

ACE ELIGIBILITY AND BILLING REMINDER

Eligibility

San Mateo County Access and Care for Everyone (ACE) is made up of two programs:

- 1) The San Mateo County ACE Fee Waiver Program: Effective September 1, 2018, the ACE Fee Waiver program eligibility determination and enrollment was transitioned to the Restricted Medi-Cal program. Anyone who is enrolled in the Restricted Medi-Cal program and has income at or below 138% of the Federal Poverty Level, is automatically enrolled in the ACE Fee Waiver program. Participants remain enrolled in ACE Fee Waiver so long as their Restricted Medi-Cal coverage is maintained. These members are identified as “Fee Waiver” on the ACE Participant Identification Card. There is a different policy for ACE Fee Waiver participants age 65 and above and a small number of ACE Fee Waiver participants who are still waiting for their Restricted Medi-Cal applications to be processed. **The majority of ACE Fee Waiver participants have active Restricted Medi-Cal.**
- 2) The San Mateo County ACE Non-Fee Waiver Program: ACE Fee Waiver participants over age 65 and Regular ACE participants (who are not identified as “Fee Waiver”) do not have Restricted Medi-Cal or only have Restricted Medi-Cal with SOC (share of cost).

To determine if ACE participants have Restricted Medi-Cal, please check the DHCS Medi-Cal provider eligibility portal.

Billing

- 1) Payer of the Last Resort: **San Mateo County ACE Program is the payer of last resort.** This means that if an ACE Participant is eligible to receive health care services that are covered by another payer or program, the other payer or program will be responsible for covering those services first. The San Mateo County ACE Program excludes services when other coverage is available under other programs. **Accordingly, ACE participating providers should submit claims for services covered under another program, such as Restricted Medi-Cal, to the applicable program.**

Information on Restricted Medi-Cal coverage and billing requirements can be found at [DHCS.ca.gov](https://www.dhcs.ca.gov).

- 2) COVID-19: Please note that DHCS has deemed COVID-19 testing and related medically necessary treatment services to be emergency services for Medi-Cal beneficiaries, regardless of their scope of coverage under Medi-Cal or documentation status. These beneficiaries are entitled to all inpatient and outpatient services necessary for the testing and treatment of COVID-19 as certified by the attending physician or other appropriate provider and in the same manner as administered under Section 51056 of Title 22 of the California Code of Regulations. DHCS guidance and billing instructions can be found here: <https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-Emergency-Services.pdf>

In addition, ACE providers who enroll patients in Medi-Cal Presumptive Eligibility categories should be aware that the State has created a new category, COVID-19 Presumptive Eligibility (PE), that will allow individuals to seek the necessary diagnostic testing, testing-related services, and treatment services, including all medically necessary care related to COVID-19, at associated office, clinic, or emergency room visits at no cost to the individuals. ACE members who do not have active Restricted Medi-Cal may be eligible. Eligibility for COVID-19 PE will be regardless of immigration status, income and resources. <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/COVID-19-Presumptive-Eligibility-Program.aspx>

San Mateo County and HPSM are thankful for our provider partners who serve the ACE communities. If you have any questions, please reach out to the HPSM Provider Services Department at psinquiries@hpsm.org.

Best Regards,

Health Plan of San Mateo