Select Drug Classes</i>" section of the CMSP Standard Benefit formulary for additional information about excluded drugs</li> </ul>
<p>Prescription drug services are administered by MedImpact. For more information regarding your prescription drug coverage through CMSP, you can contact MedImpact at (800) 788-2949 or visit <a href="https://cmspcounties.org/prescription-drug-benefit/">https://cmspcounties.org/prescription-drug-benefit/</a></p>		

- **Use CMSP Contracted Providers:** Make sure that you are getting non-emergency, CMSP covered health care services from a contracting health care provider that participates in the CMSP provider network. Please note, covered audiology and vision services rendered by eligible non-contracted providers and situations in which emergency medical attention is needed are exempt from this requirement. Covered audiology or vision services are payable for eligible non-contracted auditory or vision providers in California. Please call (877) 589-6807 for benefit limits. For a list of participating providers in your area, please visit: <https://cmsp.amm.cc/ProviderSearch>. You can also call AMM Customer Service at (877) 589-6807 for assistance. You are not obligated to pay any difference between the provider's charges and CMSP's rate of payment for covered CMSP Health Benefits.
- **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. Emergency services do not require prior authorization by AMM. You should call AMM at (877) 589-6807 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
- **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-contracted provider. Please note, eligible non-contracted auditory and vision providers providing covered services are exempt from this restriction. Covered audiology or vision services are payable for eligible non-contracted auditory or vision providers in California. Please call (877) 589-6807 for benefit limits. 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 benefits may require prior approval by AMM before services are provided. Your providers are responsible for requesting any necessary approval from AMM.

**CMSP benefit exclusions include, but are not limited to, the following services:**

**Services that are Not Covered**

Acupuncture, including Podiatry-Related Acupuncture Services	Long Term Care
Breast & Cervical Cancer Treatment Services when covered by another payer (Breast & Cervical Cancer Treatment Program/Medi-Cal)	Mental Health & Substance Use Disorder Services provided by non-contracted providers
Contact Lenses that are not medically necessary	Methadone Maintenance Services
Cosmetic Services	Pregnancy & Infertility Related Services
Family Planning Services when covered by other payers (F-PACT)	Public Transportation, such as airplane, bus, car, or taxi rides
Hepatitis C Medications when covered by other payers	Sexual Reassignment Services
Skilled Nursing Facility Services	

- **CMSP is the “Payer of Last Resort”:** CMSP is a Secondary Payer to state and federal health coverage programs. If you have HIV or AIDS, want family planning or infertility services, would like medication resources designed to help patients and caregivers, 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 (844) 421-7050.
  - ✓ **Family Planning, Access, Care and Treatment (Family PACT)** for family planning and infertility treatment. Call (800) 942-1054.
  - ✓ **Medicine Assistance Tool (MAT).** Information can be found on the website <https://medicineassistancetool.org> or by calling (571) 350-8643.

- ✓ **Breast and Cervical Cancer Treatment Program (BCCTP)** for breast and cervical cancer treatment services. Call (800) 824-0088.

### **How to Resolve a Problem with AMM, MedImpact, or CMSP**

#### **Important Phone Numbers**

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

*\*Prescription drug services through MedImpact; not an AMM Product.*

- **If you have a question, complaint, or grievance about services with AMM or a CMSP provider, call AMM's Customer Service department at 1-877-589-6807, Monday through Friday, 8 a.m. to 5 p.m.** 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: <https://cmsp.amm.cc/members>.
- **Appeals:** If a healthcare benefit is denied, reduced, or terminated, you can file an appeal. Your authorized representative or provider can also file an appeal for you with your written permission. You must request an appeal in writing or by phone 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

**or**

Phone: (877) 589-6807  
Fax: (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

**or**

Phone: (916) 649-2631  
Fax: (916) 649-2606
- **Other Health Coverage & Third-Party Liability:** If you have other health coverage you are required to notify the clinic or county welfare office where you applied for CMSP. This information will be identified on your CMSP eligibility record and providers must bill the other health coverage before billing CMSP. You are also required to notify your CMSP county welfare office 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.