

**County of San Diego, Health and Human Services Agency (HHSA)
County Medical Services (CMS) Program Guide**

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Revision Date:
October 25, 2016

Background:
CMS and CMS Hardship are programs of last resort for San Diego County's indigent adults. An adult requesting CMS or CMS Hardship must not have eligibility to any other health care program.

Purpose:
To provide application processes to workers when establishing a CMS case.

Policy:
Workers enter applicant information into the CMS IT System (AuthMed), the information is used to determine CMS eligibility. Refer to 02.02 for instructions on who may complete and sign the Statement of Facts (SOF) and information regarding an Authorized Representative (AR).

When a CMS case is established in AuthMed, image and save in AuthMed all documentation and verifications used to determine eligibility and level of coverage within the CMS Program; including CMS forms completed by the applicant, Authorized Representative (AR), hospital, and eligibility staff. The Image Verification Checklist may be used to eliminate the scanning of some forms during the application process.

A: Order of Evaluation Requirement
All CMS applicants must first be evaluated for Medi-Cal.

A CMS applicant is **NOT** eligible to CMS if s/he meets any of the following:

- Is determined linked to Medi-Cal eligibility
- Is enrolled in Medi-Cal
- Is enrolled in Medicare
- Is enrolled in a Covered California Health Care plan or in any health care coverage plan that meets the Minimum Essential Coverage (MEC) requirement under ACA

Hospital Presumptive Eligibility (HPE)

HPE beneficiaries denied ongoing Medi-Cal eligibility for excess income are eligible to receive CMS benefits for the remainder of the HPE Medi-Cal month, if otherwise eligible. CMS eligibility starts the day after the Medi-Cal HPE eligibility ends. The month in which CMS eligibility is determined is the 1st month of the CMS certification period. When claims are presented for payment, the ASO is responsible for processing claims during the CMS eligible certification period.

When processing an HPE applicant approved for CMS:

- Choose "approved HPE" from the disposition tab in AuthMed and select the eligibility start date,
- Add the HPE indicator in AuthMed,
- Narrate the date the Medi-Cal HPE ends and the date the CMS eligibility begins in the AuthMed case comments

When CMS HPE is denied, choose "deny HPE" from the disposition tab, narrate in the AuthMed case comments the reason for the denial and send the NOA.

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Note: If CMS is denied for the HPE month but the applicant is eligible to CMS the following month ongoing, then the following month's eligibility would be CMS or CMS Hardship.

B: Application Process Requirements

Good Cause

At each application, recertification, or reapplication:

- Evaluate for good cause **prior** to taking an eligibility adverse action when the applicant is unable to comply with eligibility requirements within the required timeframe
- Narrate in case comments that good cause was evaluated, whether good cause was found or not, and the reason why the good cause determination was made
- Establish a new due date, if needed, based on case situation. Inform the applicant and narrate in case comments of the new due date
- Inform the applicant and narrate in case comments of any acceptable alternative verification(s)

Good cause includes but is not limited to:

- Physical or mental illness or incapacity of the applicant which prevents him/her from contacting the County and/or obtaining/submitting the required documents/verifications within the required timeframe
- A level of literacy, in conjunction with other social and language barriers, of the applicant that would prevent him/her from meeting the established due date
- A delay in the receipt of information and the delay is beyond the control of the applicant
- Obtaining the documents/verifications would cause harm to the individual

Timely Reporting

The applicant is responsible for reporting changes in a timely manner. Any changes in income, assets, or living situation that pertain to the determination of eligibility or SOC are to be reported within 10 calendar days.

Case Narrative

Narrate all case actions. Narratives can support case documentation; however, case narratives are **not** required as a condition of eligibility.

Case Clearance

Use the systems below to clear the applicant's Social Security Number (SSN) or name **prior** to the issuance of CMS benefits to prevent duplicate or erroneous issuance of benefits.

Clearances shall include, but are not limited to, the following systems:

System	Window	Description
CMS IT System (AuthMed)	APPLICATION WORKLIST - Member Alerts	Recording of comments/alerts/case activities
MEDS	INQN	Applicant inquiry by name and date of birth
	INQM	Primary Medi-Cal/CMSP Information
	INQP	Pending/Denied SSI application and appeals information

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	INQT	Bendex Title II information
	INQX	Title XVI-SSI/SSP
	INQ1, 2, & 3	Medi-Cal/SSP- Special Programs 1, 2, and 3 information
	IEVS - EDD Real-Time Match	Unemployment and State Disability Claim information
CalWIN	Inquiry	Inquire on individual
	Case Details	Programs, application list, and case members.
CalHEERS	Enrollment Summary by Person	Plan enrollment by person
IDX	Enrollment Screen	Displays certification period enrollment status
	Claims Screen	Displays claims submitted

**C: Establishing the Date of Application
HOS Applications**

When the AuthMed referral is received...	
within 10 business days of the date of admission,	the application date is the date you receive the application referral or the date of admission to the hospital, whichever is earlier.
more than 10 business days after the date of admission,	the application date is the date you receive the application referral.

Non-HOS Applications

The application date is established on the date the applicant's information is entered in AuthMed. On the date of the intake interview:

- Enter the applicant's information in AuthMed
- Print the signature page of the SOF
- Have the applicant sign and date the form
- Scan the SOF into AuthMed to verify the application date

Exceptions to the Date of Application

An applicant requesting coverage for an uncertified date of service **prior** to the date of the intake interview may establish the date of the uncertified visit as their application date. Eligibility will be effective the first on the month of the date of the uncertified visit if **all** of the following conditions below are met. If all of the conditions are **not** met, this exception does not apply.

The applicant...	
1	Was not determined linked to Medi-Cal eligibility, not enrolled in Medi-Cal or Medicare, or not enrolled in a Covered California Health Care plan or in any health care coverage plan that meets the Minimum Essential Coverage (MEC) requirement under ACA at the time they received medical treatment.
2	<ul style="list-style-type: none"> • Contacts the ASO within 30 calendar days of the date of the uncertified visit to schedule the intake interview; • Is referred to an HOS worker by an HOS hospital; • Receives an HOS referral within 30 calendar days of the date of the uncertified visit; or

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	<ul style="list-style-type: none">• Has applied for Medi-Cal within 30 calendar days of the date of the uncertified visit. <p>Note: The 30 day time period starts the day after the date of the uncertified visit.</p>
3	Provides verification of the date of the uncertified visit. The date of the uncertified visit, once verified, then becomes the date of application.
4	Provides all of the information and required verifications needed to determine eligibility for the month of the uncertified visit.
5	Meets all other eligibility requirements for the month of the uncertified visit.
6	May request coverage for a maximum of two uncertified visits per year.
7	Has 10 business days from the date of the missed appointment to call the ASO to reschedule. Only one reschedule will be allowed for applicants requesting coverage of a past month's ER visit. The application date for an applicant with more than one reschedule shall be the date of the intake appointment and not earlier.

Note: When evaluating for a prior month's uncertified ER or clinic visit, indicate the date of application being used and confirm in case comments that appropriate verification for the uncertified ER or clinic visit was received and reviewed.

Program Impact:

None

Reference(s):

County Policy, MEDIL I 15-31

Sunset Date:

This policy will be reviewed for continuance by 10/31/2019

Approval for Release:



Rick Wanne, Director
Eligibility Operations