

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

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Background:

A CMS discontinuance policy has been established to:

- Discontinue benefits for individuals who are not eligible for or who wish to discontinue their CMS benefits
- Provide correct CMS eligibility information on the Provider Online Verification (POV) website

Policy/Procedure:

15.01.01A Discontinuance Requirement

Discontinue CMS benefits if the recipient:

- requests their benefits be discontinued
- is enrolled in Medi-Cal
- is enrolled Medicare
- is enrolled in a Covered California Health Care Plan or in any health care coverage plan that meets the MEC requirement under ACA
- lives/moved outside San Diego County
- has income and/or property which exceeds program limits
- has been confirmed as deceased
- failed to provide requested and required verifications that are otherwise unavailable to HHSA staff (refer to 02.06.03)

15.01.01B Discontinuance: Request by the Recipient

A recipient may request discontinuance of CMS benefits at any time by:

- Submitting a signed statement indicating the request for discontinuance
- Making a verbal request for discontinuance

Ask that the request for discontinuance be made in writing; however, is not necessary to wait for the written request before the case is discontinued.

15.01.01C Timely Notice Requirement

Unless an exception applies, when an action is taken to discontinue benefits, notify the recipient timely and with an adequate NOA. Issue CMS Discontinuance Notice of Action (CMS-131) at least 10 calendar days **prior** to the end of the month in which the CMS certification is to end. (Refer to 15.01.01E for NOA deadline).

Exceptions

A 10 day notice is **not** required under these circumstances; however, an adequate notice is required.

The recipient:

- Has provided written/verbal request to discontinue their benefits
- 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 MEC requirement under ACA
- Has been confirmed as deceased
- Is not a San Diego County resident

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15.01.01D Adequate Notice Requirement

A written notice that informs the recipient of the following:

- Action the County intends to take
- Reason(s) for the intended action
- Specific regulation(s) supporting such action
- Explanation of the claimant's right to request a county appeal hearing
- Circumstance(s) under which benefits will be continued if a hearing is requested

15.01.01E NOA Cut-off Date Requirement

The CMS discontinuance (CMS-131) NOA must be mailed by the following deadline:

Calendar Day	Month
18th	All months; except February
16th	February

Note: If the deadline falls on a holiday or weekend, the NOA must be mailed and dated the workday **prior** to the deadline date.

15.01.01F Discontinuance Action

Upon receipt of information that causes a recipient to become ineligible for CMS or the recipient requests their CMS benefits be discontinued:

- obtain supporting documentation as appropriate;
- discontinue the case as outline in How To #1003 by updating the CMS IT system (AuthMed) with the discontinuance information;
- narrate in case comments the circumstance supporting the case discontinuance. Information should include, but is not limited to the reason(s) for discontinuance and the effective date of discontinuance; and
- ensure the recipient is given timely notice, as appropriate, of the discontinuance.

15.01.01G Discontinuance Action Not Required

Check AuthMed to verify the existing certification period end date. If the certification period is due to end at the same time the discontinuance NOA would be effective, you **do not** need to discontinue the case. However, you must enter the information related to the reason(s) for ineligibility in case comments.

15.01.01H Applicant Contact After a Discontinuance Action

Take the following actions when contact by the recipient is made **after** a discontinuance action:

When contact is made...	
prior to the date of discontinuance,	rescind the discontinuance.
after the date of discontinuance,	advise the recipient of the option to submit an appeal to dispute the action and/or reapply. However, you may rescind the discontinuance if good cause is determined.

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15.01.01I Rescission of Discontinuance

Upon receipt of information that requires the reinstatement of benefits:

- rescind the discontinuance as outline in How To #1003
- notify the recipient by sending Rescind Notice (CMS-110R) when any of the following conditions apply:
 - a County Administrative Hearing decision orders a reevaluation of CMS benefits;
 - recipient contacts the County prior to or after the discontinuance date on the NOA and good cause is found;
 - the recipient is eligible to Aid Paid Pending (APP); or
 - it has been determined that the discontinuance was in error
- re-evaluate the case based on CMS eligibility criteria.

Impact:

No impact to other program(s).

Reference(s):

None

Release Date:

December 23, 2014

Sunset Date:

This policy will be reviewed for continuance by January 1, 2017.