California County Indigent Care Program Profiles, 2009
County: Alameda  
Program: Alameda County Excellence (ACE) (Coverage Initiative) 2009

### County Profile

<table>
<thead>
<tr>
<th>Population</th>
<th>1,464,202</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>11.8%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>6.7%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>6.76</td>
</tr>
<tr>
<td>County Type</td>
<td>Urban</td>
</tr>
</tbody>
</table>

### Application Information

<table>
<thead>
<tr>
<th>Eligible Poverty Level</th>
<th>200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay</td>
<td>Yes</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>No</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>19-64</td>
</tr>
</tbody>
</table>

### Program

Alameda County Excellence (ACE)

### Program URL

none

### Contact Phone

(510) 667-7713

### County Department Administrator

County Health Care Services Agency

### Program Synopsis

ACE will provide an enhanced health benefits plan to qualifying applicants who have a chronic disease such as diabetes, congestive heart failure, asthma and/or hypertension. This plan emphasizes chronic disease management through preventive primary care at a designated medical home. The goal of ACE is to coordinate access and delivery of services, and to focus the design of care to reflect the needs of chronically ill enrollees and those with sufficient risk-factors that may lead to an additional chronic condition. The program serves residents between 19 and 64 who have incomes up to 200% of the FPL, but those above 100% of FPL will have a co-pay for services. Medi-Cal covered services are available for 12 months and renewal is actively encouraged.

### Recent Changes

Since ACE services mirror Medi-Cal covered services, ACE will also cease the coverage of optional benefits starting in July 2009. These include: dental, speech therapy, psychology, podiatry, opticians, optometry, audiology, acupuncture, and chiropractors.

### Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person able to provide proof that they live in the county.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 19-64.
- Residents do not need to have medical need at time of application.
- Persons with income between 100% and 200% of FPL have co-pay. A wide array of documentation is accepted to verify residency. Self declaration is allowed for General Assistance, homeless or due to immigration status.

### Enrollment Process

- Enrollment is at CMSP provider sites (hospitals and primary care clinics have eligibility workers).
- Required documentation:
  
<table>
<thead>
<tr>
<th>Proof of Residency:</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Identity:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Income:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Expenses:</td>
<td>No</td>
</tr>
<tr>
<td>Value of Assets:</td>
<td>No</td>
</tr>
<tr>
<td>Proof of Immigration Status:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will waive documentation requirements in special circumstances.
Coverage Duration
- Length of coverage: 12 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [ ] Re-apply
  - [x] Other: Must re-new eligibility

Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>No Optometry Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>No Eye Appliances</td>
<td>No Hearing Aids</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Podiatry services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Drug and Alcohol Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Family Planning Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Skilled Nursing Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Home Health Agency Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Dental Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Audiology Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Chiropractic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Psychological Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Adult Day Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Therapies such as Occupational, Physical, and Speech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: No services disclosed by county
- Other specifically excluded services: No services disclosed by county
- Covers the same services as Medi-Cal.
  - Check with county for detailed coverage.

Cost-Sharing
- Patients do not have a share of cost that they pay while in the program.
- Patients do have a co-payment due at the time of service. It is based on income. For 101-150% FPL, ER services are $35; Inpatient services are $100; Outpatient services are $10; prescriptions are $5 each with a cap of $35; Special Procedures are $100. For 151-200% FPL, ER services are $50; Inpatient services are $100; Outpatient services are $15; prescriptions are $5 each with a cap of $35; and Special Procedures are $100.
- No other financial obligations were disclosed.

Policies

Medical Care Oversight and Management
- Patients do not have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

Provider Payment
- Contracted Rates
- To enroll clients the county uses One-e-App. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Providers submit a monthly report through an electronic system for reimbursement.
- The county does not have a system to track the program’s overall revenue and costs. Does require that each provider submit their full operational budget and specific budget for the indigent population.
- The county has integrated this program with other county programs. Integration is with mental health services.

### Provider Network

#### Hospitals
Alameda County Medical Center Highland General Hospital (Oakland) - County
Alameda County Medical Center Fairmont Hospital (San Leandro) - County

#### Clinics
Life Long Medical Care (Berkeley, Oakland) - Private
Tri-City Health Center (Fremont) - Private
Alameda County Medical Center Winton Wellness Center (Hayward) - County
Tiburcio Vasquez Health Center (Hayward) - Private
Alameda County Medical Center Newark Health Center (Newark) - County
Alameda County Medical Center Eastmont Wellness Center (Oakland) - County
Asian Health Services (Oakland) - Private
La Clinica de la Raza (Oakland) - Private
Native American Health Center (Oakland) - Private
West Oakland Health Council (Oakland, Berkeley) - Private
Axis Community Health (Pleasanton, Livermore) - Private
Tiburcio Vasquez Health Center (Union City) - Private

### Sources

**Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007

**Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008

**Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)

**Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

**County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
County: Alameda  
Program: Alameda County Medically Indigent Services Program (CMSP) 2009

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<tr>
<td>Co-pay</td>
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<tr>
<td>Share-of-Cost</td>
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<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>All</td>
</tr>
</tbody>
</table>

Program
Alameda County Medically Indigent Services Program (CMSP)

Program URL
none

Contact Phone
(510) 667-7713

County Health Care Services Agency
Alameda County Medical Center

Program Synopsis
CMSP serves the medically indigent via the Alameda County Medical Center (ACMC) hospitals, free standing ACMC primary care clinics, and a provider network of 9 community-based primary care organizations providing services in 34 locations. The program serves residents of any age who have incomes up to 200% of the FPL, but those above 100% of FPL will have a co-pay for services. All residents, including undocumented residents, can receive Medi-Cal covered services for 12 months. Since CMSP services mirror Medi-Cal covered services, CMSP will also cease the coverage of optional benefits starting in July 2009. These include: dental, speech therapy, psychology, podiatry, opticians, optometry, audiology, acupuncture, and chiropractors.

Recent Changes
Since CMSP services mirror Medi-Cal covered services, CMSP will also cease the coverage of optional benefits starting in July 2009. These include: dental, speech therapy, psychology, podiatry, opticians, optometry, audiology, acupuncture, and chiropractors.

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person able to provide proof that they live in the county.
- Serves the homeless.
- Services for undocumented: Full Services
- Eligible ages: All.
- Residents do not need to have medical need at time of application.
- Persons with income between 100% and 200% of FPL have co-pay. Children and elderly may be served while waiting for acceptance into other programs. A wide array of documentation is accepted to verify residency. Self declaration is allowed for General Assistance, homeless or due to immigration status.

Enrollment Process
- Enrollment is at CMSP provider sites (hospitals and primary care clinics have eligibility workers).
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: No
  - Value of Assets: No
  - Proof of Immigration Status: No
- Does not require the same documentation as Medi-Cal.
- Will waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 12 months
Coverage retroactivity: Coverage can be retroactively applied.

To re-enroll, patient needs to:

- [ ] Request extended coverage
- [ ] Have proof of medical need
- [ ] Re-apply
- [x] Other: Must re-new eligibility

### Covered Services

#### Medical Services
- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- No Podiatry services
- Yes Drug and Alcohol Treatment Services
- Yes Family Planning Services
- Yes Skilled Nursing Services
- Yes Home Health Agency Services
- No Dental Services
- No Audiology Services
- No Chiropractic Services
- No Psychological Services
- Yes Adult Day Health Services
- No Therapies such as Occupational, Physical, and Speech

#### Pharmacy and Vision
- Yes Prescription Drugs
- No Optometry Services
- No Eye Appliances

#### Medical Supplies and Other Ancillary Services
- Yes Medical Transportation
- Yes Durable Medical Equipment
- No Hearing Aids
- Yes Orthotics and Prosthetics

- Other included services: No services disclosed by county
- Other specifically excluded services: No services disclosed by county
- Covers the same services as Medi-Cal.
- Check with county for detailed coverage.

### Cost-Sharing

- Patients do not have a share of cost that they pay while in the program.
- Patients do have a co-payment due at the time of service. It is based on income. For 101-150% FPL, ER services are $35; Inpatient services are $100; Outpatient services are $10; prescriptions are $5 each with a cap of $35; Special Procedures are $100. For 151-200% FPL, ER services are $50; Inpatient services are $100; Outpatient services are $15; prescriptions are $5 each with a cap of $35; and Special Procedures are $100.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients do not have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

#### Provider Payment
- Contracted Rates

### Administration

- To enroll clients the county uses One-e-App. Application screening also determines eligibility for other assistance programs.
• The county has a system to track the services a patient uses while enrolled. Providers submit a monthly report through an electronic system for reimbursement.
• The county does not have a system to track the program's overall revenue and costs. Does require that each provider submit their full operational budget and specific budget for the indigent population.
• The county has not integrated this program with other county programs.

### Provider Network

<table>
<thead>
<tr>
<th>Hospitals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Medical Center Highland General Hospital (Oakland) - County</td>
<td></td>
</tr>
<tr>
<td>Alameda County Medical Center Fairmont Hospital (San Leandro) - County</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinics</th>
</tr>
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<tbody>
<tr>
<td>Life Long Medical Care (Berkeley, Oakland) - Private</td>
</tr>
<tr>
<td>Tri-City Health Center (Fremont) - Private</td>
</tr>
<tr>
<td>Alameda County Medical Center Winton Wellness Center (Hayward) - County</td>
</tr>
<tr>
<td>Tiburcio Vasquez Health Center (Hayward) - Private</td>
</tr>
<tr>
<td>Alameda County Medical Center - Newark Health Center (Newark) - County</td>
</tr>
<tr>
<td>Alameda County Medical Center Eastmont Wellness Center (Oakland) - County</td>
</tr>
<tr>
<td>Asian Health Services (Oakland) - Private</td>
</tr>
<tr>
<td>La Clinica de la Raza (Oakland) - Private</td>
</tr>
<tr>
<td>Native American Health Center (Oakland) - Private</td>
</tr>
<tr>
<td>West Oakland Health Council (Oakland, Berkeley) - Private</td>
</tr>
<tr>
<td>Axis Community Health (Pleasanton, Livermore) - Private</td>
</tr>
<tr>
<td>Tiburcio Vasquez Health Center (Union City) - Private</td>
</tr>
</tbody>
</table>

### Sources

- **Population**: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of
- **Poverty**: U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured**: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not
- **Primary Physician**: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type**: California State Association of Counties (CSAC) caucus designation, April 2009
## County: Alpine
## Program: County Medical Services Program (CMSP) 2009

### County Profile

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Eligible Poverty Level</td>
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<td></td>
<td>1,145</td>
</tr>
<tr>
<td></td>
<td>200% FPL</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>Co-pay</td>
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<tr>
<td></td>
<td>16.6%</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>Share-of-Cost</td>
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<tr>
<td></td>
<td>12.2%</td>
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<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>Serve Undocumented</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
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<td></td>
<td>Yes</td>
</tr>
<tr>
<td>County Type</td>
<td>Eligible Ages</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
</tr>
<tr>
<td></td>
<td>21-64</td>
</tr>
</tbody>
</table>

### Program
- County Medical Services Program (CMSP)

### Program URL
- http://www.cmspcounties.org

### Contact Phone
- (530) 694-2235

### County Department
- Alpine County Department of Social Services

### Administrator
- CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

### Program Synopsis
- Alpine County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

### Recent Changes
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

### Eligibility
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

### Enrollment Process
- Contact Alpine County Department of Social Services
- Required documentation:
  - Proof of Residency: No
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes

### Coverage Duration
- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Re-apply
  - [ ] Have proof of medical need
  - [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

#### Medical Services

- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Yes Podiatry services
- Limited Drug and Alcohol Treatment Services
- No Family Planning Services
- No Skilled Nursing Services
- Yes Home Health Agency Services
- Yes Dental Services
- Yes Audiology Services
- No Chiropractic Services
- No Psychological Services
- Yes Adult Day Health Services
- Yes Therapies such as Occupational, Physical, and Speech

#### Pharmacy and Vision

- Yes Prescription Drugs
- Yes Optometry Services
- Limited Eye Appliances

#### Medical Supplies and Other Ancillary Services

- Yes Medical Transportation
- Yes Durable Medical Equipment
- Yes Hearing Aids
- Yes Orthotics and Prosthetics

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal.
- Does not cover the same services as Medi-Cal.
  Check with county for detailed coverage.

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use

- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

#### Provider Payment

- Contracted Rates

### Administration

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

### Provider Network

**Hospitals**

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

**Clinics**

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- **Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
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Program: County Medical Services Program (CMSP) 2009

Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process

- Contact Amador County Social Services Department
- Required documentation:

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<tr>
<th>Documentation</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Residency</td>
<td>No</td>
</tr>
<tr>
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<td>Yes</td>
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<td>Proof of Income</td>
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<td>Proof of Expenses</td>
<td>Yes</td>
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<td>Value of Assets</td>
<td>Yes</td>
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- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Re-apply
  - [ ] Have proof of medical need
  - [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

#### Medical Services
- Yes Inpatient Hospital Services
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- Yes Emergency Room Care
- Yes Laboratory and X-ray services
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- Yes Podiatry services
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#### Pharmacy and Vision
- Yes Prescription Drugs
- Yes Optometry Services
- Limited Eye Appliances

#### Medical Supplies and Other Ancillary Services
- Yes Medical Transportation
- Yes Durable Medical Equipment
- Yes Hearing Aids
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- Does not cover the same services as Medi-Cal.
  Check with county for detailed coverage.

### Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

#### Provider Payment
- Contracted Rates

### Administration
- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

### Providers Network

#### Hospitals

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

#### Clinics

### Sources

- **Poverty**: U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured**: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)
- **Primary Physician**: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type**: California State Association of Counties (CSAC) caucus designation, April 2009
**County:** Butte  
**Program:** County Medical Services Program (CMSP) 2009

| Population | 218,779 |
| Percent Living Below the Poverty Level | 19.2% |
| Percent Uninsured | 12.7% |
| Primary Clinic Physician FTEs per 100,000 | 9.41 |
| County Type | Suburban |

| Eligible Poverty Level | 200% FPL |
| Co-pay | No |
| Share-of-Cost | Yes |
| Serve Undocumented | Yes |
| Eligible Ages | 21-64 |

**Program**  
County Medical Services Program (CMSP)

**Program URL**  
http://www.cmspcounties.org

**Contact Phone**  
(530) 538-7711

**County Department**  
Butte County Department of Employment and Social Services

**Administrator**  
CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

**Program Synopsis**  
Butte County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

**Recent Changes**  
The CMSP Behavioral Health Pilot Project is testing the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs. It is being funded in Butte and 14 other counties.

### Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

### Enrollment Process
- Apply in person at either of the two Butte County Community Employment Centers, 2445 Carmichael Dr in Chico or 78 Table Mountain Blvd in Oroville, or call the Department of Employment & Social Services for a mail-in application.
- Required documentation:

| Proof of Residency: | No |
| Proof of Identity: | Yes |
| Proof of Income: | Yes |
| Proof of Expenses: | Yes |
| Value of Assets: | Yes |
| Proof of Immigration Status: | Yes |

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
Coverage Duration

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - Request extended coverage
  - Have proof of medical need
  - Re-apply
  - Other:

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

Coverage Duration:

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - Request extended coverage
  - Have proof of medical need
  - Re-apply
  - Other:

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td></td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td>Limited Eye Appliances</td>
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<td>Yes Physician services</td>
<td></td>
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<td>Yes Podiatry services</td>
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<tr>
<td>Limited Drug and Alcohol Treatment Services</td>
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</tr>
<tr>
<td>No Family Planning Services</td>
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<td>No Skilled Nursing Services</td>
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<td>Yes Home Health Agency Services</td>
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<td>No Chiropractic Services</td>
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<td>No Psychological Services</td>
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<td>Yes Adult Day Health Services</td>
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</tr>
<tr>
<td>Yes Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

Policies

Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

Out-of-County Use

- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment

- Contracted Rates
**Administration**

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

**Provider Network**

**Hospitals**
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

**Clinics**

**Sources**

- **Population**: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of
- **Poverty**: U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured**: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not
- **Primary Physician**: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type**: California State Association of Counties (CSAC) caucus designation, April 2009
**Program**  
County Medical Services Program (CMSP)

**Program URL**  
http://www.cmspcounties.org

**Contact Phone**  
(209) 754-6448

**County Department**  
Calaveras Works and Human Services Agency

**Administrator**  
CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

**Program Synopsis**  
Calaveras County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

### Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

### Enrollment Process
- Contact Calaveras Works and Human Services Agency by phone or in person at 509 East St. Charles St in San Andreas.
- Required documentation:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Residency</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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<td></td>
</tr>
<tr>
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<td></td>
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<tr>
<td>Value of Assets</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Proof of Immigration Status</td>
<td>Yes</td>
<td></td>
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- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

### Coverage Duration
- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

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<th>Pharmacy and Vision</th>
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- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

#### Provider Payment
- Contracted Rates

### Administration

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

**Provider Network**

**Hospitals**

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC

Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

**Clinics**

**Sources**

- **Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of
- **Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not
- **Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
County: Colusa  
Program: County Medical Services Program (CMSP) 2009

### County Profile

| Population | 21,302 |
| Percent Living Below the Poverty Level | 14.2% |
| Percent Uninsured | 15.6% |
| Primary Clinic Physician FTEs per 100,000 | 8.78 |
| County Type | Rural |

### Application Information

| Eligible Poverty Level | 200% FPL |
| Co-pay | No |
| Share-of-Cost | Yes |
| Serve Undocumented | Yes |
| Eligible Ages | 21-64 |

### Program

**Program**

County Medical Services Program (CMSP)

**Program URL**

http://www.cmspcounties.org

**Contact Phone**

(530) 458-0250

**County Department**

Colusa County Department of Health and Human Services

**Administrator**

CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

**Program Synopsis**

Colusa County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

### Recent Changes

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

### Enrollments Process

- Contact the Colusa County Department of Health and Human Services main office at 251 E. Webster St in Colusa or the Colusa County One-Stop Partnership at 570 6th St in Williams.
- Required documentation:

  | Proof of Residency: | No |
  | Proof of Identity: | Yes |
  | Proof of Income: | Yes |
  | Proof of Expenses: | Yes |
  | Value of Assets: | Yes |
  | Proof of Immigration Status: | Yes |

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

### Coverage Duration

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage  [ ] Have proof of medical need
  - [x] Re-apply  [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

**Covered Services**

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- Does not cover the same services as Medi-Cal.
  Check with county for detailed coverage.

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

**Policies**

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**

- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

**Provider Payment**

- Contracted Rates

**Administration**

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

**Provider Network**

**Hospitals**

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
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**Clinics**

**Sources**


*Uninsured:* California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)

*Primary Physician:* Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

*County Type:* California State Association of Counties (CSAC) caucus designation, April 2009
County: Contra_Costa
Program: Contra Costa County Basic Health Care (BHC) 2009

### County Profile

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>1,019,640</td>
</tr>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>8.1%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>9%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>0.83</td>
</tr>
<tr>
<td>County Type</td>
<td>Urban</td>
</tr>
<tr>
<td>Eligible Poverty Level</td>
<td>300% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>All</td>
</tr>
</tbody>
</table>

### Program Synopsis

Contra Costa County Basic Health Care (BHC) provides temporary coverage to county residents who need health care, lack other health insurance coverage, and meet income and asset eligibility. Services are provided through CCRMC and County Health Services clinics. The program serves residents of all ages who have incomes up to 300% of the FPL, but will only serve undocumented residents up to age 19. Coverage is provided for 6 months although there may be a quarterly fee based on income. This fee is very small for children under age 19. The program connects patients with other county programs for mental health and substance abuse services.

Recent Changes

The Board of Supervisors changed eligibility to require citizenship or permanent resident status in U.S. for adults aged 19 or above effective May 1, 2009.

### Eligibility

- Eligible incomes are at or below: 300% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person that has no other place of residence outside of Contra Costa County and is physically present in this County and is able to demonstrate the intent to continue to reside in this County.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: All.
- Residents do not need to have medical need at time of application.
- Housing, food or utilities provided free or as work exchange are considered income. Undocumented adults aged 19 or above are ineligible.

### Enrollment Process

- Apply by telephone at (800) 771-4270 or at CCRMC when receiving medical service.
- Required documentation:

<table>
<thead>
<tr>
<th>Required Documentation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Residency</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Identity</td>
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- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

### Coverage Duration

- Length of coverage: 6 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Re-apply
  - [ ] Have proof of medical need
  - [ ] Other:

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Limited Medical Transportation</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>Prescription Drugs</td>
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</tr>
<tr>
<td>Yes</td>
<td>Limited</td>
<td>Limited Durable Medical Equipment</td>
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<tr>
<td>Outpatient Hospital and Clinic Services</td>
<td>Optometry Services</td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>No Hearing Aids</td>
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<td>Emergency Room Care</td>
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<td>Limited Orthotics and Prosthetics</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Laboratory and X-ray services</td>
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<tr>
<td>Yes</td>
<td></td>
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<tr>
<td>Physician services</td>
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<td>Drug and Alcohol Treatment Services</td>
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<tr>
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<tr>
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<td>Home Health Agency Services</td>
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<tr>
<td>No</td>
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<tr>
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<td></td>
</tr>
<tr>
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<tr>
<td>No</td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Adult Day Health Services</td>
<td></td>
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<td>No</td>
<td></td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Therapies such as Occupational, Physical, and Speech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Allergy testing and injections, some immunizations.
- Other specifically excluded services: Pregnancy & fertility, abortion, cosmetic surgery, travel inoculations/medications, organ transplant, TMJ
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is a quarterly fee ranging from $0 to $225. For Children under 19 the fee range is between $0 to $15.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

**Medical Care Oversight and Management**
- Patients do not have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

**Provider Payment**
- Contracted Rates

### Administration

- To enroll clients the county uses an electronic application that includes questions to screen for eligibility to state Medi-Cal, Healthy Families, AIM and other insurance or program coverage. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Enrollees’ utilization and expenditures are tracked using a unique Medical Record Number, and/or a unique Contra Costa Health Plan identification number. Contra Costa Health Plan (CCHP) administers the benefits and tracks utilization for all HCI enrollees.
- The county has a system to track the program's overall revenue and costs. Contra Costa Health Services uses a computer-based general ledger system that displays various reports of expenditures and revenues. This system tracks data at the claim/invoice level.
- The county has integrated this program with other county programs. Mental Health, and Alcohol and other drug services are provided through other resources.

### Provider Network

#### Hospitals
Contra Costa Regional Medical Center (Martinez) - County

#### Clinics
Antioch Health Center (Antioch) - County
Bay Point Family Health Center (Bay Point) - County
Brentwood Health Center (Brentwood) - County
Concord Health Center (Concord) - County
Martinez Family Practice Center (Martinez) - County
Martinez Specialty Center (Martinez) - County
Pittsburg Health Center (Pittsburg) - County
North Richmond Center for Health (Richmond) - County
Richmond Health Center (Richmond) - County

### Sources


*Uninsured:* California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)

*Primary Physician:* Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

*County Type:* California State Association of Counties (CSAC) caucus designation, April 2009
**Program Synopsys**
All enrollees are under the supervision of a Primary Care Provider at Contra Costa Regional Medical Center and Health Centers or at a some authorized community clinics for 6 months. The primary care provider provides routine care, arranges for necessary specialty care and hospitalizations, and supervises progress. The initiative will also connect patients with other county programs for mental health and substance abuse services. To be eligible, residents must be documented citizens between the ages of 19 and 64 with income up to 200% of the FPL. Assets are not considered for eligibility but a patient must not have had any insurance for the previous 3 months. They may also have to pay a quarterly fee, depending on their income. Patients must re-apply for coverage longer than 6 months.

**Recent Changes**
- Does not serve undocumented immigrants.
- Eligible ages: 19-64.
- Residents do not need to have medical need at time of application.
- Housing, food or utilities provided free or as work exchange are considered income. Must have been uninsured three months preceding date of application.

**Eligibility**
- Eligible incomes are at or below: 200% FPL
- Assets are not considered when determining eligibility.
- Serves county residents, defined as: a person that has no other place of residence outside of Contra Costa County and is physically present in this County and is able to demonstrate the intent to continue to reside in this County.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 19-64.
- Residents do not need to have medical need at time of application.

**Enrollment Process**
- Apply by telephone at (800) 771-4270 or at CCRMC when receiving medical service. May apply at one of the two community clinic providers, La Clinica de La Raza or Brookside Community Health Center.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: No
  - Value of Assets: No
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
### Coverage Duration
- Length of coverage: 6 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:

### Covered Services

#### Medical Services
- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Yes Podiatry services
- No Drug and Alcohol Treatment Services
- Yes Family Planning Services
- No Skilled Nursing Services
- No Home Health Agency Services

#### Pharmacy and Vision
- Yes Prescription Drugs
- Limited Optometry Services
- No Eye Appliances

#### Medical Supplies and Other Ancillary Services
- Limited Medical Transportation
- Limited Durable Medical Equipment
- No Hearing Aids
- Limited Orthotics and Prosthetics

- Other specifically excluded services: Pregnancy & fertility, abortion, cosmetic surgery, travel inoculations/medications, organ transplant, TMJ
- Does not cover the same services as Medi-Cal. Check with county for detailed coverage.

### Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is a quarterly fee ranging from $0 to $225.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients do not have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

#### Provider Payment
- Contracted Rates

### Administration
- To enroll clients the county uses an electronic application that includes questions to screen for eligibility to state Medi-Cal, Healthy Families, AIM and other insurance or program coverage. Application screening also determines eligibility for other assistance programs.
The county has a system to track the program's overall revenue and costs. Contra Costa Health Services uses a computer-based general ledger system that displays various reports of expenditures and revenues. This system tracks data at the claim/invoice level.

The county has integrated this program with other county programs. Mental Health, and Alcohol and other drug services are provided through other resources.

### Provider Network

#### Hospitals
Contra Costa Regional Medical Center (Martinez) - County

#### Clinics
Antioch Health Center (Antioch) - County
Bay Point Family Health Center (Bay Point) - County
Brentwood Health Center (Brentwood) - County
Concord Health Center (Concord) - County
Martinez Family Practice Center (Martinez) - County
Martinez Specialty Center (Martinez) - County
La Clinica de La Raza Community Clinic (Pittsburg, Pleasant Hill) - Private
Pittsburg Health Center (Pittsburg) - County
North Richmond Center for Health (Richmond) - County
Richmond Health Center (Richmond) - County
Brookside Community Clinic (San Pablo) - Private

### Sources

**Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007

**Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008

**Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)

**Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

**County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>29,022</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
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<tr>
<td>Percent Uninsured</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
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<td>County Type</td>
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<tr>
<td>Eligible Poverty Level</td>
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</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program
County Medical Services Program (CMSP)
Program URL
http://www.cmspcounties.org
Contact Phone
(707) 464-3191
County Department
Del Norte Department of Health and Human Services
Administrator
CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis
Del Norte County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.
Recent Changes
The CMSP Behavioral Health Pilot Project is testing the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs. It is being funded in Del Norte and 14 other counties.

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Contact Del Norte Department of Health and Human Services
- Required documentation:
  - Proof of Residency: No
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
### Coverage Duration

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:

  CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>Prescription Drugs</td>
</tr>
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<td>Yes</td>
</tr>
<tr>
<td>Outpatient Hospital and Clinic Services</td>
<td>Optometry Services</td>
</tr>
<tr>
<td>Yes</td>
<td>Limited</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>Eye Appliances</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Laboratory and X-ray services</td>
<td>Medical Supplies and Other Ancillary Services</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Physician services</td>
<td>Medical Transportation</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Podiatry services</td>
<td>Durable Medical Equipment</td>
</tr>
<tr>
<td>Limited</td>
<td>Yes</td>
</tr>
<tr>
<td>Drug and Alcohol Treatment Services</td>
<td>Hearing Aids</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Family Planning Services</td>
<td>Orthotics and Prosthetics</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Skilled Nursing Services</td>
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<td>Yes</td>
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<tr>
<td>Home Health Agency Services</td>
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<td>Dental Services</td>
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<td>Audiology Services</td>
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<td>Adult Day Health Services</td>
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<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
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</table>

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management

- Patients do not have to get authorization prior to receiving care.
- The program does not provide utilization management for patients.
- The program does not provide disease management for patients.

#### Out-of-County Use

- Patients will not be reimbursed for out-of-county care CMSP covers emergency services only.
- County does not have reciprocity agreements with other counties. Only with other CMSP counties.

**Provider Payment**
- Contracted Rates

### Administration
- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Medical and pharmacy paid claims data
- CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

### Provider Network

#### Hospitals
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

#### Clinics

### Sources
- **Population**: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of
- **Poverty**: U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured**: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not
- **Primary Physician**: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type**: California State Association of Counties (CSAC) caucus designation, April 2009
County: El_Dorado
Program: County Medical Services Program (CMSP) 2009

<table>
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<tr>
<th>County Profile</th>
<th>Application Information</th>
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<td>Population</td>
<td>175,689</td>
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<td>Percent Uninsured</td>
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Program: County Medical Services Program (CMSP)
Program URL: http://www.cmspcounties.org
Contact Phone: (530) 642-7300 in Placerville; (530) 573-3200 I South Lake Tahoe
County Department: El Dorado Department of Human Services
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis: El Dorado County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes: The El Dorado County Community Health Center was accepted into the Behavioral Health Pilot Project. The Mental Health Department will evaluate referred CMSP applicants and provide them with primary care driven, enhanced mental health and substance abuse treatment services.

## Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

## Enrollment Process
- Applications for the CMSP can be requested by Phone, In-Person at the Placerville or South Lake Tahoe Department of Human Services offices, or via US Mail, or On-Line. The Placerville office is at 3057 Briw Rd and the South Lake Tahoe office is at 971 Silver Dollar Rd.
- Required documentation:
  - Proof of Residency: No
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
Coverage retroactivity: Coverage cannot be retroactively applied.

To re-enroll, patient needs to:

- [  ] Request extended coverage
- [  ] Have proof of medical need
- [x] Re-apply
- [  ] Other:

CMSP will pay for emergency services provided in the 10 day period before enrollment.

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Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.

Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal

Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

Policies

Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

Out-of-County Use

- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment

- Contracted Rates
**Administration**

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

**Provider Network**

**Hospitals**
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

**Clinics**

**Sources**

- **Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007
- **Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)
- **Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007**
- **California State Association of Counties (CSAC) caucus designation, April 2009**
**County:** Fresno  
**Program:** Fresno Medically Indigent Services Program (MSP) 2009

### County Profile

<table>
<thead>
<tr>
<th>Population</th>
<th>899,348</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>20.8%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>14.2%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>6.02</td>
</tr>
<tr>
<td>County Type</td>
<td>Suburban</td>
</tr>
</tbody>
</table>

### Application Information

- Eligible Poverty Level: 63% FPL
- Co-pay: No
- Share-of-Cost: Yes
- Serve Undocumented: Yes
- Eligible Ages: 21-64

### Program

**Program**  
Fresno Medically Indigent Services Program (MSP)

**Program URL**  
http://www.co.fresno.ca.us/DepartmentPage.aspx?id=6158&terms=msp

**Contact Phone**  
(559) 459-4774

**County Department Administrator**  
Fresno County Department of Employment & Temporary Services

**Program Synopsis**

MSP offers coverage for medical emergencies for individuals with no other health coverage and who are not eligible for ongoing Medi-Cal benefits. Residents must have an extremely low income, below 63% of FPL, and few assets to qualify. Residents must be between the ages of 21 and 64, but do not need to be documented citizens. Coverage mirrors Medi-Cal services, but only lasts for 1 to 3 months. A share of cost may be required, depending on income, and patients must re-apply in order to extend coverage.

**Recent Changes**

Since MSP services mirror Medi-Cal covered services, MSP will also cease the coverage of optional benefits starting in July 2009. These include: dental, speech therapy, psychology, podiatry, opticians, optometry, audiology, acupuncture, and chiropractic services.

### Eligibility

- Eligible incomes are at or below: 63% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person that has resided in the county for 30 days.
- Serves the homeless.
- Services for undocumented: Full Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- If income fluctuates, it will be necessary to apply for MSP services monthly. If income is steady, applications can be made every three months. Undocumented immigrants who are not eligible for Medi-Cal may be covered by MSP.

### Enrollment Process

- Applications for MISP are taken at University Medical Center.
- Required documentation:
  
<table>
<thead>
<tr>
<th>Proof of Residency:</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Identity:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Income:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Expenses:</td>
<td>Yes</td>
</tr>
<tr>
<td>Value of Assets:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Immigration Status:</td>
<td>No</td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will waive documentation requirements in special circumstances.

### Coverage Duration

- Length of coverage: 1-3 months
- Coverage retroactivity: Coverage can be retroactively applied.
To re-enroll, patient needs to:
- [ ] Request extended coverage  
- [ ] Have proof of medical need  
- [x] Re-apply  
- [ ] Other:

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>No Optometry Services</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>No Eye Appliances</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
</tr>
<tr>
<td>No Podiatry services</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>Yes Drug and Alcohol Treatment Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Family Planning Services</td>
<td>No Hearing Aids</td>
</tr>
<tr>
<td>Yes Skilled Nursing Services</td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Home Health Agency Services</td>
<td></td>
</tr>
<tr>
<td>No Dental Services</td>
<td></td>
</tr>
<tr>
<td>No Audiology Services</td>
<td></td>
</tr>
<tr>
<td>No Chiropractic Services</td>
<td></td>
</tr>
<tr>
<td>No Psychological Services</td>
<td></td>
</tr>
<tr>
<td>Yes Adult Day Health Services</td>
<td></td>
</tr>
<tr>
<td>No Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Medical services must be provided at contracted providers. Eye exams are provided at University Medical Center Clinics.
- Other specifically excluded services: Only emergency dental services are provided.
- Covers the same services as Medi-Cal.
- Check with county for detailed coverage.

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on the amount of income earned above the maintenance need standard.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program does not provide disease management for patients.

#### Out-of-County Use
- Patients will not be reimbursed for out-of-county care.
- County does not have reciprocity agreements with other counties.

#### Provider Payment
- Contracted Rates

### Administration

- To enroll clients the county uses One-e-App. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. It is through MICRS Data.
- The county has a system to track the program's overall revenue and costs. It is through MICRS Data.
- The county has not integrated this program with other county programs.
## Provider Network

### Hospitals
- University Medical Center (Fresno) - Private
- Community Regional Medical Center (Fresno) - Private

### Clinics
- Community Medical Providers Inc. (Dr. Barbara Steward's office, Auberry) - Private
- Central Valley Family Health (Coalinga) - Private
- Community Health Center-Firebaugh - Private
- University Medical Center Clinic (Fresno) - Private
- United Health Center (Mendota) - Private

### Sources


*Uninsured*: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)

*Primary Physician*: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

*County Type*: California State Association of Counties (CSAC) caucus designation, April 2009
County: Glenn
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
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<tbody>
<tr>
<td>Population</td>
<td>28,111</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>17.5%</td>
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<tr>
<td>Percent Uninsured</td>
<td>15.6%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>16.65</td>
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<td>County Type</td>
<td>Rural</td>
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<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
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<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program: County Medical Services Program (CMSP)
Program URL: http://www.cmspcounties.org
Contact Phone: (530) 934-6514
County Department Administrator: Glenn County Human Resource Agency
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis: Glenn County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Contact the Glenn County Human Resource Agency
- Required documentation:
  
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Residency:</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Proof of Identity:</td>
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<td></td>
</tr>
<tr>
<td>Proof of Income:</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Proof of Expenses:</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Value of Assets:</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Immigration Status:</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Re-apply
  - [ ] Have proof of medical need
  - [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>Yes Eye Appliances</td>
<td>Yes Hearing Aids</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Drug and Alcohol Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Family Planning Services</td>
<td></td>
<td></td>
</tr>
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<td>No Skilled Nursing Services</td>
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<td>Yes Therapies such as Occupational, Physical, and Speech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
  Check with county for detailed coverage.

### Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

#### Provider Payment
- Contracted Rates

### Administration
- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

### Provider Network

#### Hospitals

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

#### Clinics

### Sources

**Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California

**Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008

**Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)

**Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

**County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
Program: Healthy San Francisco (HSF) (Coverage Initiative) 2009

County Department: County Department of Public Health
Administrator: San Francisco Health Plan
Contact Phone: (415) 615-4500
Program URL: http://www.healthysanfrancisco.org/

Program Synopsis
Healthy San Francisco (HSF) is a health care program developed to expand access to health services and to deliver appropriate care to uninsured adult residents. HSF provides universal, comprehensive, affordable health care to uninsured adults irrespective of the person’s income level, employment status, immigration status or pre-existing medical conditions. HSF is not insurance. It restructures the existing safety net (both public and not profit providers) into a coordinated, integrated system. Residents between the ages of 18 and 64 qualify for 12 months of coverage if they have not had insurance for the previous 90 days. Patients will have a share of cost and co-pays if income is over 100% of the FPL. Coverage initiative funds are used to cover a subset of the populations served.

Recent Changes
In 2007, San Francisco switched to a new indigent care model. Previously the county provided medically necessary services through its public clinics on a sliding scale basis. Now, HSF participants have access to a provider network comprised of public, non-profit and private providers, a medical home, health promotion and education, customer service, quality improvement systems, etc.

Eligible incomes are at or below: 500% FPL
Assets are considered when determining eligibility.
Serves county residents, defined as: An individual who can provide acceptable verification of San Francisco residence.
Serves the homeless.
Services for undocumented: Full Services
Eligible ages: 18-64.
Residents do not need to have medical need at time of application.
Free services below 101% FPL, sliding scale for those over 100%FPL. Must be ineligible for full-scope public health insurance & without employer-based or individual health insurance within 90 days from the date of application, with certain exceptions. Acceptable verifications of residence include, but aren't limited to: state driver’s license, state ID, rental agreement, property tax bill, current utility bill, & a support affidavit from a friend/relative who provides one of the above.

Enrollment Process
Individuals can enroll at over 30 sites across the city, including: all 30 primary care medical homes (clinics) where care is delivered, a DPH centralized Eligibility and Enrollment Unit and the San Francisco Health Plan.
Required documentation:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of Identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value of Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of Immigration Status</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does not require the same documentation as Medi-Cal.
Will waive documentation requirements in special circumstances.
Coverage Duration

- Length of coverage: 12 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  
  [  ] Request extended coverage  [  ] Have proof of medical need
  [x] Re-apply  [  ] Other:

  Participants are renewed based on residency, income and asset documentation. Individuals who re-apply must do so in person, but all information is electronically retained from their original application. Accordingly, the renewal process is brief.

Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes Prescription Drugs</td>
</tr>
<tr>
<td>Yes</td>
<td>No Optometry Services</td>
</tr>
<tr>
<td>Yes</td>
<td>No Eye Appliances</td>
</tr>
<tr>
<td>Limited</td>
<td>Limited Medical Transportation</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>No</td>
<td>No Hearing Aids</td>
</tr>
<tr>
<td>Limited</td>
<td>Limited Orthotics and Prosthetics</td>
</tr>
</tbody>
</table>

- Other included services: No services disclosed by county
- Other specifically excluded services: Excluded services include, but are not limited to: acupuncture, allergy testing, chiropractic, cosmetic procedures, organ transplants, infertility treatment, non-emergency transportation, and sexual reassignment surgery.
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is $0 for participants under 100% FPL, $60 a quarter for those 101 to 200% FPL, $150 a quarter for those 201 to 300% FPL, $300 a quarter for those 301 to 400% FPL, and $450 a quarter for those 401 to 500% FPL.
- Patients do have a co-payment due at the time of service. It is based on a participant’s FPL. There are no Point of Service fees for those under 100% FPL and those with incomes 101 to 500% pay fees ranging from $5 (pharmacy-formulary) to $10 primary care to $200 (inpatient admission).
- Patients also pay for the cost of care delivered outside HSF provider network (both in and outside San Francisco).

Policies

Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program does not provide utilization management for patients.
- The program provides disease management for patients.

Out-of-County Use

- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

Provider Payment

- County staff salaries and annual grants to non-county providers.

Administration

- To enroll clients the county uses One-E-App. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Program providers submit clinical data stored in their practice management systems to the HSF program's Third Party Administrator for consolidation in the HSF data warehouse. This information is analyzed with respect to utilization, etc.
- The county has a system to track the program's overall revenue and costs. The program collects a range of administrative and clinical data. This includes, but is not limited to, such areas as clinical experience and utilization, quality improvement, application/enrollment, patient satisfaction and financial indicators.
- The county has integrated this program with other county programs. Coordinates with Human Services Agency on the referral of HSF applicants preliminarily determined eligible for Medi-Cal.

### Provider Network

#### Hospitals
- San Francisco General Hospital - County
- UC San Francisco - Private
- Catholic Health Care West - Private
- California Pacific Medical Center - Private
- Chinese Hospital - Private

#### Clinics
- Southeast Health Center (Bayview-Hunters Point) - County
- Castro-Mission Health Center (Castro) - County
- Chinatown Public Health Center (Chinatown) - County
- CCHCA - Chinese Hospital (Chinatown) - Private
- North East Medical Services (Chinatown) - Private
- Lyon-Martin Women's Health Services (Civic Center) - Private
- Tom Waddell Health Center (Civic Center) - County
- Mission Neighborhood Health Center (Excelsior) - Private
- Cole Street Youth Clinic (Haight-Ashbury) - County
- Haight-Ashbury Free Clinic (Haight-Ashbury) - Private
- Haight-Ashbury Integrated Care Center (Haight-Ashbury) - Private
- Sister Mary Philippa Health Center (Haight-Ashbury) - Private
- Native American Health Center (Inner Mission/Portrero) - Private
- Portrero Hill Health Center (Inner Mission/Portrero) - County
- SFGH Clinics: Family Health, General Medicine & Positive Health (Inner Mission/Portrero) - County
- Mission Neighborhood Health Center (Mission) - Private
- South of Market Health Center (South of Market) - Private
- South of Market Senior Clinic (South of Market) - Private
- North East Medical Services (Sunset) - Private
- Ocean Park Health Center (Sunset) - County
- Curry Senior Service Center (Tenderloin) - County
- Glide Health Services (Tenderloin) - Private
- Larkin Street Youth Clinic (Tenderloin) - County
- St. Anthony Free Medical Clinic (Tenderloin) - Private
- Northeast Medical Services (Visitacion Valley) - Private
- Silver Avenue Family Health Center (Visitacion Valley) - County
- Maxine Hall Health Center (Western Addition) - County

#### Sources


Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually; see “Characteristics” tab for details)

Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: Los Angeles
Program: Healthy Way LA (HWLA) (Coverage Initiative) 2009

### County Profile

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
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<tbody>
<tr>
<td>Population</td>
<td>9,878,554</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>16.2%</td>
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<tr>
<td>Percent Uninsured</td>
<td>16.1%</td>
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<td>Primary Clinic Physician FTEs per 100,000</td>
<td>4.35</td>
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<td>County Type</td>
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<td>Eligible Poverty Level</td>
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<td>Share-of-Cost</td>
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<td>Serve Undocumented</td>
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<tr>
<td>Eligible Ages</td>
<td>19-64</td>
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</table>

### Program

**Program**
Healthy Way LA (HWLA)

**Program URL**
None

**Contact Phone**
(877) 333-4952

**County Department Administrator**
LA County Department of Health Services

**Program Synopsis**
Healthy Way LA (HWLA) is a no-cost coverage program for patients who are legal residents, between 19 and 64 with an income up to 133% of the FPL with chronic conditions such as diabetes and hypertension, as well as patients nearing Medicare-eligible age and those who have been using LACDHS services in a chronic but uncoordinated manner. It is funded with coverage initiative dollars. Members will have a medical home; expanded access to primary, preventive and specialty services; urgent appointment access; after-hours nurse advice line; member services; and access to disease management programs. Coverage, which does not include inpatient care, is for 12 months and is at no cost to patients. Participation does not exclude participation in other LA indigent programs.

### Recent Changes

- Eligible incomes are at or below: 133.33% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person able to prove they are a Los Angeles County resident.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 19-64.
- Must have medical need at time of application.
- Must have prior visits to DHS/PPP clinics, or have a chronic illness (diabetes, CHF, hypertension, dyslipidemia, asthma), or be age 63-64.

### Enrollment Process

- Enroll with participating providers. Call 1(877)333-4952 for list of providers.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: No
  - Value of Assets: No
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

### Coverage Duration

- Length of coverage: 12 months
- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [X] Re-apply
  - [ ] Other:
- Patients need only provide proof of income for renewal.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancilary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
<td>No Medical Transportation</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Limited Optometry Services</td>
<td>Limited Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>Limited Eye Appliances</td>
<td>No Hearing Aids</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
<td>Limited Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Podiatry services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Drug and Alcohol Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Family Planning Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Skilled Nursing Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Home Health Agency Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Dental Services</td>
<td></td>
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<tr>
<td>Limited Audiology Services</td>
<td></td>
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<tr>
<td>No Chiropractic Services</td>
<td></td>
<td></td>
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<tr>
<td>No Psychological Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Adult Day Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Therapies such as Occupational, Physical, and Speech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: All services provided by providers are available to HWLA patients.
- Other specifically excluded services: Cosmetic surgery, inpatient care.
- Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

### Cost-Sharing

- Patients do not have a share of cost that they pay while in the program.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients do not have to get authorization prior to receiving care.
- The program does not provide utilization management for patients.
- The program does not provide disease management for patients.

#### Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

#### Provider Payment
- Contracted Rates

### Administration

- To enroll clients the county uses HWLA eligibility. Application screening does not determine eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Each clinic utilizes a unique medical record numbering system to identify their patient medical records.
- The county has a system to track the program's overall revenue and costs. Tracking is done according to state requirements for Coverage Initiative Programs.
The county has not integrated this program with other county programs.

### Provider Network

#### Hospitals

None

#### Clinics

Approximately 75 private partner sites. Call 1(877)333-4952 for referrals.

- Private
  - Bellflower Health Center (Bellflower) - County
  - Dollarhide Health Center (Compton) - County
  - Glendale Health Center (Glendale) - County
  - La Puente Health Center (La Puente) - County
  - Lake Los Angeles Clinic (Lake Los Angeles) - County
  - Antelope Valley Health Center (Lancaster) - County
  - High Desert Multi-Service Ambulatory Care Center (Lancaster) - County
  - Littlerock Community Clinic (Littlerock) - County
  - Long Beach Comprehensive Health Center (Long Beach) - County
  - El Monte Comprehensive Health Center (Los Angeles) - County
  - E.R. Roybal Comprehensive Health Center (Los Angeles) - County
  - H. Claude Hudson Comprehensive Health Center (Los Angeles) - County
  - Hubert H. Humphrey Comprehensive Health Center (Los Angeles) - County
  - South Valley Health Center (Palmdale) - County
  - San Fernando Health Center (San Fernando) - County
  - Harbor/UCLA Family Health Center (Torrance) - County
  - Mid-Valley Comprehensive Health Center (Van Nuys) - County
  - Wilmington Health Center (Wilmington) - County

### Sources

**Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007

**Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008

**Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually. See "Characteristics" tab for details)

**Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

**County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
County: Humboldt  
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>128,864</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>16.5%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>12.4%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>18.44</td>
</tr>
<tr>
<td>County Type</td>
<td>Suburban</td>
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<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program
County Medical Services Program (CMSP)
Program URL
http://www.cmspcounties.org
Contact Phone
(707) 269-3590, (800) 891-8551
County Department
Humboldt County Department of Health and Human Services; Social Services Branch
Administrator
CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis
Humboldt County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.
Recent Changes
Humboldt County is a part of the CMSP Behavioral Health Pilot Project. CMSP clients will have access to primary care driven, enhanced mental health and substance abuse treatment services.

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Applications are accepted during business hours at our main Eureka office at 929 Koster Street or the outstations located in Garberville at 727 Cedar Street or in Hoopa at 1200 Airport Road (office is located at the K'IMA;W Medical Center). An application can also be requested by calling (707) 268-3471 at any time.
- Required documentation:
  
  | Proof of Residency: | No |
  | Proof of Identity:  | Yes |
  | Proof of Income:    | Yes |
  | Proof of Expenses:  | Yes |
  | Value of Assets:    | Yes |
  | Proof of Immigration Status: | Yes |
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
**Coverage Duration**

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  
<table>
<thead>
<tr>
<th></th>
<th>Request extended coverage</th>
<th></th>
<th>Have proof of medical need</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Re-apply</td>
<td>[ ]</td>
<td>Other:</td>
</tr>
</tbody>
</table>

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

**Covered Services**

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>Limited Eye Appliances</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
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<tr>
<td>Yes Physician services</td>
<td></td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td></td>
</tr>
<tr>
<td><strong>Limited</strong> Drug and Alcohol Treatment Services</td>
<td></td>
</tr>
<tr>
<td>No Family Planning Services</td>
<td></td>
</tr>
<tr>
<td>No Skilled Nursing Services</td>
<td></td>
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<tr>
<td>Yes Home Health Agency Services</td>
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<tr>
<td>Yes Dental Services</td>
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<tr>
<td>Yes Audiology Services</td>
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<td>No Chiropractic Services</td>
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<td>No Psychological Services</td>
<td></td>
</tr>
<tr>
<td>Yes Adult Day Health Services</td>
<td></td>
</tr>
<tr>
<td>Yes Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
  Check with county for detailed coverage.

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

**Policies**

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**

- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

**Provider Payment**

- Contracted Rates
**Administration**

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

**Provider Network**

### Hospitals

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC. Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

### Clinics


**Sources**

- **Poverty**: U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured**: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually; see "Characteristics" tab for details).
- **Primary Physician**: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type**: California State Association of Counties (CSAC) caucus designation, April 2009
County: Imperial
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
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<tbody>
<tr>
<td>Population</td>
<td>161,867</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>21.3%</td>
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<tr>
<td>Percent Uninsured</td>
<td>18.1%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>9.34</td>
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<td>County Type</td>
<td>Suburban</td>
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<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program
County Medical Services Program (CMSP)
Program URL
http://www.cmspcounties.org
Contact Phone
(760) 337-6800
County Department
Imperial County Department of Social Services
Administrator
CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis
Imperial County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Contact the Imperial County Department of Social Services by phone or in person at 2995 S 4th St, Suite 105 in El Centro.
- Required documentation:
  - Proof of Residency: No
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
Coverage retroactivity: Coverage cannot be retroactively applied.

To re-enroll, patient needs to:

- [ ] Request extended coverage
- [ ] Have proof of medical need
- [x] Re-apply
- [ ] Other:

CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>Limited Eye Appliances</td>
<td>Yes Hearing Aids</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Drug and Alcohol Treatment Services</td>
<td></td>
<td></td>
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<tr>
<td>No Family Planning Services</td>
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<td></td>
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<td>No Skilled Nursing Services</td>
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<tr>
<td>Yes Home Health Agency Services</td>
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<tr>
<td>Yes Dental Services</td>
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<tr>
<td>Yes Audiology Services</td>
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<tr>
<td>No Psychological Services</td>
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<tr>
<td>Yes Adult Day Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Therapies such as Occupational, Physical, and Speech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

#### Provider Payment
- Contracted Rates

### Administration

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

**Provider Network**

**Hospitals**
Anthem providers in an area can be found online at: [pd.web.wellpoint.com/epf/finderRouter?Company=BCC](pd.web.wellpoint.com/epf/finderRouter?Company=BCC)
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

**Clinics**

**Sources**


*Uninsured:* California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually)

*Primary Physician:* Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

*County Type:* California State Association of Counties (CSAC) caucus designation, April 2009
County: Inyo
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
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</thead>
<tbody>
<tr>
<td>Population</td>
<td>17,449</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>11.6%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>12.2%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>0.00</td>
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<tr>
<td>County Type</td>
<td>Rural</td>
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<tr>
<td>Eligible Poverty Level</td>
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<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program: County Medical Services Program (CMSP)
Program URL: http://www.cmspcounties.org
Contact Phone: (760) 878-0242
County Department: Inyo County Department of Health and Human Services
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis: Inyo County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Contact the Inyo County Department of Health and Human Services
- Required documentation:
  - Proof of Residency: No
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
• Coverage retroactivity: Coverage cannot be retroactively applied.
• To re-enroll, patient needs to:
  [ ] Request extended coverage  [ ] Have proof of medical need
  [x] Re-apply  [ ] Other:
• CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

#### Medical Services
- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Yes Podiatry services
- Limited Drug and Alcohol Treatment Services
- No Family Planning Services
- No Skilled Nursing Services
- Yes Home Health Agency Services
- Yes Dental Services
- Yes Audiology Services
- No Chiropractic Services
- No Psychological Services
- Yes Adult Day Health Services
- Yes Therapies such as Occupational, Physical, and Speech

#### Pharmacy and Vision
- Yes Prescription Drugs
- Yes Optometry Services
- Limited Eye Appliances

#### Medical Supplies and Other Ancillary Services
- Yes Medical Transportation
- Yes Durable Medical Equipment
- Yes Hearing Aids
- Yes Orthotics and Prosthetics

• Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
• Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
• Does not cover the same services as Medi-Cal.

• Check with county for detailed coverage.

### Cost-Sharing
• Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
• Patients do not have a co-payment due at the time of service.
• No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

#### Provider Payment
- Contracted Rates

### Administration
• CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

### Provider Network

#### Hospitals

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC

Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

#### Clinics

### Sources

- **Poverty**: U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured**: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)
- **Primary Physician**: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type**: California State Association of Counties (CSAC) caucus designation, April 2009
**County:** Kern  
**Program:** Kern County Camino de Salud Network (CDSN) (Coverage Initiative) 2009

### County Profile

| Population | 790,710 |
| Percent Living Below the Poverty Level | 20.8% |
| Percent Uninsured | 16.2% |
| Primary Clinic Physician FTEs per 100,000 | 6.29 |
| County Type | Suburban |

### Application Information

| Eligible Poverty Level | 200% FPL |
| Co-pay | Yes |
| Share-of-Cost | Yes |
| Serve Undocumented | No |
| Eligible Ages | 19-64 |

**Program**  
Kern County Camino de Salud Network (CDSN)

**Program URL**  
none

**Contact Phone**  
(661) 326-2392

**County Department**  
Health and Human Services Agency

**Administrator**  
Kern Medical Center

**Program Synopsis**

The Kern County Camino de Salud Network is implementing a comprehensive health coverage program that will give the uninsured access to a package of health services including primary and preventive care, specialized outpatient services, and ancillary and diagnostic services targeted to detect, treat and monitor health problems in order to reduce the burden of disease and improve health. Qualified residents are documented citizens between the ages of 19 and 64 with income below 200% of the FPL. No medical need is required, but patients will have a share of cost based on income and co-pays for services. Coverage lasts for 12 months.

**Recent Changes**

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a resident of the county for at least 30 days, who has a county mailing address and considers Kern County their residence.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 19-64.
- Residents do not need to have medical need at time of application.

### Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a resident of the county for at least 30 days, who has a county mailing address and considers Kern County their residence.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 19-64.
- Residents do not need to have medical need at time of application.

### Enrollment Process

- Applicants enroll through Financial Services (Trailer #1) at Kern Medical Center.
- Required documentation:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Residency</td>
<td></td>
</tr>
<tr>
<td>Proof of Identity</td>
<td></td>
</tr>
<tr>
<td>Proof of Income</td>
<td></td>
</tr>
<tr>
<td>Proof of Expenses</td>
<td></td>
</tr>
<tr>
<td>Value of Assets</td>
<td></td>
</tr>
<tr>
<td>Proof of Immigration Status</td>
<td></td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

### Coverage Duration

- Length of coverage: 12 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
Covered Services

Medical Services
- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- No Podiatry services
- No Drug and Alcohol Treatment Services
- No Family Planning Services
- No Skilled Nursing Services
- No Home Health Agency Services

Pharmacy and Vision
- Limited Prescription Drugs
- Limited Optometry Services
- Limited Eye Appliances

Medical Supplies and Other Ancillary Services
- Limited Medical Transportation
- Limited Durable Medical Equipment
- No Hearing Aids
- Limited Orthotics and Prosthetics

Other included services: Specialty services provided by referral and authorized based on case management review.
- Other specifically excluded services: No services disclosed by county
- Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is based on income.
- Patients do have a co-payment due at the time of service. It is undisclosed.
- No other financial obligations were disclosed.

Policies

Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

Provider Payment
- Contracted Rates

Administration
- To enroll clients the county uses MICRS Application screening does not determine eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Hospital IT Clinical Cost Acct system
- The county has a system to track the program's overall revenue and costs. Hospital IT Clinical Cost Acct system
- The county has not integrated this program with other county programs.

Provider Network

Hospitals
Clinics
County Health Department Clinic (Arvin) - County
County Health Department Clinic (Bakersfield) - County
Sagebrush Medical Plaza Clinic (Bakersfield) - County
County Health Department Clinic (Delano) - County
County Health Department Clinic (Lake Isabella) - County
County Health Department Clinic (Lamont) - County
County Health Department Clinic (Mojave) - County
County Health Department Clinic (North of the River - Oildale) - County
County Health Department Clinic (Ridgecrest) - County
County Health Department Clinic (Shafter) - County
County Health Department Clinic (Taft) - County
County Health Department Clinic (Tehachapi) - County
County Health Department Clinic (Wasco) - County

Sources

Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually)
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
**County:** Kern  
**Program:** Kern County Medically Indigent Program (MIA) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
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<tbody>
<tr>
<td>Population</td>
<td>790,710</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>20.8%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>16.2%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>6.29</td>
</tr>
<tr>
<td>County Type</td>
<td>Suburban</td>
</tr>
<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>Yes</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>19-64</td>
</tr>
</tbody>
</table>

**Program**  
Kern County Medically Indigent Program (MIA)

**Program URL**  
none

**Contact Phone**  
(661) 326-2392

**County Department**  
Health and Human Services Agency

**Administrator**  
Kern Medical Center

**Program Synopsis**  
MIA uses the county hospital, Kern Medical Center, to provide health care to county residents who are not eligible for Medi-Cal and unable to pay. To qualify, residents must be between the ages of 19 and 64 with income under 200% of the FPL. Undocumented residents are eligible for full services. No medical need is required, but patients will have a share of cost based on income and co-pays for services. Coverage lasts for 12 months.

**Recent Changes**

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a resident of the county for at least 30 days, who has a county mailing address and considers Kern County their residence.
- Serves the homeless.
- Services for undocumented: Full Services
- Eligible ages: 19-64.
- Residents do not need to have medical need at time of application.

**Enrollment Process**

- Applicants enroll through Financial Services (Trailer #1) at Kern Medical Center.
- Required documentation:
  
<table>
<thead>
<tr>
<th>Proof of Residency:</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Identity:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Income:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Expenses:</td>
<td>Yes</td>
</tr>
<tr>
<td>Value of Assets:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Immigration Status:</td>
<td>No</td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

**Coverage Duration**

- Length of coverage: 12 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  
  [ ] Request extended coverage  
  [x] Re-apply  
  [ ] Have proof of medical need  
  [ ] Other:
### Covered Services

**Medical Services**
- Yes  Inpatient Hospital Services
- Yes  Outpatient Hospital and Clinic Services
- Yes  Emergency Room Care
- Yes  Laboratory and X-ray services
- Yes  Physician services
- No   Podiatry services
- No   Drug and Alcohol Treatment Services
- No   Family Planning Services
- No   Skilled Nursing Services
- No   Home Health Agency Services
- Limited  Dental Services
- No   Audiology Services
- No   Chiropractic Services
- No   Psychological Services
- No   Adult Day Health Services
- No   Therapies such as Occupational, Physical, and Speech

**Pharmacy and Vision**
- Limited  Prescription Drugs
- Limited  Optometry Services
- Limited  Eye Appliances

**Medical Supplies and Other Ancillary Services**
- Limited  Medical Transportation
- Limited  Durable Medical Equipment
- No   Hearing Aids
- Limited  Orthotics and Prosthetics

- Other included services: Specialty services provided by referral and authorized based on case management review.
- Other specifically excluded services: No services disclosed by county
- Does not cover the same services as Medi-Cal.
  
  Check with county for detailed coverage.

### Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is based on income.
- Patients do have a co-payment due at the time of service. It is undisclosed.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

#### Provider Payment
- Contracted Rates

### Administration
- To enroll clients the county uses MICRS Application screening does not determine eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Hospital IT Clinical Cost Acct system
- The county has a system to track the program's overall revenue and costs. Hospital IT Clinical Cost Acct system
- The county has not integrated this program with other county programs.

### Provider Network

**Hospitals**
- Kern Medical Center (Bakersfield) - County
Clinics
County Health Department Clinic (Arvin) - County
County Health Department Clinic (Bakersfield) - County
Sagebrush Medical Plaza Clinic (Bakersfield) - County
County Health Department Clinic (Delano) - County
County Health Department Clinic (Lake Isabella) - County
County Health Department Clinic (Lamont) - County
County Health Department Clinic (Mojave) - County
County Health Department Clinic (North of the River - Oildale) - County
County Health Department Clinic (Ridgecrest) - County
County Health Department Clinic (Shafter) - County
County Health Department Clinic (Taft) - County
County Health Department Clinic (Tehachapi) - County
County Health Department Clinic (Wasco) - County

Sources
Population: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of
Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: Kings
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
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<tbody>
<tr>
<td>Population</td>
<td>148,875</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>20.6%</td>
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<tr>
<td>Percent Uninsured</td>
<td>16.4%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>2.98</td>
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<td>County Type</td>
<td>Rural</td>
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<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program
County Medical Services Program (CMSP)
Program URL
http://www.cmspcounties.org
Contact Phone
(559) 582-3241
County Department
Kings County Human Services Agency; Benefits Services Division
Administrator
CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis
Kings County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Eligibility
- Contact the Kings County Human Services Agency; Benefits Services Division
- Required documentation:
  | Proof of Residency: | No |
  | Proof of Identity:  | Yes |
  | Proof of Income:    | Yes |
  | Proof of Expenses:  | Yes |
  | Value of Assets:    | Yes |
  | Proof of Immigration Status: | Yes |
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

## Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td></td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td>Limited Eye Appliances</td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td></td>
</tr>
<tr>
<td>Limited Drug and Alcohol Treatment Services</td>
<td></td>
</tr>
<tr>
<td>No Family Planning Services</td>
<td></td>
</tr>
<tr>
<td>No Skilled Nursing Services</td>
<td></td>
</tr>
<tr>
<td>Yes Home Health Agency Services</td>
<td></td>
</tr>
<tr>
<td>Yes Dental Services</td>
<td></td>
</tr>
<tr>
<td>Yes Audiology Services</td>
<td></td>
</tr>
<tr>
<td>No Chiropractic Services</td>
<td></td>
</tr>
<tr>
<td>No Psychological Services</td>
<td></td>
</tr>
<tr>
<td>Yes Adult Day Health Services</td>
<td></td>
</tr>
<tr>
<td>Yes Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

### Other specifically excluded services:
- Pregnancy-related services
- Long-term care facility services
- Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists
- Methadone maintenance services
- Services NOT covered by Medi-Cal

### Other included services:
- Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.

- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

## Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

## Policies

### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

### Out-of-County Use
- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

### Provider Payment
- Contracted Rates

## Administration
- CMSP counties do not use a standardized application.
• CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
• CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
• CMSP counties may integrate with other county services, check with county.

**Provider Network**

**Hospitals**
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

**Clinics**

**Sources**

- **Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007
- **Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)
- **Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
Program: County Medical Services Program (CMSP)

Program URL: http://www.cmspcounties.org
Contact Phone: (707) 995-4260
County Department: Lake County Department of Social Services
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis: Lake County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes

Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process

- Contact the Lake County Department of Social Services by phone or in person at 15975 Anderson Ranch Parkway in Lower Lake.
- Required documentation:
  
  | Proof of Residency | No |
  | Proof of Identity | Yes |
  | Proof of Income | Yes |
  | Proof of Expenses | Yes |
  | Value of Assets | Yes |
  | Proof of Immigration Status | Yes |

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
• Coverage retroactivity: Coverage cannot be retroactively applied.
• To re-enroll, patient needs to:
  [ ] Request extended coverage  [ ] Have proof of medical need
  [x] Re-apply  [ ] Other:
• CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

#### Medical Services

- Yes  Inpatient Hospital Services
- Yes  Outpatient Hospital and Clinic Services
- Yes  Emergency Room Care
- Yes  Laboratory and X-ray services
- Yes  Physician services
- Yes  Podiatry services
- Limited  Drug and Alcohol Treatment Services
- No  Family Planning Services
- No  Skilled Nursing Services
- Yes  Home Health Agency Services
- Yes  Dental Services
- Yes  Audiology Services
- No  Chiropractic Services
- No  Psychological Services
- Yes  Adult Day Health Services
- Yes  Therapies such as Occupational, Physical, and Speech

#### Pharmacy and Vision

- Yes  Prescription Drugs
- Yes  Optometry Services
- Limited  Eye Appliances

#### Medical Supplies and Other Ancillary Services

- Yes  Medical Transportation
- Yes  Durable Medical Equipment
- Yes  Hearing Aids
- Yes  Orthotics and Prosthetics

• Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
• Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
• Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

### Cost-Sharing

• Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
• Patients do not have a co-payment due at the time of service.
• No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use

- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

#### Provider Payment

- Contracted Rates

### Administration

• CMSP counties do not use a standardized application.
• CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
• CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
• CMSP counties may integrate with other county services, check with county.

**Provider Network**

**Hospitals**
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

**Clinics**

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**Sources**

Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: Lassen
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
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<tbody>
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<td>Population</td>
<td>35,031</td>
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<td>Percent Living Below the Poverty Level</td>
<td>16.9%</td>
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<tr>
<td>Percent Uninsured</td>
<td>15.5%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>23.35</td>
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<td>County Type</td>
<td>Rural</td>
</tr>
<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program
County Medical Services Program (CMSP)
Program URL
http://www.cmspcounties.org
Contact Phone
(530) 251-8152
County Department
Lassen County Department of Health and Social Services; Lassen WORKs & Community Social Services
Administrator
CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis
Lassen County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Contact Lassen WORKs & Community Social Services by phone or in person at 720 Richmond Rd or 1616 Chestnut St in Susanville.
- Required documentation:

| Proof of Residency:          | No |
| Proof of Identity:           | Yes |
| Proof of Income:             | Yes |
| Proof of Expenses:           | Yes |
| Value of Assets:             | Yes |
| Proof of Immigration Status: | Yes |

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
### Coverage Duration

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>Limited Eye Appliances</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td></td>
</tr>
<tr>
<td>Limited Drug and Alcohol Treatment Services</td>
<td></td>
</tr>
<tr>
<td>No Family Planning Services</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>No Skilled Nursing Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Home Health Agency Services</td>
<td>Yes Hearing Aids</td>
</tr>
<tr>
<td>Yes Dental Services</td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Audiology Services</td>
<td></td>
</tr>
<tr>
<td>No Chiropractic Services</td>
<td></td>
</tr>
<tr>
<td>No Psychological Services</td>
<td></td>
</tr>
<tr>
<td>Yes Adult Day Health Services</td>
<td></td>
</tr>
<tr>
<td>Yes Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.

- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal

- Does not cover the same services as Medi-Cal. Check with county for detailed coverage.

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.

- Patients do not have a co-payment due at the time of service.

- No other financial obligations were disclosed.

### Policies

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**

- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

**Provider Payment**

- Contracted Rates
Administration

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

Provider Network

Hospitals
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

Clinics

Sources

Population: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)
Uninsured: California State Association of Counties (CSAC) caucus designation, April 2009
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
Program Synopsis

ATP provides no-cost/low-cost inpatient and outpatient services to medically indigent persons who are not fully covered by Medi-Cal, Medicare, private insurance, or other medical benefits at a number of County facilities. Qualification is not based on age, citizenship status, or FPL. Coverage is for county clinic and hospital services and can help cover private insurance deductibles. Coverage is for one month for inpatient care and one year for outpatient services with extensive retroactive coverage. Medical need is required. Participation does not exclude participation in other LA indigent programs.

Program eligibility criteria was modified to be in compliance with AB 774, which required all hospitals to provide for discounted services for self pay patients.

Eligibility

- Eligible incomes are at or below: Not based on FPL.
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person able to prove they are a Los Angeles County resident.
- Serves the homeless.
- Services for undocumented: Full Services
- Eligible ages: All.
- Must have medical need at time of application.
- Costs are based on a sliding scale of Medi-Cal maintenance need. Assets are considered for liability computation. ATP may cover private insurance deductible.

Enrollment Process

- Apply at one of the Los Angeles County hospitals.
- Required documentation:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Residency</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Identity</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Income</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Expenses</td>
<td>Yes</td>
</tr>
<tr>
<td>Value of Assets</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Immigration Status</td>
<td>No</td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will waive documentation requirements in special circumstances.

Coverage Duration

- Length of coverage: 1 month for inpatient care and 1 year for outpatient services.
- Coverage retroactivity: Coverage can be retroactively applied.
To re-enroll, patient needs to:
- [ ] Request extended coverage
- [x] Have proof of medical need
- [x] Re-apply
- [x] Other: Patients may obtain retroactive coverage under ATP beyond one year from the date of service.

### Covered Services

**Medical Services**
- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services

**Limited** Podiatry services
- No Drug and Alcohol Treatment Services
- Yes Family Planning Services
- No Skilled Nursing Services
- No Home Health Agency Services
- **Limited** Dental Services
- **Limited** Audiology Services
- Yes Chiropractic Services
- No Psychological Services
- No Adult Day Health Services
- **Limited** Therapies such as Occupational, Physical, and Speech

**Pharmacy and Vision**
- Yes Prescription Drugs
- Limited Optometry Services
- Limited Eye Appliances

**Medical Supplies and Other Ancillary Services**
- No Medical Transportation
- Limited Durable Medical Equipment
- Limited Hearing Aids
- Limited Orthotics and Prosthetics

- Other included services: All services available at participating clinics are extended to indigent patients.
- Other specifically excluded services: Medical supplies and durable medical equipment must be supplied by County physician or pharmacy.
- Does not cover the same services as Medi-Cal.
  - Check with county for detailed coverage.

### Cost-Sharing

- Patients do not have a share of cost that they pay while in the program.
- Patients do not have a co-payment due at the time of service.
- Patients also have a liability based on liability chart, which could be zero.

### Policies

**Medical Care Oversight and Management**
- Patients do not have to get authorization prior to receiving care.
- The program does not provide utilization management for patients.
- The program does not provide disease management for patients.

**Out-of-County Use**
- Patients will not be reimbursed for out-of-county care.
- County does not have reciprocity agreements with other counties.

**Provider Payment**
- County salaries

### Administration

- To enroll clients the county uses the Ability-To-Pay Plan Services Agreement. Application screening does not determine eligibility for other assistance programs.
- The county does not have a system to track the services a patient uses while enrolled.
- The county does not have a system to track the program's overall revenue and costs.
- The county has not integrated this program with other county programs.
### Hospitals
- Rancho Los Amigos National Rehabilitation Center (Downey) - County
- LAC+USC Medical Center (Los Angeles) - County
- Olive View/UCLA Medical Center (Sylmar) - County
- Harbor/UCLA Medical Center (Torrance) - County

### Clinics
- Bellflower Health Center (Bellflower) - County
- Dollarhide Health Center (Compton) - County
- Glendale Health Center (Glendale) - County
- La Puente Health Center (La Puente) - County
- Lake Los Angeles Clinic (Lake Los Angeles) - County
- Antelope Valley Health Center (Lancaster) - County
- High Desert Multi-Service Ambulatory Care Center (Lancaster) - County
- Littlerock Community Clinic (Littlerock) - County
- Long Beach Comprehensive Health Center (Long Beach) - County
- El Monte Comprehensive Health Center (Los Angeles) - County
- E.R. Roybal Comprehensive Health Center (Los Angeles) - County
- H. Claude Hudson Comprehensive Health Center (Los Angeles) - County
- Hubert H. Humphrey Comprehensive Health Center (Los Angeles) - County
- Martin Luther King Jr. Multi-Service Ambulatory Care Center (Los Angeles) - County
- South Valley Health Center (Palmdale) - County
- San Fernando Health Center (San Fernando) - County
- Harbor/UCLA Family Health Center (Torrance) - County
- Wilmington Health Center (Wilmington) - County
- Mid-Valley Comprehensive Health Center (Van Nuys) - County

### Sources

- **Population**: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California, April 1, 2000 to July 1, 2007
- **Poverty**: U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured**: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually)
- **Primary Physician**: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type**: California State Association of Counties (CSAC) caucus designation, April 2009
County: Los_Angeles
Program: Los Angeles (LA) County Outpatient Reduced-Cost Simplified Application (ORSA) Plan 2009

County Profile

<table>
<thead>
<tr>
<th>Population</th>
<th>9,878,554</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>16.2%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>16.1%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>4.35</td>
</tr>
<tr>
<td>County Type</td>
<td>Urban</td>
</tr>
</tbody>
</table>

Application Information

<table>
<thead>
<tr>
<th>Eligible Poverty Level</th>
<th>133.33% FPL for zero liability.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>No</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>All</td>
</tr>
</tbody>
</table>

Program
Los Angeles (LA) County Outpatient Reduced-Cost Simplified Application (ORSA) Plan
Program URL
http://www.ladhs.org/wps/portal/Patient
Contact Phone
(800) 378-9919
County Department Administrator
LA County Department of Health Services
Program Synopsis
ORSA provides no-cost/low-cost outpatient only services to medically indigent persons who are not fully covered by Medi-Cal, Medicare, private insurance, or other medical benefits at a number of County facilities. Qualification is not based on age, citizenship status, or FPL. Coverage is for county clinic and hospital service. Coverage is for one year for outpatient services with a year of retroactive coverage. Medical need is required. Participation does not exclude participation in other LA indigent programs.

Recent Changes

Eligibility
- Eligible incomes are at or below: 133.33% FPL for zero liability.
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person able to prove they are a Los Angeles County resident.
- Serves the homeless.
- Services for undocumented: Full Services
- Eligible ages: All.
- Must have medical need at time of application.
- If net income is less than or equal to 133.33% of FPL, the liability is zero. If net income is greater than 133.33% of FPL, liability varies, depending on family size, resources, income and income deductions. ORSA does not cover private insurance, inpatient Medicare or Medi-Cal deductible.

Enrollment Process
- Apply at one of the Los Angeles County hospitals/clinics.
- Required documentation:
  | Proof of Residency: | Yes |
  | Proof of Identity:  | Yes |
  | Proof of Income:    | No  |
  | Proof of Expenses:  | No  |
  | Value of Assets:    | No  |
  | Proof of Immigration Status: | No |
- Does not require the same documentation as Medi-Cal.
- Will waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 1 year for outpatient services.
- Coverage retroactivity: Coverage can be retroactively applied.
To re-enroll, patient needs to:
- Request extended coverage
- Re-apply
- Have proof of medical need
- Other: Patients may obtain retroactive coverage under ORSA up to one year from the date of service.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
<td>No Medical Transportation</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Limited Optometry Services</td>
<td>Limited Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>Limited Eye Appliances</td>
<td>Limited Hearing Aids</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
<td>Limited Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Podiatry services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Drug and Alcohol Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Family Planning Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Skilled Nursing Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Home Health Agency Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Dental Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Audiology Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Chiropractic Services</td>
<td></td>
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</tr>
<tr>
<td>No Psychological Services</td>
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<td></td>
</tr>
<tr>
<td>No Adult Day Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Therapies such as Occupational, Physical, and Speech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: All services available at providers are extended to indigent patients.
- Other specifically excluded services: Cosmetic surgery.
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

### Cost-Sharing

- Patients do not have a share of cost that they pay while in the program.
- Patients do not have a co-payment due at the time of service.
- Patients also have a liability based on liability chart, which could be zero.

### Policies

#### Medical Care Oversight and Management
- Patients do not have to get authorization prior to receiving care.
- The program does not provide utilization management for patients.
- The program does not provide disease management for patients.

#### Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

#### Provider Payment
- County salaries

### Administration

- To enroll clients the county uses the Outpatient Reduced-Cost Simplified Application (ORSA) Plan. Application screening does not determine eligibility for other assistance programs.
- The county does not have a system to track the services a patient uses while enrolled.
- The county does not have a system to track the program's overall revenue and costs.
- The county has not integrated this program with other county programs.
**Hospitals**
Rancho Los Amigos National Rehabilitation Center (Downey) - County
LAC+USC Medical Center (Los Angeles) - County
Olive View/UCLA Medical Center (Sylmar) - County
Harbor/UCLA Medical Center (Torrance) - County

**Clinics**
Bellflower Health Center (Bellflower) - County
Dollarhide Health Center (Compton) - County
Glendale Health Center (Glendale) - County
La Puente Health Center (La Puente) - County
Lake Los Angeles Clinic (Lake Los Angeles) - County
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San Fernando Health Center (San Fernando) - County
Harbor/UCLA Family Health Center (Torrance) - County
Wilmington Health Center (Wilmington) - County
Mid-Valley Comprehensive Health Center (Van Nuys) - County

**Sources**


*Uninsured:* California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)

*Primary Physician:* Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

*County Type:* California State Association of Counties (CSAC) caucus designation, April 2009
Los Angeles (LA) County Public/Private Partnership Plan (PPP) 2009

Eligibility

- Eligible incomes are at or below: 133% FPL
- Assets are not considered when determining eligibility.
- Serves county residents, defined as: a person able to prove they are a Los Angeles County resident.
- Serves the homeless.
- Services for undocumented: Full Services
- Eligible ages: All.
- Must have medical need at time of application.

Enrollment Process

- Enroll with participating providers. Call (800)427-8700 for list of providers.
- Required documentation:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of Identity</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Proof of Income</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Proof of Expenses</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Value of Assets</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Proof of Immigration Status</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration

- Length of coverage: 12 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
Medical Services
- No Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- No Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Limited Podiatry services
- No Drug and Alcohol Treatment Services
- No Family Planning Services
- No Skilled Nursing Services
- No Home Health Agency Services
- Limited Dental Services
- Limited Audiology Services
- No Chiropractic Services
- No Psychological Services
- No Adult Day Health Services
- No Therapies such as Occupational, Physical, and Speech

Pharmacy and Vision
- Yes Prescription Drugs
- Limited Optometry Services
- Limited Eye Appliances

Medical Supplies and Other Ancillary Services
- No Medical Transportation
- No Durable Medical Equipment
- No Hearing Aids
- Limited Orthotics and Prosthetics

Other included services: All services provided by providers are available to PPP patients.
Other specifically excluded services: Cosmetic surgery, inpatient care.
Does not cover the same services as Medi-Cal.
Check with county for detailed coverage.

Cost-Sharing
- Patients do not have a share of cost that they pay while in the program.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

Policies
Medical Care Oversight and Management
- Patients do not have to get authorization prior to receiving care.
- The program does not provide utilization management for patients.
- The program provides disease management for patients.

Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

Provider Payment
- Contracted Rates

Administration
- To enroll clients the county uses the Certificate of Indigency (COI). Application screening does not determine eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Each clinic utilizes a unique medical record numbering system to identify their patient medical records.
- The county does not have a system to track the program’s overall revenue and costs.
- The county has not integrated this program with other county programs.
None -

Clinics
All services provided by 155 sites. Call (800) 427-8700 for Referrals. -

Sources

Population: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of


Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not

Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

County Type: California State Association of Counties (CSAC) caucus designation, April 2009
Program: County Medical Services Program (CMSP) 2009

Program URL: http://www.cmspcounties.org
Contact Phone: (559) 675-7670
County Department: Madera County Department of Social Services
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis: Madera County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes

Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process

- Enroll at any of the offices listed at http://www.madera-county.com/socialservices/offices.html or phone the Department of Social Services at (559) 675-7670 to request an application
- Required documentation:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Residency</td>
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<tr>
<td>Proof of Income</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Proof of Expenses</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Value of Assets</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Proof of Immigration Status</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage  
  - [ ] Have proof of medical need
  - [x] Re-apply  
  - [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td></td>
<td>Yes Hearing Aids</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td>Limited Eye Appliances</td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Drug and Alcohol Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Family Planning Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Skilled Nursing Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Home Health Agency Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Dental Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Audiology Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Chiropractic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Psychological Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Adult Day Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Therapies such as Occupational, Physical, and Speech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

#### Provider Payment
- Contracted Rates

### Administration

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

### Provider Network

**Hospitals**

Anthem providers in an area can be found online at: [pd.web.wellpoint.com/epf/finderRouter?Company=BCC](https://pd.web.wellpoint.com/epf/finderRouter?Company=BCC)
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

**Clinics**

### Sources


*Uninsured*: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)

*Primary Physician*: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

*County Type*: California State Association of Counties (CSAC) caucus designation, April 2009
County: Marin  
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>248,096</td>
</tr>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>6.5%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>8.8%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>5.56</td>
</tr>
<tr>
<td>County Type</td>
<td>Suburban</td>
</tr>
<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program: County Medical Services Program (CMSP)  
Program URL: [http://www.cmspcounties.org](http://www.cmspcounties.org)  
Contact Phone: (415) 473-3400

County Department: Marin County Department of Health and Human Services; Division of Social Services  
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

Program Synopsis: Marin County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes:

### Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

### Enrollment Process
- Apply in person at 120 N. Redwood Dr - West Wing in San Rafael, by mail, or by telephone with the Division of Social Services.
- Required documentation:
  - Proof of Residency: No
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

### Coverage Duration
- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>Prescription Drugs</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Outpatient Hospital and Clinic Services</td>
<td>Optometry Services</td>
<td>Optometry Services</td>
</tr>
<tr>
<td>Yes</td>
<td>Limited</td>
<td>Limited</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>Eye Appliances</td>
<td>Eye Appliances</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Laboratory and X-ray services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Physician services</td>
<td>Medical Transportation</td>
<td>Medical Transportation</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Podiatry services</td>
<td>Durable Medical Equipment</td>
<td>Durable Medical Equipment</td>
</tr>
<tr>
<td>Limited</td>
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<td>Yes</td>
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<tr>
<td>Drug and Alcohol Treatment Services</td>
<td>Hearing Aids</td>
<td>Hearing Aids</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Family Planning Services</td>
<td>Orthotics and Prosthetics</td>
<td>Orthotics and Prosthetics</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Skilled Nursing Services</td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Home Health Agency Services</td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Dental Services</td>
<td>Medical Transportation</td>
<td>Medical Transportation</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Audiology Services</td>
<td>Durable Medical Equipment</td>
<td>Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>Hearing Aids</td>
<td>Hearing Aids</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Psychological Services</td>
<td>Orthotics and Prosthetics</td>
<td>Orthotics and Prosthetics</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pharmaceutical Services</td>
<td>Medical Transportation</td>
<td>Medical Transportation</td>
</tr>
<tr>
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<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Adult Day Health Services</td>
<td>Durable Medical Equipment</td>
<td>Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Therapies such as Occupational, Physical, and Speech</td>
<td>Medical Transportation</td>
<td>Medical Transportation</td>
</tr>
</tbody>
</table>

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

**Medical Care Oversight and Management**
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

**Provider Payment**
- Contracted Rates

### Administration

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

### Provider Network

#### Hospitals

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

#### Clinics

### Sources

**Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California:

**Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008

**Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually)

**Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

**County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
## County: Mariposa  
**Program:** County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>18,036</td>
</tr>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>12.7%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>12.2%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>6.65</td>
</tr>
<tr>
<td>County Type</td>
<td>Rural</td>
</tr>
<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

### Program
- County Medical Services Program (CMSP)

### Program URL
- [http://www.cmspcounties.org](http://www.cmspcounties.org)

### Contact Phone
- (209) 966-3609, (800) 266-3609

### County Department
- Mariposa County Department of Human Services; Employment and Community Services

### Administrator
- CMSM Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

### Program Synopsis
Mariposa County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

### Recent Changes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

### Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

### Enrollment Process
- Contact the Mariposa County Department of Human Services; Employment and Community Services
- Required documentation:
<table>
<thead>
<tr>
<th>Proof of Residency:</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Identity:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Income:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Expenses:</td>
<td>Yes</td>
</tr>
<tr>
<td>Value of Assets:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Immigration Status:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Re-apply
  - [x] Have proof of medical need
  - [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
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<td>Yes Emergency Room Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
<td>Yes Hearing Aids</td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td></td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
<tr>
<td><strong>Limited</strong> Drug and Alcohol Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Family Planning Services</td>
<td></td>
<td></td>
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<td>No Skilled Nursing Services</td>
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<td></td>
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- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
  - Check with county for detailed coverage.

<table>
<thead>
<tr>
<th>Cost-Sharing</th>
<th></th>
<th></th>
</tr>
</thead>
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<tr>
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</tr>
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<td>No other financial obligations were disclosed.</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Policies</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Care Oversight and Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Patients may have to get authorization prior to receiving care.</td>
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<td></td>
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<tr>
<td>- The program provides utilization management for patients.</td>
<td></td>
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<td>- The program provides disease management for patients.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Out-of-County Use      |                     |                                               |
| - Patients may be reimbursed for out-of-county care. CMSP covers emergency services only. |                     |                                               |
| - County does have reciprocity agreements with other counties. Only with other CMSP counties. |                     |                                               |

| Provider Payment       |                     |                                               |
| - Contracted Rates     |                     |                                               |

| Administration         |                     |                                               |
| CMSP counties do not use a standardized application. |                     |                                               |
CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.

CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.

CMSP counties may integrate with other county services, check with county.

### Provider Network

#### Hospitals

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC

Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

#### Clinics

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### Sources

**Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007

**Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008

**Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)

**Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

**County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
County: Mendocino  
Program: County Medical Services Program (CMSP) 2009

### County Profile

| Population | 86,273 |
| Percent Living Below the Poverty Level | 17% |
| Percent Uninsured | 13.8% |
| Primary Clinic Physician FTEs per 100,000 | 23.76 |
| County Type | Rural |

### Application Information

| Eligible Poverty Level | 200% FPL |
| Co-pay | No |
| Share-of-Cost | Yes |
| Serve Undocumented | Yes |
| Eligible Ages | 21-64 |

### Program

Program URL: [http://www.cmspcounties.org](http://www.cmspcounties.org)

Contact Phone: (707) 463-7700; (877) 327-1711

County Department: Mendocino Health and Human Services Agency; Social Services Branch; Employment and Family Assistance Services

Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

Program Synopsis: Mendocino County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

### Recent Changes

- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

### Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

### Enrollment Process

- Contact Employment and Family Assistance Services by phone or in person at 737 S. State St in Ukiah and 825 S Franklin St in Fort Bragg.
- Required documentation:

<table>
<thead>
<tr>
<th>Proof of Residency:</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Identity:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Income:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

  | Proof of Expenses:   | Yes |
  | Value of Assets:     | Yes |
  | Proof of Immigration Status: | Yes |

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
Coverage Duration

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - Request extended coverage
  - Have proof of medical need
  - Re-apply
  - Other:

  CMSP will pay for emergency services provided in the 10 day period before enrollment.

Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Services</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>Outpatient Hospital and Clinic Services</td>
<td>Optometry Services</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>Eye Appliances</td>
</tr>
<tr>
<td>Laboratory and X-ray services</td>
<td></td>
</tr>
<tr>
<td>Physician services</td>
<td></td>
</tr>
<tr>
<td>Podiatry services</td>
<td></td>
</tr>
<tr>
<td>Drug and Alcohol Treatment Services</td>
<td>Limited Eye Appliances</td>
</tr>
<tr>
<td>Family Planning Services</td>
<td>Medical Supplies and Other Ancillary Services</td>
</tr>
<tr>
<td>Skilled Nursing Services</td>
<td>Medical Transportation</td>
</tr>
<tr>
<td>Home Health Agency Services</td>
<td>Durable Medical Equipment</td>
</tr>
<tr>
<td>Dental Services</td>
<td>Hearing Aids</td>
</tr>
<tr>
<td>Audiology Services</td>
<td>Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td></td>
</tr>
<tr>
<td>Psychological Services</td>
<td></td>
</tr>
<tr>
<td>Adult Day Health Services</td>
<td></td>
</tr>
<tr>
<td>Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other specifically excluded services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

Policies

Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

Out-of-County Use

No other financial obligations were disclosed.
 Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment
Contracted Rates

Administration
CMSP counties do not use a standardized application.
CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
CMSP counties may integrate with other county services, check with county.

Provider Network

Hospitals
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select ‘State Sponsored’ under Plan Type and ‘County Medical Services Program’ under Plan to search the site.

Clinics

Sources

Population: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of
Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: Merced  
Program: Merced County Medical Assistance Program (MAP) 2009

### County Profile

<table>
<thead>
<tr>
<th>Population</th>
<th>245,514</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>18.6%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>16.1%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>8.54</td>
</tr>
<tr>
<td>County Type</td>
<td>Suburban</td>
</tr>
</tbody>
</table>

### Application Information

<table>
<thead>
<tr>
<th>Eligible Poverty Level</th>
<th>200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay</td>
<td>Yes</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>No</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

### Program

**Program**: Merced County Medical Assistance Program (MAP)  
**Program URL**: [http://www.co.merced.ca.us/index.asp?nid=611](http://www.co.merced.ca.us/index.asp?nid=611)  
**Contact Phone**: (209) 381-1282  
**County Department**: County Department of Public Health  
**Administrator**: Medical Assistance Program  
**Program Synopsis**: MAP provides medically necessary services for indigent persons who have little or no access to medical services. Services must be provided at Mercy Medical Center Merced (MMCM) and the MMCM Family Care and General Medicine Clinics. Residents between the ages of 21 and 64 with income up to 200% of FPL are eligible. They must also have medical need to qualify and sign a reimbursement agreement and a grant of lien. Undocumented residents do not qualify. Coverage is for between 1 and 6 months and co-pays are required for patients above 100% of the FPL.

### Recent Changes

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person that can show proof of residency by CA ID, CA Drivers License, rent or mortgage receipt, utility bill, Motor Vehicle Registration, or Housing Statement signed by the person providing shelter.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Must have medical need at time of application.
- Similar to Medi-Cal requirements. Applicants who are homeless and unable to document residency may initially be granted eligibility for a period of 7 days. Re-certification may be granted for 30-60 days at a time.

### Eligibility

- Does not require the same documentation as Medi-Cal.
- Will waive documentation requirements in special circumstances.

### Enrollment Process

- Contact the MAP Office at 200 E 15th St., Merced. Application may be retroactive within 10 working days of service at MMCM facility.
- Required documentation:

<table>
<thead>
<tr>
<th>Proof of Residency:</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Identity:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Income:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Expenses:</td>
<td>Yes</td>
</tr>
<tr>
<td>Value of Assets:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Immigration Status:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Length of coverage: 1 to 6 months
• Coverage retroactivity: Coverage can be retroactively applied.
• To re-enroll, patient needs to:
  - [x] Request extended coverage
  - [x] Re-apply
  - [x] Have proof of medical need
  - Other: Only documents that have expired since last certification required; income & property verified; medical need reassessed.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>Prescription Drugs</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>Yes</td>
<td>Limited</td>
<td>Limited</td>
</tr>
<tr>
<td>Outpatient Hospital and Clinic Services</td>
<td>Optometry Services</td>
<td>Optometry Services</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>Eye Appliances</td>
<td>Eye Appliances</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory and X-ray services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Limited</td>
<td>Limited</td>
</tr>
<tr>
<td>Physician services</td>
<td></td>
<td>Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Limited</td>
<td></td>
<td></td>
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<tr>
<td>Podiatry services</td>
<td></td>
<td></td>
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<tr>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Drug and Alcohol Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Planning Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Skilled Nursing Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited</td>
<td></td>
<td></td>
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<tr>
<td>Home Health Agency Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audiology Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Chiropractic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Day Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapies such as Occupational, Physical, and Speech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Medically necessary services provided at MMCM or by referral.
- Other specifically excluded services: Elective procedures, experimental treatment, pregnancy related services; extended or long-term care facility services; routine examinations; organ transplant; radial keratotomy; all cosmetic procedures, not medically necessary services.
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

### Cost-Sharing

- Patients do not have a share of cost that they pay while in the program.
- Patients do have a co-payment due at the time of service. It is $5 for a clinic, $15 for an emergency, and $5 for a prescription if income is above 100% FPL.
- Patients also sign reimbursement agreement, assignment of benefits and grant of lien forms.

### Policies

**Medical Care Oversight and Management**
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

**Provider Payment**
- Medi-Cal Rates

### Administration

- To enroll clients the county uses an application form submitted by client with accompanying documentation and an interview with an eligibility worker. Application screening does not determine eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Tracking is done through reports on claims and authorizations.
- The county has a system to track the program's overall revenue and costs. Tracking is done through monthly revenue and expenditure reports.
- The county has not integrated this program with other county programs.

### Provider Network

#### Hospitals
Mercy Medical Center Merced (Merced) - Private

#### Clinics
Mercy Medical Center Merced Family Care Clinic (Merced) - Private
Mercy Medical Center Merced General Medicine Clinic (Merced) - Private

### Sources

- **Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007
- **Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)
- **Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
County: Modoc
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>9,197</td>
</tr>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>20.4%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>15.5%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>4.35</td>
</tr>
<tr>
<td>County Type</td>
<td>Rural</td>
</tr>
<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program: County Medical Services Program (CMSP)
Program URL: http://www.cmspcounties.org
Contact Phone: (530) 233-6501
County Department: Modoc County Department of Social Services
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis: Modoc County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Contact the Modoc County Department of Social Services
- Required documentation:
  - Proof of Residency: No
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

#### Medical Services
- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Yes Podiatry services
- **Limited** Drug and Alcohol Treatment Services
- No Family Planning Services
- No Skilled Nursing Services
- Yes Home Health Agency Services
- Yes Dental Services
- Yes Audiology Services
- No Chiropractic Services
- No Psychological Services
- Yes Adult Day Health Services
- Yes Therapies such as Occupational, Physical, and Speech

#### Pharmacy and Vision
- Yes Prescription Drugs
- Yes Optometry Services
- **Limited** Eye Appliances

#### Medical Supplies and Other Ancillary Services
- Yes Medical Transportation
- Yes Durable Medical Equipment
- Yes Hearing Aids
- Yes Orthotics and Prosthetics

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
  - Check with county for detailed coverage.

### Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

#### Provider Payment
- Contracted Rates

### Administration
- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

**Provider Network**

**Hospitals**
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

**Clinics**

**Sources**


*Uninsured*: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)

*Primary Physician*: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

*County Type*: California State Association of Counties (CSAC) caucus designation, April 2009
## County Medical Services Program (CMSP) 2009

### County Profile

<table>
<thead>
<tr>
<th>Population</th>
<th>12,801</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>9.3%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>12.2%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>N/A</td>
</tr>
<tr>
<td>County Type</td>
<td>Rural</td>
</tr>
</tbody>
</table>

### Application Information

<table>
<thead>
<tr>
<th>Eligible Poverty Level</th>
<th>200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

### Program

County Medical Services Program (CMSP)

### Program URL

http://www.cmspcounties.org

### Contact Phone

(760) 932-5600 in Bridgeport; (760) 924-1770 in Mammoth Lakes

### County Department

Mono County Department of Social Services; Income Maintenance Division

### Administrator

CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

### Program Synopsis

Mono County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

The CMSP Behavioral Health Pilot Project is testing the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs. It is being funded in Mono as well as 14 other counties.

### Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

### Enrollment Process

- Contact Mono County Department of Social Services by phone or in person at 107384 Hwy 395 in Walker, 85 Emigrant Rd in Bridgeport, or 452 Old Mammoth Rd in Mammoth Lakes.

<table>
<thead>
<tr>
<th>Required documentation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Residency:</td>
</tr>
<tr>
<td>Proof of Identity:</td>
</tr>
<tr>
<td>Proof of Income:</td>
</tr>
<tr>
<td>Proof of Expenses:</td>
</tr>
<tr>
<td>Value of Assets:</td>
</tr>
<tr>
<td>Proof of Immigration Status:</td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
**Coverage Duration**

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

---

**Covered Services**

### Medical Services

- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Yes Podiatry services
- Limited Drug and Alcohol Treatment Services
- No Family Planning Services
- No Skilled Nursing Services
- Yes Home Health Agency Services
- Yes Dental Services
- Yes Audiology Services
- No Chiropractic Services
- No Psychological Services
- Yes Adult Day Health Services
- Yes Therapies such as Occupational, Physical, and Speech

### Pharmacy and Vision

- Yes Prescription Drugs
- Yes Optometry Services
- Limited Eye Appliances

### Medical Supplies and Other Ancillary Services

- Yes Medical Transportation
- Yes Durable Medical Equipment
- Yes Hearing Aids
- Yes Orthotics and Prosthetics

- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal

- Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

---

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.

- Patients do not have a co-payment due at the time of service.

- No other financial obligations were disclosed.

---

**Policies**

### Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment
- Contracted Rates

Administration
- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

Provider Network

Hospitals
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

Clinics

Sources

Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: Monterey
Program: Monterey County Medically Indigent Program (MIA) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>407,637</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
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<td>Percent Uninsured</td>
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<td>Eligible Poverty Level</td>
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<td>Co-pay</td>
<td>Yes</td>
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<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
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<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program Monterey County Medically Indigent Program (MIA)
Program URL none
Contact Phone (831) 755-4165
County Department County Health Department
Administrator Natividad Medical Center

Program Synopsis MIA provides health care to county residents who are: ineligible for other medical programs; unable to pay; have emergency, life threatening, or pain & suffering medical need. In addition, they must be between the ages of 21 and 64 with income up to 250% of the FPL. Services covered are limited and do not include any preventative care for a period of 1 month with a share of cost or 3 months without a share of cost. Residents between 101 and 250% of the FPL will have a share of cost. Services provided at Natividad Medical Center and county clinics.

Recent Changes Monterey County is in the process of redesigning their indigent program. By late 2009, they expect to have a program that functions more like an insurance program.

Eligibility
- Eligible incomes are at or below: 250% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who can prove that he/she legally lives in Monterey County
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Must have medical need at time of application.
- 101-250% FPL will have a share of cost.

Enrollment Process
- After making appointment at Laurel Health Clinic, enroll at Financial Counseling Unit, Natividad Medical Center, 1441 Constitution Blvd., Salinas
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: No
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 1 month with share of cost, 3 months with no cost.
- Coverage retroactivity: Coverage can be retroactively applied.
To re-enroll, patient needs to:

- [ ] Request extended coverage
- [x] Have proof of medical need
- [x] Re-apply
- [ ] Other:

2 month retroactive coverage may be available

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Inpatient Hospital Services</td>
<td>Limited Prescription Drugs</td>
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<tr>
<td>Limited Outpatient Hospital and Clinic Services</td>
<td>Limited Optometry Services</td>
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<tr>
<td>Limited Emergency Room Care</td>
<td>No Eye Appliances</td>
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<tr>
<td>Limited Laboratory and X-ray services</td>
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<tr>
<td>Limited Physician services</td>
<td></td>
</tr>
<tr>
<td>Limited Podiatry services</td>
<td>Limited Medical Transportation</td>
</tr>
<tr>
<td>No Drug and Alcohol Treatment Services</td>
<td>Limited Durable Medical Equipment</td>
</tr>
<tr>
<td>No Family Planning Services</td>
<td>No Hearing Aids</td>
</tr>
<tr>
<td>No Skilled Nursing Services</td>
<td>No Orthotics and Prosthetics</td>
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<tr>
<td>Limited Home Health Agency Services</td>
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<tr>
<td>Limited Dental Services</td>
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<tr>
<td>No Audiology Services</td>
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<td>No Chiropractic Services</td>
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<td>No Psychological Services</td>
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<tr>
<td>No Adult Day Health Services</td>
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<tr>
<td>Limited Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Only medically necessary services. All non-emergency and specialist services require prior authorization.
- Other specifically excluded services: Preventative Care
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income for those between 101 and 250% FPL.
- Patients do have a co-payment due at the time of service. It is variable by service, but is waived for General Assistance patients.
- Patients also may have spend down if over 100% FPL.

### Policies

#### Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use

- Patients may be reimbursed for out-of-county care.
- County does not have reciprocity agreements with other counties.

#### Provider Payment

- Contracted Rates

### Administration

- To enroll clients the county uses an application submitted with the required documents. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Tracking is through claim forms from providers that are adjudicated.
- The county has a system to track the program's overall revenue and costs. Tracking is through claims adjudication and the hospital billing system.
- The county has integrated this program with other county programs. The program coordinates with the Natividad Medical Center, Public Health Department and Department of Social and Employment Services.

**Provider Network**

**Hospitals**
Natividad Medical Center (Monterey) - County

**Clinics**
Monterey County Health Clinic at Marina (Marina) - County
Alisal Health Center (Salinas) - County
Laurel Health Clinics: Women's Health, Internal Medicine, Pediatrics, Family Practices (Salinas) - County
Seaside Family Health Center (Seaside) - County

**Sources**
*Uninsured:* California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually)
*Primary Physician:* Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
*County Type:* California State Association of Counties (CSAC) caucus designation, April 2009
County: Napa  
Program: County Medical Services Program (CMSP) 2009

### County Profile

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
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<tbody>
<tr>
<td>Population</td>
<td>132,565</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>7.5%</td>
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<tr>
<td>Percent Uninsured</td>
<td>7.1%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>3.70</td>
</tr>
<tr>
<td>County Type</td>
<td>Suburban</td>
</tr>
</tbody>
</table>

| Eligible Poverty Level                  | 200% FPL                |
| Co-pay                                  | No                      |
| Share-of-Cost                           | Yes                     |
| Serve Undocumented                      | Yes                     |
| Eligible Ages                           | 21-64                   |

### Program Information

- **Program URL**: [http://www.cmspcounties.org](http://www.cmspcounties.org)
- **Contact Phone**: (707) 253-4511
- **County Department**: Napa County Departments of Social Services
- **Administrator**: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
- **Program Synopsis**: Napa County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.
- **Recent Changes**: The CMSP Behavioral Health Pilot Project is testing the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs. It is being funded in Napa as well as 14 other counties.

### Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

### Enrollment Process

- Contact the Napa County Departments of Social Services by phone or at 2261 Elm St in Napa.
- Required documentation:
  - **Proof of Residency**: No
  - **Proof of Identity**: Yes
  - **Proof of Income**: Yes
  - **Proof of Expenses**: Yes
  - **Value of Assets**: Yes
  - **Proof of Immigration Status**: Yes

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
**Coverage Duration**

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Re-apply
  - [ ] Have proof of medical need
  - [ ] Other:

  - CMSP will pay for emergency services provided in the 10 day period before enrollment.

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>Prescription Drugs</td>
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<tr>
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<td>Yes</td>
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<tr>
<td>Outpatient Hospital and Clinic Services</td>
<td>Optometry Services</td>
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<tr>
<td>Emergency Room Care</td>
<td>Eye Appliances</td>
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<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Laboratory and X-ray services</td>
<td>Medical Supplies and Other Ancillary Services</td>
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<tr>
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<td>Yes</td>
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<tr>
<td>Physician services</td>
<td>Medical Transportation</td>
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<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Podiatry services</td>
<td>Durable Medical Equipment</td>
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<tr>
<td>Limited</td>
<td>Yes</td>
</tr>
<tr>
<td>Drug and Alcohol Treatment Services</td>
<td>Hearing Aids</td>
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<td>Yes</td>
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<tr>
<td>Family Planning Services</td>
<td>Orthotics and Prosthetics</td>
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<tr>
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</tr>
<tr>
<td>Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

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<tr>
<th>Covered Services</th>
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<tbody>
<tr>
<td>Medical Services</td>
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<tr>
<td>Yes</td>
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<tr>
<td>Inpatient Hospital Services</td>
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</tr>
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<td>Outpatient Hospital and Clinic Services</td>
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<td>Family Planning Services</td>
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</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Therapies such as Occupational, Physical, and Speech</td>
</tr>
</tbody>
</table>

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.
Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.

County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment
- Contracted Rates

Administration
- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

Provider Network

Hospitals
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

Clinics

Sources

Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)
Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: Nevada  
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
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<tbody>
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<td>Population</td>
<td>97,027</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>7.5%</td>
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<tr>
<td>Percent Uninsured</td>
<td>14.1%</td>
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<td>Primary Clinic Physician FTEs per 100,000</td>
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<td>County Type</td>
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<td>Co-pay</td>
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<td>Share-of-Cost</td>
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<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
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</table>

Program: County Medical Services Program (CMSP)  
Program URL: http://www.cmspcounties.org  
Contact Phone: (530) 265-1340  
County Department: Nevada County Department of Social Services  
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.  
Program Synopsis: Nevada County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months. The CMSP Behavioral Health Pilot Project is testing the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs. It is being funded in Nevada as well as 14 other counties.

Eligibility:  
- Eligible incomes are at or below: 200% FPL  
- Assets are considered when determining eligibility.  
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.  
- Serves the homeless.  
- Services for undocumented: Emergency Services  
- Eligible ages: 21-64.  
- Residents do not need to have medical need at time of application.  
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process:  
- Contact the Nevada County Department of Social Services  
- Required documentation:  
  - Proof of Residency: No  
  - Proof of Identity: Yes  
  - Proof of Income: Yes  
  - Proof of Expenses: Yes  
  - Value of Assets: Yes  
  - Proof of Immigration Status: Yes

- Does not require the same documentation as Medi-Cal.  
- Will not waive documentation requirements in special circumstances.
**Coverage Duration**

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [X] Re-apply
  - [ ] Have proof of medical need
  - [ ] Other:

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

**Covered Services**

<table>
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<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
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</thead>
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- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal.
- Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

**Policies**

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.
Out-of-County Use

▪ Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
▪ County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment

▪ Contracted Rates

Administration

▪ CMSP counties do not use a standardized application.
▪ CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
▪ CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
▪ CMSP counties may integrate with other county services, check with county.

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Hospitals

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Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
### Program Synthesis

With the help of coverage initiative funds, Orange County is providing primary and preventative care to all enrollees. HCI covers a limited number of patients with no need for an urgent or emergent condition. An extensive network of over 180 primary care physicians and community clinics will serve as a medical home to improve preventative care and disease management. These additional services may not be funded after the coverage initiative expires. Eligible residents must be documented citizens between 21 and 64 years old with income up to 200% of the FPL. Coverage is for 12 months and patients must re-apply for extended coverage. Patients only pay a co-pay for services.

### Recent Changes

Orange County expanded a health information exchange to improve continuity, quality, and efficiency of care.

### Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are not considered when determining eligibility.
- Serves county residents, defined as: a person who is able to provide proof of living within the County.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- MSI follows Medi-Cal criteria. Applicant can receive retroactive benefits only to the first of the month in which they applied.

### Enrollment Process

- Application taken at contracted hospitals and clinics at time of service or by appointment.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Requires the same documentation as Medi-Cal.
- Will waive documentation requirements in special circumstances.

### Coverage Duration

- Length of coverage: 12 months
- Coverage retroactivity: Coverage can be retroactively applied.
To re-enroll, patient needs to:

- Request extended coverage [ ]
- Have proof of medical need [ ]
- Re-apply [x]

It is recommended to call in the 10th month to schedule an appointment to re-apply. Applicant can receive retroactive benefits only to the first of the month in which they applied.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Limited Prescription Drugs</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Limited Optometry Services</td>
<td>Limited Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>No Eye Appliances</td>
<td>No Hearing Aids</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
<td>Limited Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
<td></td>
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<tr>
<td>Limited Podiatry services</td>
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</tr>
<tr>
<td>No Drug and Alcohol Treatment Services</td>
<td></td>
<td></td>
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<tr>
<td>No Family Planning Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Skilled Nursing Services</td>
<td></td>
<td></td>
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<tr>
<td>Limited Home Health Agency Services</td>
<td></td>
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<tr>
<td>Limited Dental Services</td>
<td></td>
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<td>Limited Audiology Services</td>
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<td>No Chiropractic Services</td>
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<td>No Psychological Services</td>
<td></td>
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</tr>
<tr>
<td>No Adult Day Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Therapies such as Occupational, Physical, and Speech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: No services disclosed by county
- Other specifically excluded services: No services disclosed by county
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

### Cost-Sharing

- Patients do not have a share of cost that they pay while in the program.
- Patients do have a co-payment due at the time of service. It is $5 for non-medical home, $25 for ER visits.
- No other financial obligations were disclosed.

### Policies

**Medical Care Oversight and Management**
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

**Provider Payment**
- Contracted Rates

### Administration

- To enroll clients the county uses the MSI/HCI electronic eligibility system. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. They have a comprehensive health information exchange that tracks utilization from claims history and provider notes.
- The county has a system to track the program’s overall revenue and costs. Tracking is through their fiscal intermediary and accounting departments.
- The county has integrated this program with other county programs. Integration is with Public Health and Behavioral Health.

### Provider Network

#### Hospitals
- Anaheim General Hospital (Anaheim) - Private
- Anaheim Memorial Medical Center (Anaheim) - Private
- Kaiser Permanente (Anaheim) - Private
- West Anaheim Medical Center (Anaheim) - Private
- Western Medical Center (Anaheim) - Private
- Fountain Valley Regional Hospital Medical Center (Fountain Valley) - Private
- Orange Coast Memorial Medical Center (Fountain Valley) - Private
- St. Jude Medical Center (Fullerton) - Private
- Garden Grove Hospital and Medical Center (Garden Grove) - Private
- Huntington Beach Hospital & Medical Center (Huntington Beach) - Private
- Irvine Regional Hospital & Medical Center (Irvine) - Private
- Kaiser Permanente Orange County - Irvine Medical Center (Irvine) - Private
- La Palma Intercommunity Hospital (La Palma) - Private
- Saddleback Memorial Medical Center (Laguna Hills) - Private
- Los Alamitos Medical Center (Los Alamitos) - Private
- Mission Hospital and Regional Medical Center (Mission Viejo) - Private
- Hoag Memorial Hospital Presbyterian (Newport Beach) - Private
- Chapman Medical Center (Orange) - Private
- St. Joseph Hospital (Orange) - Private
- University of California Irvine Medical Center (Orange) - Private
- Placentia Linda Hospital (Placentia) - Private
- Saddleback Memorial Medical Center at San Clemente Campus (San Clemente) - Private
- Coastal Communities Hospital (Santa Ana) - Private
-western Medical Center (Santa Ana) - Private
- South Coast Medical Center (South Laguna) - Private

#### Clinics
- UCI Family Health Center (Anaheim) - Private
- Share Our Selves Free Medical Clinic (Costa Mesa) - Private
- Sierra Health Center (Fullerton) - Private
- St. Jude Neighborhood Health Center (Fullerton) - Private
- Nhan Hoa Comprehensive Health Care Clinic (Garden Grove) - Private
- Huntington Beach Community Clinic (Huntington Beach) - Private
- The Gary Center (La Habra) - Private
- Laguna Beach Community Clinic (Laguna Beach) - Private
- El Modena Health Center (Orange) - Private
- La Amistad Family Health Center (Orange) - Private
- Camino Health Centers (San Juan Capistrano) - Private
- Asian Health Center (Santa Ana) - Private
- Clinica Medica de Ella (Santa Ana) - Private
- UCI Family Health Center (Santa Ana) - Private
- Hurt Family Medical Clinic (Tustin) - Private

### Sources

- Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)
- Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: Orange
Program: Orange County Medical Services Initiative Program (MSI) (Coverage Initiative) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
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<tbody>
<tr>
<td>Population</td>
<td>2,997,033</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
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<tr>
<td>Percent Uninsured</td>
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<td>Primary Clinic Physician FTEs per 100,000</td>
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<td>County Type</td>
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<td>Eligible Poverty Level</td>
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<tr>
<td>Co-pay</td>
<td>Yes</td>
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<tr>
<td>Share-of-Cost</td>
<td>No</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program
Orange County Medical Services Initiative Program (MSI)
Program URL
Contact Phone
(714) 834-6248
County Department
County Health Care Agency
Administrator
MSI Program

Program Synopsis
With the help of coverage initiative funds, Orange County is providing primary and preventative care to all enrollees. MSI requires medical need, but another county program, HCI, can enroll a limited number of eligibles that do not have medical need. An extensive network of over 180 primary care physicians and community clinics will serve as a medical home to improve preventative care and disease management. These additional services may not be funded after the coverage initiative expires. Eligible residents must be documented citizens between 21 and 64 years old with income up to 200% of the FPL. Coverage is for 12 months and patients must re-apply for extended coverage. Patients only pay a co-pay for services.

Recent Changes
Orange County expanded a health information exchange to improve continuity, quality, and efficiency of care.

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are not considered when determining eligibility.
- Serves county residents, defined as: a person who is able to provide proof of living within the County.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Must have medical need at time of application.
- MSI follows Medi-Cal criteria. Applicant can receive retroactive benefits as far as 90 days from the date of approval.

Enrollment Process
- Application taken at contracted hospitals and clinics at time of service or by appointment.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Requires the same documentation as Medi-Cal.
- Will waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 12 months
- Coverage retroactivity: Coverage can be retroactively applied.
To re-enroll, patient needs to:

- [ ] Request extended coverage
- [x] Have proof of medical need
- [x] Re-apply
- [ ] Other:

It is recommended to call in the 10th month to schedule an appointment to re-apply. Applicant can receive retroactive benefits as far as 90 days from the date of approval.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
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<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
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<td>Yes Medical Transportation</td>
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<tr>
<td>Yes Therapies such as Occupational, Physical, and Speech</td>
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<td></td>
</tr>
</tbody>
</table>

- Other included services: No services disclosed by county
- Other specifically excluded services: No services disclosed by county
- Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

### Cost-Sharing

- Patients do not have a share of cost that they pay while in the program.
- Patients do have a co-payment due at the time of service. It is $5 for non-medical home, $25 for ER visits.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use

- Patients will not be reimbursed for out-of-county care.
- County does not have reciprocity agreements with other counties.

#### Provider Payment

- Contracted Rates

### Administration

- To enroll clients the county uses the MSI/HCI electronic eligibility system. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. They have a comprehensive health information exchange that tracks utilization from claims history and provider notes.
- The county has a system to track the program's overall revenue and costs. Tracking is through their fiscal intermediary and accounting departments.
The county has integrated this program with other county programs. Integration is with Public Health and Behavioral Health.

### Provider Network

#### Hospitals
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- UCI Family Health Center (Anaheim) - Private
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- Huntington Beach Community Clinic (Huntington Beach) - Private
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- El Modena Health Center (Orange) - Private
- La Amistad Family Health Center (Orange) - Private
- Camino Health Centers (San Juan Capistrano) - Private
- Asian Health Center (Santa Ana) - Private
- Clinica Medica de Ella (Santa Ana) - Private
- UCI Family Health Center (Santa Ana) - Private
- Hurtt Family Medical Clinic (Tustin) - Private

### Sources

**Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007

**Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008

**Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually).

**Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

**County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
County: Placer
Program: Placer County Medical Care Services Program 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
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<tbody>
<tr>
<td>Population</td>
<td>332,920</td>
</tr>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>5.6%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>7.5%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>1.06</td>
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<tr>
<td>County Type</td>
<td>Suburban</td>
</tr>
<tr>
<td>Eligible Poverty Level</td>
<td>100% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>Yes</td>
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<tr>
<td>Share-of-Cost</td>
<td>No</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program
Placer County Medical Care Services Program
Program URL  
http://www.placer.ca.gov/Departments/hhs/public_assistance/MCSP.aspx
Contact Phone  
(530) 889-7610
County Department  
Placer County Department of Human Services
Administrator  
Placer County Department of Health and Human Services
Program Synopsis  
MCSP provides basic medically necessary services to eligible adults who would otherwise have little or no means of access to medical services or coverage of services. Qualified residents must be documented citizens between the ages of 21 and 64 with income up to 100% of the FPL. Medical need is required to obtain coverage for two months. Coverage does not include any preventative services. Patients will have co-pays for services.

Recent Changes
- Eligible incomes are at or below: 100% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: undisclosed
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Must have medical need at time of application.
- Medi-Cal level plus $99 per month. Limited personal assets allowed. A legal resident of Placer County

Eligibility
- Eligible incomes are at or below: 100% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: undisclosed
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Must have medical need at time of application.
- Medi-Cal level plus $99 per month. Limited personal assets allowed. A legal resident of Placer County

Enrollment Process
- May apply in person at 11519 B Avenue in Auburn, 100 Stonehouse Court in Roseville, and 5225 North Lake Blvd in Carnelian Bay.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: No
  - Value of Assets: No
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 2 months
- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:
  - Request extended coverage [ ]
  - Have proof of medical need [ ]
  - Re-apply [x]
  - Other: [ ]
• Limited retroactive coverage for emergency care.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Inpatient Hospital Services</td>
<td>Limited Prescription Drugs</td>
</tr>
<tr>
<td>Limited Outpatient Hospital and Clinic Services</td>
<td>No Optometry Services</td>
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<td>Limited Emergency Room Care</td>
<td>No Eye Appliances</td>
</tr>
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<td>Limited Laboratory and X-ray services</td>
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<td>Limited Physician services</td>
<td></td>
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<td>No Drug and Alcohol Treatment Services</td>
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<td>No Family Planning Services</td>
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<td>No Psychological Services</td>
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<td>No Adult Day Health Services</td>
<td></td>
</tr>
<tr>
<td>Limited Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Physical exams for Social Security Disability, SDI or General Assistance
- Other specifically excluded services: Pregnancy and infertility, routine physicals, all services provided by County Public Health, organ transplant, experimental procedures, service not covered by Medi-Cal and not addressed in County Guidelines.

- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

### Cost-Sharing

- Patients do not have a share of cost that they pay while in the program.
- Patients do have a co-payment due at the time of service. It varies from 3 to $12 per office visit with other co-pays for diagnostics.
- Patients also must sign a personal lien.

### Policies

#### Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use

- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

#### Provider Payment

- Medi-Cal Rates

### Administration

- To enroll clients the county uses an undisclosed application method. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Tracking is through a computer system.
- The county has a system to track the program’s overall revenue and costs. Tracking method was undisclosed.
- The county has integrated this program with other county programs. Coordinated services were undisclosed.

### Provider Network
Hospitals
Sutter Auburn Faith Hospital (Auburn) - Private
Incline Village Hospital (Incline Village, Nv) - Private
Sutter Roseville Hospital (Roseville) - Private
Tahoe Forest Hospital (Truckee) - Private

Clinics
Community Clinic (Auburn) - County
Community Clinic (Kings Beach) - County
Community Clinic (Roseville) - County

Sources
Population: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of
Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: Plumas
Program: County Medical Services Program (CMSP) 2009

<table>
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<th>County Profile</th>
<th>Application Information</th>
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<td>Population</td>
<td>20,615</td>
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<td>Percent Uninsured</td>
<td>15.5%</td>
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<td>Share-of-Cost</td>
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<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
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</tbody>
</table>

Program: County Medical Services Program (CMSP)
Program URL: http://www.cmspcounties.org
Contact Phone: (530) 283-6350
County Department: Plumas County Department of Social Service
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

Program Synopsis: Plumas County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes

 Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Contact the Plumas County Department of Social Service
- Required documentation:

<table>
<thead>
<tr>
<th>Proof of Residency:</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Identity:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Income:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Expenses:</td>
<td>Yes</td>
</tr>
<tr>
<td>Value of Assets:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Immigration Status:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

## Covered Services

### Medical Services
- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Yes Podiatry services
- Limited Drug and Alcohol Treatment Services
- No Family Planning Services
- No Skilled Nursing Services
- Yes Home Health Agency Services
- Yes Dental Services
- Yes Audiology Services
- No Chiropractic Services
- No Psychological Services
- Yes Adult Day Health Services
- Yes Therapies such as Occupational, Physical, and Speech

### Pharmacy and Vision
- Yes Prescription Drugs
- Yes Optometry Services
- Limited Eye Appliances

### Medical Supplies and Other Ancillary Services
- Yes Medical Transportation
- Yes Durable Medical Equipment
- Yes Hearing Aids
- Yes Orthotics and Prosthetics

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
  - Check with county for detailed coverage.

## Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

## Policies

### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

### Out-of-County Use
- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

### Provider Payment
- Contracted Rates

## Administration

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

### Hospitals
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

### Clinics

### Sources
- **Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007
- **Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)
- **Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
County: Riverside  
Program: Riverside County Medically Indigent Services Program (MISP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>2,073,571</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>11.5%</td>
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<tr>
<td>Percent Uninsured</td>
<td>16.2%</td>
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<td>Primary Clinic Physician FTEs per 100,000</td>
<td>0.92</td>
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<td>County Type</td>
<td>Urban</td>
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<tr>
<td>Eligible Ages</td>
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<tr>
<td>Eligible Poverty Level</td>
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<tr>
<td>Co-pay</td>
<td>Yes</td>
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<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
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<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Program: Riverside County Medically Indigent Services Program (MISP)  
Program URL: http://www.rcrmc.org/patients/MISP.html  
Contact Phone: (951) 486-5375  
County Department: Riverside County Regional Medical Center (Moreno Valley)  
Administrator: MISP Eligibility  
Program Synopsis: MISP covers medically necessary services for indigent persons who have little or no access to medical services. Services are provided at Riverside County Regional Medical Center (RCRMC) and RCRMC Family Care Clinics. To be eligible residents must be between 21 and 64 years old with income up to 200% of the FPL. Residents do not have to have citizenship documents to qualify, but there are co-pays for services for all patients and a share of cost for those above 101% of the FPL. Coverage can be approved for between 1 and 12 months.

Recent Changes

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who can verify that they have been present in the county for at least 30 days.
- Serves the homeless.
- Services for undocumented: Full Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- Eligibility is similar to Medi-Cal requirements. Homeless unable to document residency may be eligible for homeless program.

Enrollment Process
- Enroll at the MISP office at 14375 Nason St. # 102, Moreno Valley or by mail: MISP, PO Box 9610, Moreno Valley CA 92552. Call 1-800-720-9553 for info.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 1 to 12
- Coverage retroactivity: Coverage can be retroactively applied.
To re-enroll, patient needs to:

- [ ] Request extended coverage
- [ ] Have proof of medical need
- [x] Re-apply
- [ ] Other:

- Retroactive coverage within 30 days at emergency room.

### Covered Services

**Medical Services**
- Limited Inpatient Hospital Services
- Limited Outpatient Hospital and Clinic Services
- Limited Emergency Room Care
- Limited Laboratory and X-ray services
- Limited Physician services
- Limited Podiatry services
- No Drug and Alcohol Treatment Services
- No Family Planning Services
- No Skilled Nursing Services
- Limited Home Health Agency Services
- Limited Dental Services
- Limited Audiology Services
- No Chiropractic Services
- No Psychological Services
- Limited Adult Day Health Services
- Limited Therapies such as Occupational, Physical, and Speech

**Pharmacy and Vision**
- Limited Prescription Drugs
- Limited Optometry Services
- Limited Eye Appliances

**Medical Supplies and Other Ancillary Services**
- Limited Medical Transportation
- Limited Durable Medical Equipment
- No Hearing Aids
- Limited Orthotics and Prosthetics

- Other included services: All services must be provided at RCRMC or preauthorized for outside provider.
- Other specifically excluded services: Acupuncture, pregnancy, fertility, worker's comp injury, screening exams, allergy injections, organ transplant, experiment and unproven treatment, cosmetic procedures.
- Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and applicants with income between 101% and 200% FPL will be assigned a cost share.
- Patients do have a co-payment due at the time of service. It is $5 for an outpatient visit, $10 for the Emergency Room, and $2 for a prescription.
- Patients also must sign a third party liability form.

### Policies

**Medical Care Oversight and Management**
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

**Provider Payment**
- Medi-Cal Rates

### Administration

- To enroll clients the county uses a MISP application. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Limited information is retained by the MISP billing department.

- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.
- The county has a system to track the program's overall revenue and costs. Tracking is completed by RCRMC Fiscal Services.
- The county has not integrated this program with other county programs.

**Provider Network**

**Hospitals**
Riverside County Regional Medical Center (Moreno Valley) - County

**Clinics**
Banning Family Care Center (Banning) - County
Riverside-San Bernardino Indian Health Clinic (Banning) - Private
Blythe Health Center (Blythe) - County
Santa Rosa del Valle Health Center (Coachella) - Private
Corona Family Care Center (Corona) - County
Hemet Family Care Center (Hemet) - County
Indio Family Care Center (Indio) - County
Lake Elsinore Family Care (Lake Elsinore) - County
Mecca Health Clinic (Mecca) - County
Riverside County Regional Medical Center (Moreno Valley) - County
Desert AIDS Project (Palm Springs) - Private
Palm Springs Family Care (Palm Springs) - County
Perris Family Care Center (Perris) - County
Jurupa Family Care Center (Riverside) - County
Riverside Neighborhood Health Center (Riverside) - County
Rubidoux Family Care Center (Riverside) - County
Temecula Family Care Center (Temecula) - County

**Sources**

*Uninsured:* California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually)
*Primary Physician:* Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
*County Type:* California State Association of Counties (CSAC) caucus designation, April 2009
County: Sacramento
Program: Sacramento County Medically Indigent Services Program (CMISP) 2009

### County Profile

<table>
<thead>
<tr>
<th>Population</th>
<th>1,386,667</th>
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<tbody>
<tr>
<td>Percent Living Below the Poverty Level</td>
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<tr>
<td>Percent Uninsured</td>
<td>8.6%</td>
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<td>Primary Clinic Physician FTEs per 100,000</td>
<td>1.10</td>
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<tr>
<td>County Type</td>
<td>Urban</td>
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### Application Information

<table>
<thead>
<tr>
<th>Eligible Poverty Level</th>
<th>200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>All</td>
</tr>
</tbody>
</table>

### Program

Sacramento County Medically Indigent Services Program (CMISP)

### Program URL

http://dhaweb.saccounty.net/Medical/documents/CMISP%20Fact%20Sheet.pdf

### Contact Phone

(916) 875-9843

### County Department

Sacramento County Department of Health and Human Services and Sacramento County Department of Human Assistance

### Administrator

Chief of Primary Health Services and Medi-Cal Division Manager

### Program Synopsis

Sacramento County serves medically indigent adults through its system of county primary care clinics and via contracts with provider hospitals and specialty providers. Residents are eligible if they are documented citizens of any age with income up to 200% of the FPL. Medical need is required for coverage that lasts 12 months and can be extended with re-application. A patient may have a share of cost, depending on their income.

On February 11, 2009, the Sacramento County Board of Supervisors approved a revision of CMISP eligibility rules requiring U.S. citizenship or qualified immigrant status to be confirmed in order for applicants to be eligible for CMISP. The new requirement went into effect on April 1, 2009. The program may limit optional services when the state cuts them from Medi-Cal.

### Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who has established legal residency in Sacramento County by physical presence and intent to reside.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: All.
- Must have medical need at time of application.
- Property limits similar to Medi-Cal. Excess property must be liquidated to pay medical or basic living expenses. General Assistance clients are automatically eligible for CMISP services. Persons who have traveled to the county in order to obtain medical services or who are there as visitors or nonresident transients, including persons with visas, shall not be eligible for CMISP. As of April 1, 2009, undocumented residents are not eligible for CMISP.

### Enrollment Process

- At hospitals, primary care clinics, or CMISP Office at 9616 Micron Ave. #640, Sacramento. Call (916) 875-9843 for information.
- Required documentation:
  
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Residency</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Identity</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Income</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Expenses</td>
<td>Yes</td>
</tr>
<tr>
<td>Value of Assets</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Immigration Status</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Requires the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
Coverage Duration
- Length of coverage: 12 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:

Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>No Optometry Services</td>
</tr>
<tr>
<td>Limited Emergency Room Care</td>
<td>No Eye Appliances</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td></td>
</tr>
<tr>
<td>No Drug and Alcohol Treatment Services</td>
<td>Limited Medical Transportation</td>
</tr>
<tr>
<td>No Family Planning Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>No Skilled Nursing Services</td>
<td>No Hearing Aids</td>
</tr>
<tr>
<td>Limited Home Health Agency Services</td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Limited Dental Services</td>
<td></td>
</tr>
<tr>
<td>No Audiology Services</td>
<td></td>
</tr>
<tr>
<td>No Chiropractic Services</td>
<td></td>
</tr>
<tr>
<td>No Psychological Services</td>
<td></td>
</tr>
<tr>
<td>No Adult Day Health Services</td>
<td></td>
</tr>
<tr>
<td>Limited Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

Other included services: All non-emergency medical services require prior authorization.
Other specifically excluded services: Organ transplants, cosmetic surgery, dentures, renal dialysis, routine or third-party required physical examinations.
Does not cover the same services as Medi-Cal.
Check with county for detailed coverage.

Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is dependent on their income.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

Policies

Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

Provider Payment
- Medi-Cal Rates

Administration
- To enroll clients the county uses a one-page paper application. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Patient use and costs are tracked through the county's data system.
- The county has a system to track the program's overall revenue and costs. Fiscal services tracks revenue, keeping track of how much is coming out of county general fund and how much out of the state.
- The county has integrated this program with other county programs. Coordination is with county behavioral and mental health services.

### Provider Network

#### Hospitals
University of California Davis Medical Center (Sacramento) - Private  
Mercy General Hospital (Sacramento) - Private  
Mercy Hospital of Folsom (Folsom) - Private  
Mercy San Juan Hospital (Carmichael) - Private  
Methodist Hospital (Sacramento) - Private  
Sutter General Hospital (Sacramento) - Private  
Sutter Memorial Hospital (Sacramento) - Private

#### Clinics
North POWER Clinic (Sacramento) - County  
South POWER Clinic (Sacramento) - County  
South City Health Center (Sacramento) - County  
Del Paso Health Center (Sacramento) - County  
Primary Care Center (Sacramento) - County  
Wellness Clinic (Sacramento) - County

### Sources


**Poverty**: U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008

**Uninsured**: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually; see “Characteristics” tab for details)

**Primary Physician**: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

**County Type**: California State Association of Counties (CSAC) caucus designation, April 2009
County: San_Benito
Program: County Medical Services Program (CMSP) 2009

| Population | 54,667 |
| Percent Living Below the Poverty Level | 10.1% |
| Percent Uninsured | 15.2% |
| Primary Clinic Physician FTEs per 100,000 | 4.94 |
| County Type | Rural |
| Eligible Poverty Level | 200% FPL |
| Co-pay | No |
| Share-of-Cost | Yes |
| Serve Undocumented | Yes |
| Eligible Ages | 21-64 |

**Program**
San Benito County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

**Program Synopsis**
San Benito County Department of Health and Human Services
CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

**Recent Changes**
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

**Eligibility**
- Contact San Benito County Department of Health and Human Services by phone or in person at 1111 San Felipe Rd, Suite 206 in Hollister.
- Required documentation:
  | Proof of Residency: | No |
  | Proof of Identity: | Yes |
  | Proof of Income: | Yes |
  | Proof of Expenses: | Yes |
  | Value of Assets: | Yes |
  | Proof of Immigration Status: | Yes |

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

**Coverage Duration**
- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Re-apply
  - [ ] Have proof of medical need
  - [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>Limited Eye Appliances</td>
<td>Yes Hearing Aids</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Drug and Alcohol Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Family Planning Services</td>
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<td>Yes Home Health Agency Services</td>
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<td>Yes Audiology Services</td>
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<td>Yes Adult Day Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes Therapies such as Occupational, Physical, and Speech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

**Medical Care Oversight and Management**
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

**Provider Payment**
- Contracted Rates

### Administration

- CMSP counties do not use a standardized application.
• CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
• CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
• CMSP counties may integrate with other county services, check with county.

Provider Network

Hospitals
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

Clinics

Sources

Population: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of
Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: San_Bernardino
Program: San Bernardino County Medical Services Plan (CMSP), aka Medically Indigent Adult Health Care (MIA) 2009

<table>
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<th>County Profile</th>
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<td>Percent Uninsured</td>
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<td>Primary Clinic Physician FTEs per 100,000</td>
<td>1.16</td>
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<td>County Type</td>
<td>Urban</td>
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<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
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<tr>
<td>Co-pay</td>
<td>Yes</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
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<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program URL: San Bernardino County Medical Services Plan (CMSP), aka Medically Indigent Adult Health Care (MIA)
Contact Phone: (909) 580-2660
County Department: County Medical Center
Administrator: Arrowhead Regional Medical Center

Program Synopsis:
CMSP/MIA provides necessary medical care to eligible county residents at the Arrowhead Regional Medical Center and a network of public and private providers. Qualified residents are documented citizens between the ages of 21 and 64 with income up to 200% of the FPL. Coverage can be for up to 12 months, but is 2 months at most for the homeless. Patients will have a share of cost and co-pay for a limited range of covered services.

Recent Changes:
Starting in March 2009, there is a $3 co-pay per prescription.

Eligibility:
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person must reside within the county.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- Applicants must meet the income and property limits for Medi-Cal. Homeless are limited to two (2) months eligibility.

Enrollment Process:
- Mail application and screening form with documentation to the Arrowhead Regional Medical Center, 400 North Pepper Ave., Colton CA 92324
- Required documentation:
  | Proof of Residency: | Yes   |
  | Proof of Identity:  | Yes   |
  | Proof of Income:    | Yes   |
  | Proof of Expenses:  | No    |
  | Value of Assets:    | Yes   |
  | Proof of Immigration Status: | Yes |
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration:
- Length of coverage: 12 months for 100% eligible
- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:
  [ ] Request extended coverage
  [ ] Have proof of medical need
Covered Services

**Medical Services**
- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Limited Podiatry services
- No Drug and Alcohol Treatment Services
- No Family Planning Services
- No Skilled Nursing Services
- No Home Health Agency Services
- Limited Dental Services
- No Audiology Services
- No Chiropractic Services
- No Psychological Services
- No Adult Day Health Services
- Limited Therapies such as Occupational, Physical, and Speech

- Other included services: Referral to specialists when made by primary care doctor and preauthorized.
- Other specifically excluded services: Pregnancy related services.
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

**Pharmacy and Vision**
- Yes Prescription Drugs
- Yes Optometry Services
- No Eye Appliances

**Medical Supplies and Other Ancillary Services**
- No Medical Transportation
- No Durable Medical Equipment
- No Hearing Aids
- No Orthotics and Prosthetics

Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is equal to the amount that their income is over income limit, but not to exceed $100.
- Patients do have a co-payment due at the time of service. It is $3 for prescriptions.
- No other financial obligations were disclosed.

Policies

**Medical Care Oversight and Management**
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

**Provider Payment**
- Contracted Rates

Administration
- To enroll clients the county uses Paper application. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Care trends are tracked for Case Management purposes and to evaluate for disability Medi-Cal eligibility.
- Information on revenue tracking was not disclosed by the county.
- The county has not integrated this program with other county programs.

Provider Network
Hospitals
Arrowhead Regional Medical Center (Colton) - County

Clinics
Dr. Mike’s Walk-in Clinic (Barstow, Hesperia, and Apple Valley) - Private
Fontana Family Health Center (Fontana) - County
Fontana Family Medical Center (Fontana) - Private
Needles Public Health (Needles) - County
McKee Family Health Center (San Bernardino) - County
Westside Family Health Center (San Bernardino) - County
Palms Medical Clinic (Twenty-Nine Palms) - Private
Dr. Jason Boutros (Upland) - Private
High Desert Community Care Center (Victorville) - Private
STAR Medical Clinic (Yucca Valley) - Private

Sources

Population: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of
Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
## County: San_Diego

### Program: San Diego County Medical Services (CMS) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population: 2,974,859</td>
<td>Eligible Poverty Level: 350% FPL</td>
</tr>
<tr>
<td>Percent Living Below the Poverty Level: 11%</td>
<td>Co-pay: No</td>
</tr>
<tr>
<td>Percent Uninsured: 12.5%</td>
<td>Share-of-Cost: Yes</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000: 5.67</td>
<td>Serve Undocumented: No</td>
</tr>
<tr>
<td>County Type: Urban</td>
<td>Eligible Ages: 21-64</td>
</tr>
</tbody>
</table>

### Program
San Diego County Medical Services (CMS)

### Program URL
http://www.sdcounty.ca.gov/hhsa/programs/ssp/county_medical_services/index.html

### Contact Phone
(858) 492-4444; (760) 471-9660

### County Department
San Diego County Health and Human Services Agency

### Administrator
AmeriChoice is the CMS Program Administrative Services Organization

### Program Synopsis
CMS is not health insurance; it is a program of last resort for eligible adults, which covers only necessary medical services. Access to medical services is by contract with private providers. To qualify residents must be documented citizens between the ages of 21 and 64 with income up to 350% of the FPL. Patients must have medical need. A share of cost is required for patients over 165% of the FPL. Coverage will be for between 1 and 6 months.

### Recent Changes
San Diego has made several changes to this program. They increased the income limit to 350% FPL and added a CMS Hardship application for applicants between 165% and 350% of the FPL. They now have a share of cost for those above 165% of the FPL and all applicants must sign a grant of lien and a credit report.

### Eligibility
- Eligible incomes are at or below: 350% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person that resides and maintains their principal residence in San Diego County.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Must have medical need at time of application.
- Eligible persons between 165 and 350% FPL may qualify for a CMS Hardship and may be required to pay a monthly share of cost. Medical need is self-declared for initial application. Medical need verification is required for renewal or reapplication within 6 months of the prior certification period ending.

### Enrollment Process
- Enroll through an eligibility appointment at selected clinics or hospitals. General Relief recipients are automatically eligible.
- Required documentation:
  - Proof of Residence: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Requires the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

### Coverage Duration
- Length of coverage: 1 to 6 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [x] Request extended coverage
  - [x] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:
- CMS may cover a prior month's uncertified emergency room visit and/or uncertified clinic visit if the patient contacts CMS within 30 days of the uncertified visit to schedule an eligibility appointment.

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>Limited Outpatient Hospital and Clinic Services</td>
<td>Limited Optometry Services</td>
<td>Limited Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>Limited Eye Appliances</td>
<td>Limited Hearing Aids</td>
</tr>
<tr>
<td>Limited Laboratory and X-ray services</td>
<td>Limited Orthotics and Prosthetics</td>
<td></td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Services except primary care require preauthorization. Emergency dental care only. Long-term, chronic conditions may be eligible to receive selected preventive services.
- Other specifically excluded services: Follow-up care in emergency room, routine screening/preventive care not related to chronic disease, organ transplants, elective surgery, pediatrics.
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on income for applicants between 165% FPL and 350% FPL.
- Patients do not have a co-payment due at the time of service.
- Patients also must sign a grant of lien and a credit report.

**Policies**

**Medical Care Oversight and Management**
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

**Provider Payment**
- Contracted Rates

**Administration**

- To enroll clients the county uses the San Diego CMS IT system (AuthMed). Application screening does not determine eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Claims and visits are being tracked by Administrative Services Organization (ASO) via their IDX system.
- The county has a system to track the program's overall revenue and costs. Utilization expenditures are being tracked by ASO via their IDX system.
- The county has integrated this program with other county programs. Integration is with the Coverage Initiative and General Relief.

**Provider Network**

**Hospitals**
Clinics

Alpine Family Medicine (Alpine) - Private
Borrego Springs Medical Center (Borrego Springs) - Private
Mountain Empire Family Medicine (Campo) - Private
Chula Vista Family Clinic (Chula Vista) - Private
Otay Family Health Center (Chula Vista) - Private
Borrego Centro Medicio (El Cajon) - Private
Chase Avenue Family Health Center (El Cajon) - Private
La Maestra, El Cajon (El Cajon) - Private
Neighborhood Healthcare, East (El Cajon) - Private
Escondido Family Medicine (Escondido) - Private
Neighborhood Healthcare Escondido, North Elm (Escondido) - Private
Neighborhood Healthcare Escondido, Pennsylvania (Escondido) - Private
Ray M. Dickinson Wellness Center (Escondido) - Private
Fallbrook Family Health Center (Fallbrook) - Private
Imperial Beach Health Center (Imperial Beach) - Private
High Desert Family Medicine (Jacumba) - Private
Borrego Julia Clinic (Julian) - Private
Neighborhood Healthcare, El Capitan (Lakeside) - Private
La Maestra, Highland (National City) - Private
National City Family Clinic (National City) - Private
Operation Samahan FHC (National City) - Private
Vista Community Clinic, Horne Street (Oceanside) - Private
Vista Community Clinic, N. River Rd (Oceanside) - Private
Vista Community Clinic, West (Oceanside) - Private
Neighborhood Healthcare, Mountain Valley (Pauma Valley) - Private
North County Health Services, Ramona (Ramona) - Private
25th Street Family Medicine (San Diego) - Private, Beach Area Family Health Center (San Diego) - Private, City Heights Family Health Center (San Diego) - Private, Comprehensive Health Center (San Diego) - Private, Comprehensive Health Center, Lincoln Park (San Diego) - Private, Diamond Neighborhoods Family Health (San Diego) - Private, Downtown Family Health Center (San Diego) - Private, La Maestra Family Clinic (San Diego) - Private, Linda Vista Health Care Center (San Diego) - Private, Logan Heights Family Health Center (San Diego) - Private, Mid-City Community Clinic (San Diego) - Private, North Park Family Health Center (San Diego) - Private

Operation Samahan, Inc. (San Diego) - Private, San Ysidro Health Center (San Ysidro) - Private, Sherman Heights Family Health Center (San Diego) - Private, Grossmont/Spring Valley Family Health Center (Spring Valley) - Private, Tri-City Community Health Center (Vista) - Private, Vista Community Clinic (Vista) - Private

Sources


Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not presented individually)

Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: San_Diego
Program: San Diego Coverage Initiative (CI) (Coverage Initiative) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
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<tr>
<td>Population</td>
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<tr>
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<td>5.67</td>
</tr>
<tr>
<td>County Type</td>
<td>Urban</td>
</tr>
<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>No</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program
San Diego Coverage Initiative (CI)

Program URL
none

Contact Phone
(858) 492-4444; (760) 471-9660

County Department Administrator
San Diego County Health and Human Services Agency

Program Synopsis
San Diego County’s Coverage Initiative program is a public private partnership built upon the local health care safety net system. It enrolls eligible uninsured individuals with incomes at or below 200 percent of the FPL and underserved San Diego residents in a chronic disease management program targeting the high cost medical conditions of diabetes, hypertension and/or high-cholesterol and those who may have accessed care in a hospital emergency department. Eligible individuals are documented residents between the ages of 21 and 64 with medical need. Coverage will last for 12 months. There are no patient costs.

CI has exceeded its target enrollment and is now focusing on quality outcomes.

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are not considered when determining eligibility.
- Serves county residents, defined as: a person that resides and maintains their principal residence in San Diego County.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Must have medical need at time of application.
- Medical need is self-declared, and later confirmed/diagnosed by a physician.

Enrollment Process
- Enroll by appointment at selected clinics or hospitals.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: No
  - Proof of Immigration Status: Yes

- Requires the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 12 months
- Coverage retroactivity: Coverage cannot be retroactively applied.

To re-enroll, patient needs to:
[x] Request extended coverage
[x] Have proof of medical need
CI may cover an ER service and/or clinic visit provided with effective date the first day of the month in which the application was received by the County.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
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<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
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<td>Yes Medical Transportation</td>
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<td>Limited Optometry Services</td>
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<tr>
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<td></td>
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<td>Limited Podiatry services</td>
<td></td>
<td></td>
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<tr>
<td>No Drug and Alcohol Treatment Services</td>
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<tr>
<td>No Family Planning Services</td>
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<td>No Skilled Nursing Services</td>
<td></td>
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<tr>
<td>Limited Home Health Agency Services</td>
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<td>Limited Dental Services</td>
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<td>Limited Therapies such as Occupational, Physical, and Speech</td>
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<td></td>
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</table>

- Other included services: Services except primary care require preauthorization. Long-term, chronic conditions may be eligible to receive selected preventive services.
- Other specifically excluded services: Follow-up care in emergency room, routine screening/preventive care not related to chronic disease, organ transplants, elective surgery, pediatrics.
- Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

### Cost-Sharing

- Patients do not have a share of cost that they pay while in the program.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**

- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

**Provider Payment**

- Contracted Rates

### Administration

- To enroll clients the county uses an appointment with interview at selected clinics or hospitals. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Claims and visits are being tracked by Administrative Services Organization (ASO) via their IDX system.
- The county has a system to track the program's overall revenue and costs. Utilization expenditures are being tracked by ASO via their IDX system.
• The county has integrated this program with other county programs. Integration is with the basic indigent care program, CMS.

### Provider Network

**Hospitals**
- Scripps Mercy Hospital (San Diego) - Private
- Scripps Mercy Hospital (Chula Vista) - Private
- Scripps Memorial Hospital (La Jolla) - Private
- Sharp Memorial Hospital (La Jolla) - Private
- Paradise Valley Hospital (National City) - Private
- Palomar Medical Center (Escondido) - Private
- University of California San Diego Thornton Hospital (La Jolla) - Private
- Sharp Grossmont Hospital (La Mesa) - Private
- Fallbrook Hospital District (San Diego) - Private
- Alvarado Hospital Medical Center (San Diego) - Private
- University of California San Diego Medical Center (San Diego) - Private
- Pomerado Hospital (Poway) - Private
- Promise Hospital of San Diego (San Diego) - Private
- Tri City Medical Center (Oceanside) - Private

**Clinics**
- Chula Vista Family Clinic (Chula Vista) - Private
- Otay Family Health Center (Chula Vista) - Private
- Neighborhood Healthcare, East (El Cajon) - Private
- Neighborhood Healthcare Escondido, North Elm (Escondido) - Private
- National City Family Clinic (National City) - Private
- Vista Community Clinic, West (Oceanside) - Private
- Comprehensive Health Center, Euclid (San Diego) - Private
- Comprehensive Health Center, Oceanside (San Diego) - Private
- Linda Vista Health Care Center (San Diego) - Private
- Logan Heights Family Health Center (San Diego) - Private
- Mid-City Community Clinic (San Diego) - Private
- North Park Family Health Center (San Diego) - Private
- San Ysidro Health Center (San Ysidro) - Private
- Grossmont/Spring Valley Family Health Center (Spring Valley) - Private
- Tri-City Community Health Center (Vista) - Private
- Vista Community Clinic (Vista) - Private

### Sources

**Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007

**Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008

**Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)

**Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

**County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
County: San Francisco
Program: San Francisco County Community Health Network Sliding Scale Program (SSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>764,976</td>
</tr>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>12.2%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>8%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>12.89</td>
</tr>
<tr>
<td>County Type</td>
<td>Urban</td>
</tr>
<tr>
<td>Eligible Poverty Level</td>
<td>500% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>Yes</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>No</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>All</td>
</tr>
</tbody>
</table>

Program
San Francisco County Community Health Network Sliding Scale Program (SSP)
Program URL
http://www.sfdph.org
Contact Phone
(415) 206-7800
County Department
County Department of Public Health
Administrator
Community Health Network (CHN)
Program Synopsis
SSP provides medically necessary services to those who do not qualify for, have a share of cost, or have exhausted their public or private health insurance. Services are provided at San Francisco General Hospital and Community Health Network clinics. To qualify a resident can be any age with an income up to 500% of the FPL. Medical need is not required and neither is citizenship documentation. Income levels above 100% of the FPL will have co-pays for services. Coverage is for 6 months.

Recent Changes
The SSP is transitioning eligible patients into the Healthy San Francisco program. Individuals eligible for the Healthy San Francisco program will not be eligible for services under the SSP.

Eligibility
- Eligible incomes are at or below: 500% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: An individual who can provide acceptable verification of San Francisco residence.
- Serves the homeless.
- Services for undocumented: Full Services
- Eligible ages: All.
- Residents do not need to have medical need at time of application.
- Free services below 101% FPL, sliding scale for above. Inpatient: property within Medi-Cal guidelines. Outpatient: assets below 101% FPL. Must apply for and use other eligible health care programs prior to applying. HMO insured do not qualify.
- Acceptable verifications of residence include, but aren't limited to: state driver's license, state ID, rental agreement, property tax bill, current utility bill, and an affidavit of support from a friend/relative who provides one of the above.

Enrollment Process
- Application for enrollment is made at any CHN site.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: No
  - Value of Assets: Yes
  - Proof of Immigration Status: No

- Does not require the same documentation as Medi-Cal.
- Will waive documentation requirements in special circumstances.
### Coverage Duration
- Length of coverage: 6 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [x] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [x] Other: Inpatient requires enrollment for each hospital admission.

### Covered Services

#### Medical Services
- **Yes** Inpatient Hospital Services
- **Yes** Outpatient Hospital and Clinic Services
- **Yes** Emergency Room Care
- **Yes** Laboratory and X-ray services
- **Yes** Physician services
- **Limited** Podiatry services
- **Yes** Drug and Alcohol Treatment Services
- **Yes** Family Planning Services
- **Yes** Skilled Nursing Services
- **No** Home Health Agency Services
- **Limited** Dental Services
- **Limited** Audiology Services
- **No** Chiropractic Services
- **Yes** Psychological Services
- **No** Adult Day Health Services
- **Limited** Therapies such as Occupational, Physical, and Speech

#### Pharmacy and Vision
- **Yes** Prescription Drugs
- **No** Optometry Services
- **No** Eye Appliances

#### Medical Supplies and Other Ancillary Services
- **Limited** Medical Transportation
- **Yes** Durable Medical Equipment
- **No** Hearing Aids
- **Limited** Orthotics and Prosthetics

#### Other specifically excluded services: No services disclosed by county
- Does not cover the same services as Medi-Cal.
  - Check with county for detailed coverage.

### Cost-Sharing
- Patients do not have a share of cost that they pay while in the program.
- Patients do have a co-payment due at the time of service. It is based on a patient’s FPL. Co-pay for outpatient care is from $10 to $200 for the first visit each month and $150 to $550 for inpatient visits. Pharmacy co-pay is from $5 (formulary) to $25 (non-formulary).
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program does not provide utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.
Provider Payment
- County staff salaries.

Administration
- To enroll clients the county uses a Department of Public Health eligibility system for SSP. Application screening does not determine eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. All information on the provision of services is in INVISION, the department's patient accounting & management system. It maintains the enrollee’s unique identifier number, medical resource number, service date, account number, financial class, type of service, charge information, etc.
- The county has a system to track the program's overall revenue and costs. Tracked through the department's INVISION system.
- The county has integrated this program with other county programs. Coordinates with Human Services Agency on the referral of HSF applicants preliminarily determined eligible for Medi-Cal.

Provider Network

Hospitals
San Francisco General Hospital - County

Clinics
Southeast Health Center (Bayview-Hunters Point) - County
Castro-Mission Health Center (Castro) - County
Chinatown Public Health Center (Chinatown) - County
Tom Waddell Health Center (Civic Center) - County
Cole Street Youth Clinic (Haight-Ashbury) - Private
Portrero Hill Health Center (Inner Mission/Portrero) - County
SFGH Clinics: Pediatric, Family, General Medicine, Women’s, & Positive (Inner Mission/Portrero) - County
Hip Hop to Health Clinic (Oceanview/Merced/Ingleside) - County
Ocean Park Health Center (Sunset) - County
Curry Senior Service Center (Tenderloin) - County
Larkin Street Youth Clinic (Tenderloin) - County
Silver Avenue Family Health Center (Visitacion Valley) - County
Maxine Hall Health Center (Western Addition) - County

Sources
Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually)
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: San_Joaquin
Program: San Joaquin County Medically Indigent Program (CMIP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>670,990</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>14.7%</td>
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<tr>
<td>Percent Uninsured</td>
<td>14.2%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
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<td>County Type</td>
<td>Suburban</td>
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<tr>
<td>Eligible Poverty Level</td>
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<tr>
<td>Co-pay</td>
<td>Yes</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>No</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program
San Joaquin County Medically Indigent Program (CMIP)

Program URL
In process

Contact Phone
(209) 468-6679

County Department
Health Care Services Agency

Administrator
San Joaquin General Hospital Division

Program Synopsis
Eligible residents are documented residents between the ages of 21 to 64 with income up to 300% of the FPL. Medical need is not required and coverage lasts for 12 months. Focus is on medically necessary inpatient and outpatient services provided at San Joaquin General Hospital. Co-pays will be required for patients over 150% of the FPL.

Recent Changes
Program eligibility criteria was modified to be in compliance with AB 774, which required all hospitals to provide for discounted services for self-pay patients.

Eligibility
- Eligible incomes are at or below: 300% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a U.S. citizen or lawfully present alien, whose primary residence is located in San Joaquin County for at least thirty days
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- Income and asset limits used to determine eligibility and co-payment amounts are similar to Medi-Cal requirements.

Enrollment Process
- Enroll at San Joaquin General Hospital (SJGH).
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Requires the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 12 months
- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Re-apply
  - [ ] Have proof of medical need
  - [ ] Other:
Retroactive application must occur within 30 days following the month of service or discharge.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Limited Prescription Drugs</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Limited Optometry Services</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>No Eye Appliances</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
</tr>
<tr>
<td>Limited Podiatry services</td>
<td></td>
</tr>
<tr>
<td>Limited Drug and Alcohol Treatment Services</td>
<td></td>
</tr>
<tr>
<td>No Family Planning Services</td>
<td>No Medical Transportation</td>
</tr>
<tr>
<td>No Skilled Nursing Services</td>
<td>Limited Durable Medical Equipment</td>
</tr>
<tr>
<td>Limited Home Health Agency Services</td>
<td>No Hearing Aids</td>
</tr>
<tr>
<td>No Dental Services</td>
<td>Limited Orthotics and Prosthetics</td>
</tr>
<tr>
<td>No Audiology Services</td>
<td></td>
</tr>
<tr>
<td>No Chiropractic Services</td>
<td></td>
</tr>
<tr>
<td>No Psychological Services</td>
<td></td>
</tr>
<tr>
<td>No Adult Day Health Services</td>
<td></td>
</tr>
<tr>
<td>Limited Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Emergency Dental. Medical detoxification treatment limited to 3 day inpatient stay. All services provided at SJGH unless preauthorized for other provider.
- Other specifically excluded services: Alternative/experimental therapies, abortion, fertility, allergy testing & injections, hepatitis C treatment, military disability treatment, organ transplant, physical exams for employment, weight control services.

- Does not cover the same services as Medi-Cal.
  Check with county for detailed coverage.

### Cost-Sharing

- Patients do not have a share of cost that they pay while in the program.
- Patients do have a co-payment due at the time of service. It is $0 if under 150% FPL. For those between 150% and 225% FPL, clinic visits are $10; Emergency Department visits are $25; prescriptions are $5 each; inpatient services are $100 per day. For those between 225% and 300% of FPL, clinic visits are $20; Emergency Department visits are $40; prescriptions are $10 each; and Inpatient services are $250 per day.
- No other financial obligations were disclosed.

### Policies

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**

- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

**Provider Payment**

- Contracted Rates

### Administration

- To enroll clients the county uses an application. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Tracking is through compliance reporting to DHCS and OSHPD.
- The county has a system to track the program's overall revenue and costs. Tracking is through compliance reporting to DHCS and OSHPD.
- The county has integrated this program with other county programs. Coordination is with Family Planning and Mental Health.

Provider Network

Hospitals
San Joaquin General Hospital (French Camp) - County

Clinics
SJGH Clinics (French Camp) - County

Sources

Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
San Luis Obispo County Medical Services Program (CMSP). 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
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<tbody>
<tr>
<td>Population</td>
<td>262,436</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
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</tr>
<tr>
<td>Percent Uninsured</td>
<td>10.9%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>11.85</td>
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<tr>
<td>County Type</td>
<td>Suburban</td>
</tr>
<tr>
<td>Eligible Poverty Level</td>
<td>250% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program: San Luis Obispo County Medical Services Program (CMSP).
Program URL: http://www.slocounty.ca.gov/health/publichealth/lowincome/cmsp.htm
Contact Phone: (805) 781-4838
County Department: County Health Agency/Public Health
Administrator: Health Systems Division
Program Synopsis: CMSP ensures access to healthcare for eligible adults who cannot afford to pay for medical care by contracting with Community Health Centers (CHC), local hospitals, and certain private physician specialists throughout the county. Eligible adults are documented citizens between the ages of 21 and 64 with income up to 250% of the FPL. Medical need is required to obtain coverage, which is limited and between 1 and 6 months long. A share of cost may be required, depending on income.

Recent Changes:

- Eligible incomes are at or below: 250% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: an individual that has lived in San Luis Obispo County at least 15 days with the intent to reside there.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Must have medical need at time of application.
- Eligible Veterans will be referred to VA.

Eligibility:
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Enrollment Process:
- Any person needing help paying for medical care must complete an application and be interviewed by a CMSP Eligibility Technician at the CMSP Eligibility office at 2180 Johnson Avenue, in San Luis Obispo.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes

Coverage Duration:
- Length of coverage: 1 month for short term inpatient; 2 months for a chronic condition; 3 months for chronic conditions with a stable income; 6 months for mental health condition
- Coverage retroactivity: Coverage can be retroactively applied.
To re-enroll, patient needs to:

- Request extended coverage
- Have proof of medical need
- Re-apply
- Other:

Extensions of some eligibility periods may be possible without another face-to-face interview for patients with chronic medical conditions and who have little or no change in income, assets, and family situation.

### Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Inpatient Hospital Services</td>
</tr>
<tr>
<td>Limited</td>
<td>Outpatient Hospital and Clinic Services</td>
</tr>
<tr>
<td>Limited</td>
<td>Emergency Room Care</td>
</tr>
<tr>
<td>Limited</td>
<td>Laboratory and X-ray services</td>
</tr>
<tr>
<td>Limited</td>
<td>Physician services</td>
</tr>
<tr>
<td>Limited</td>
<td>Podiatry services</td>
</tr>
<tr>
<td>No</td>
<td>Drug and Alcohol Treatment Services</td>
</tr>
<tr>
<td>No</td>
<td>Family Planning Services</td>
</tr>
<tr>
<td>No</td>
<td>Skilled Nursing Services</td>
</tr>
<tr>
<td>Limited</td>
<td>Home Health Agency Services</td>
</tr>
<tr>
<td>Limited</td>
<td>Dental Services</td>
</tr>
<tr>
<td>Limited</td>
<td>Audiology Services</td>
</tr>
<tr>
<td>No</td>
<td>Chiropractic Services</td>
</tr>
<tr>
<td>No</td>
<td>Psychological Services</td>
</tr>
<tr>
<td>No</td>
<td>Adult Day Health Services</td>
</tr>
<tr>
<td>Limited</td>
<td>Therapies such as Occupational, Physical, and Speech</td>
</tr>
</tbody>
</table>

- Other specifically excluded services: Pregnancy services, family planning, acupuncture, & pain management.
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

<table>
<thead>
<tr>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>Limited Durable Medical Equipment</td>
</tr>
<tr>
<td>No Hearing Aids</td>
</tr>
<tr>
<td>Limited Orthotics and Prosthetics</td>
</tr>
</tbody>
</table>

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program does not provide disease management for patients.

#### Out-of-County Use

- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

#### Provider Payment

- Contracted Rates

### Administration

- To enroll clients the county uses a screening tool developed by the program. Application screening does not determine eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Tracking is through claim-tracking in their own software.
- The county has a system to track the program's overall revenue and costs. Tracking is through their own software.
• The county has not integrated this program with other county programs.

### Provider Network

**Hospitals**
- Arroyo Grande Community Hospital (Arroyo Grande) - Private
- French Hospital Medical Center (San Luis Obispo) - Private
- Sierra Vista Regional Medical Center (San Luis Obispo) - Private
- Twin Cities Community Hospital (Templeton) - Private

**Clinics**
- Community Health Center Clinic (Arroyo Grande) - Private
- Community Health Center Clinic - The Doctor's Office (Arroyo Grande) - Private
- Community Health Center Clinic (Atascadero) - Private
- Community Health Center Clinic (Cambria) - Private
- Community Health Center Clinic (Morro Bay) - Private
- Community Health Center Clinic, includes Dental (Nipomo) - Private
- Community Health Center Clinic (Oceano) - Private
- Community Health Center Clinic (Paso Robles) - Private
- Community Health Center Clinic (San Luis Obispo) - Private
- Community Health Center Clinic, Women's Health (San Luis Obispo) - Private
- Community Health Center Clinic, includes Dental (Templeton) - Private

### Sources

**Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007

**Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008

**Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually)

**Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

**County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
### County Profile

<table>
<thead>
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<th>Population</th>
<th>706,984</th>
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<td>Percent Living Below the Poverty Level</td>
<td>6.9%</td>
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<tr>
<td>Percent Uninsured</td>
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<td>Primary Clinic Physician FTEs per 100,000</td>
<td>2.04</td>
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<tr>
<td>County Type</td>
<td>Urban</td>
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### Application Information

<table>
<thead>
<tr>
<th>Eligible Poverty Level</th>
<th>200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay</td>
<td>Yes</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
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<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
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<tr>
<td>Eligible Ages</td>
<td>Depends, see below</td>
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</table>

### Program Synopses

Supported partly by coverage initiative funds, ACE includes health care services in outpatient and inpatient settings; preventive and early intervention services; ancillary and specialty care. Managed care principles will ensure a medical home for enrollees, reduce episodic and fragmented care, and emphasize preventative and primary care. Eligible residents are between the ages of 19 and 64 with income up to 200% of the FPL. Undocumented residents are eligible as long as they are older than 19. Medical need is not required and care lasts for 12 months but there is a $240 annual fee as well as co-pays for services.

### Recent Changes

Formerly known as the WELL Program, the ACE program administration was transferred to the Health Plan of San Mateo effective January 1, 2009. The County's Adult Indigent Care Program and Coverage Initiative Program have been consolidated to the San Mateo ACE Program. Coverage initiative funds are not used to fund federally ineligible patients.

### Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are not considered when determining eligibility.
- Serves county residents, defined as: a San Mateo County resident that can provide proof of their county residency.
- Serves the homeless.
- Services for undocumented: Full Services
- Eligible ages: US Citizens or Legal Permanent Residents ages 19-64; Undocumented Immigrants age 19 and above.
- Residents do not need to have medical need at time of application.
- Assets are considered for those covered by county funds, but not for those covered by coverage initiative funds.

### Enrollment Process

- Call the Community Health Advocate Hotline at 650-573-3595 for an appointment at the county clinics or community enrollment sites. Participants are seen by appointment or on a drop-in basis.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: No
  - Value of Assets: No
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will waive documentation requirements in special circumstances.
Coverage retroactivity: Coverage cannot be retroactively applied.

To re-enroll, patient needs to:

- [ ] Request extended coverage
- [ ] Have proof of medical need
- [x] Re-apply
- [ ] Other:

Length of coverage: 12 months

Other:

Covered Services

Medical Services
- Limited Inpatient Hospital Services
- Limited Outpatient Hospital and Clinic Services
- Limited Emergency Room Care
- Limited Laboratory and X-ray services
- Limited Physician services
- Limited Podiatry services
- No Drug and Alcohol Treatment Services
- No Family Planning Services
- No Skilled Nursing Services
- Limited Home Health Agency Services
- Limited Dental Services
- Limited Audiology Services
- Limited Chiropractic Services
- No Psychological Services
- No Adult Day Health Services
- Limited Therapies such as Occupational, Physical, and Speech

Pharmacy and Vision
- Limited Prescription Drugs
- Limited Optometry Services
- Limited Eye Appliances

Medical Supplies and Other Ancillary Services
- Limited Medical Transportation
- Limited Durable Medical Equipment
- Limited Hearing Aids
- Limited Orthotics and Prosthetics

- Other included services: Medically necessary inpatient/outpatient care, prescriptions & supplies only through SMMC or pre-authorized provider. Specialty care, surgery, hospital admission, & certain outpatient procedures require prior authorization.

- Other specifically excluded services: Long term care; cosmetic surgery; family planning, impotency, fertility; non-medically necessary services; unauthorized services at other facilities; experimental or investigative treatment; non-emergency dental.

- Does not cover the same services as Medi-Cal.
  Check with county for detailed coverage.

Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is a $240 annual fee.
- Patients do have a co-payment due at the time of service. It is required for every visit/service dependent on the ability to pay and the type of service.
- No other financial obligations were disclosed.
- No patient will be denied service for non-payment.

Policies

Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program does not provide disease management for patients.

Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

Provider Payment
- Contracted Rates
To enroll clients the county uses One-e-App. Application screening also determines eligibility for other assistance programs.

The county has a system to track the services a patient uses while enrolled. Tracking is through Third Party Administrator (Health Plan of San Mateo) data.

The county has a system to track the program's overall revenue and costs. Tracking is through Third Party Administrator (Health Plan of San Mateo) data.

The county has integrated this program with other county programs. All applicants are screened and assisted with all available health coverage programs in the county via the One-e-App web based application processing system.

### Hospitals
San Mateo Medical Center (San Mateo) - County

### Clinics
- Daly City Clinic (Daly City) - County
- Ravenswood Family Health Center (East Palo Alto) - Private
- SMMC Coastside Clinic (Half Moon Bay) - County
- Ravenswood at Belle Haven (Menlo Park) - Private
- Willow Clinic (Menlo Park) - County
- Fair Oaks Clinic (Redwood City) - County
- San Mateo Medical Center Main Campus Clinics (San Mateo) - County
- South San Francisco Clinic (South San Francisco) - County

### Sources
- **Population**: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California
- **Poverty**: U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured**: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)
- **Primary Physician**: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type**: California State Association of Counties (CSAC) caucus designation, April 2009
County: Santa Barbara
Program: Santa Barbara County Medically Indigent Adult Program (MIA) 2009

### County Profile

<table>
<thead>
<tr>
<th>Population</th>
<th>404,197</th>
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<tbody>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>12.7%</td>
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<tr>
<td>Percent Uninsured</td>
<td>10.2%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>6.37</td>
</tr>
<tr>
<td>County Type</td>
<td>Suburban</td>
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</tbody>
</table>

### Application Information

<table>
<thead>
<tr>
<th>Eligible Poverty Level</th>
<th>200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

### Program

Santa Barbara County Medically Indigent Adult Program (MIA)

### Program URL

http://www.sbcphd.org/ur/mia/default.html

### Contact Phone

(805) 681-5395

### County Department

Department of Public Health

### Administrator

Department of Public Health

### Program Synopsis

The MIA program covers health care services for adults who have a covered medical illness (consistent with Medi-Cal) and who are uninsured, Medi-Cal ineligible, and who meet all other eligibility requirements. Other eligibility requirements include being a documented citizen between the ages of 21 and 64 with income up to 200% of the FPL. Limited coverage is provided for 1 to 4 months for those with medical need. A share of cost may be required.

### Recent Changes

The program has new leadership and has enhanced its eligibility determination for alternate funding sources.

### Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who has been in the county for 15 days (with an intent to reside) and has proof of residency from a driver's license, etc.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Must have medical need at time of application.
- County sets its own Income Guidelines that are approximately the same as Medi-Cal.

### Enrollment Process

Enroll at Public Health Dept Clinics: Santa Barbara, 345 Camino del Remedio; Santa Maria, 2115 S. Centerpointe Pkwy.; Lompoc, 301 N. R St. Open 10-noon, 1-4.

- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

### Coverage Duration

- Length of coverage: 1 to 4 months
- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:
[x] Request extended coverage [x] Have proof of medical need
[x] Re-apply [ ] Other:

**Covered Services**

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Inpatient Hospital Services</td>
<td>Yes</td>
<td>Limited Medical Transportation</td>
</tr>
<tr>
<td>Limited Outpatient Hospital and Clinic Services</td>
<td>No</td>
<td>Limited Durable Medical Equipment</td>
</tr>
<tr>
<td>Limited Emergency Room Care</td>
<td>No</td>
<td>No Hearing Aids</td>
</tr>
<tr>
<td>Limited Laboratory and X-ray services</td>
<td>No</td>
<td>No Orthotics and Prosthetics</td>
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<td>Limited Physician services</td>
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<tr>
<td>No Drug and Alcohol Treatment Services</td>
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<td>No Home Health Agency Services</td>
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<td>Limited Dental Services</td>
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<td>No Audiology Services</td>
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<td>No Chiropractic Services</td>
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<td>No Psychological Services</td>
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<td>No Adult Day Health Services</td>
<td>No</td>
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<tr>
<td>Limited Therapies such as Occupational, Physical, and Speech</td>
<td>No</td>
<td></td>
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</tbody>
</table>

- Other included services: No services disclosed by county
- Other specifically excluded services: No services disclosed by county
- Does not cover the same services as Medi-Cal.
  Check with county for detailed coverage.

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on the established policies for income allowances.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

**Policies**

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**

- Patients may be reimbursed for out-of-county care.
- County does not have reciprocity agreements with other counties.

**Provider Payment**

- Medi-Cal Rates

**Administration**

- To enroll clients the county uses a program application. Application screening does not determine eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Tracking is through the MIA/UR database.
- The county has a system to track the program's overall revenue and costs. Tracking is through the county's financial systems (FIN).
- The county has not integrated this program with other county programs.
Provider Network

Hospitals
- Lompoc Hospital (Lompoc) - Private
- Santa Barbara Cottage Hospital (Santa Barbara) - Private
- Marian Medical Center (Santa Maria) - Private

Clinics
- Carpinteria Clinic (Carpinteria) - County
- Lompoc Clinic (Lompoc) - County
- Franklin Clinic (Santa Barbara) - County
- Santa Barbara Clinic (Santa Barbara) - County
- Santa Maria Clinic (Santa Maria) - County
- Santa Maria Women's Clinic (Santa Maria) - County

Sources

**Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007

**Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008

**Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)

**Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

**County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
County: Santa Clara
Program: Santa Clara County Ability to Pay Determination (APD) Program 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>1,748,976</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>8.4%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>9.5%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>2.05</td>
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<tr>
<td>County Type</td>
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<tr>
<td>Eligible Poverty Level</td>
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<td>Co-pay</td>
<td>Yes</td>
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<tr>
<td>Share-of-Cost</td>
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<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
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<tr>
<td>Eligible Ages</td>
<td>All</td>
</tr>
</tbody>
</table>

Program
Santa Clara County Ability to Pay Determination (APD) Program

Program URL
Go to http://www.sccgov.org/portal/site/scvmc and search for APD

Contact Phone
(408) 885-7470

County Department
Santa Clara Valley Medical Center

Administrator
Santa Clara Valley Medical Center

Program Synopsis
APD is provided through the county hospital, Santa Clara Valley Medical Center (SCVMC), and supports SCVMC's and Valley Health Center (VHC) clinic's mission to provide quality health care to residents regardless of ability to pay. It is available to residents of any age and citizenship status that has an income up to 350% of the FPL. If you have medical need, 6 months of coverage will be provided. Co-pays for services may be required depending on income. Program can coordinate services with the mental health department.

Recent Changes

Eligibility
- Eligible incomes are at or below: 350% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is currently living with the intent to remain. There is no minimum period of residency.
- Serves the homeless.
- Services for undocumented: Full Services
- Eligible ages: All.
- Must have medical need at time of application.
- Only liquid assets are considered for eligibility as is household income. Those qualified for other health care programs must apply for those before participating in APD. Persons on visas are considered temporary residents and do not meet requirements. Students over 21 claimed as dependents are considered residents of the county in which they are claimed as dependents.

Enrollment Process
- Available when calling for an appointment, when being seen at the hospital or at one of the clinics.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: No
  - Value of Assets: Yes
  - Proof of Immigration Status: No

- Does not require the same documentation as Medi-Cal.
- Will waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 6 months
• Coverage retroactivity: Coverage can be retroactively applied.
• To re-enroll, patient needs to:
  [ ] Request extended coverage  [ ] Have proof of medical need
  [x] Re-apply  [ ] Other:

### Covered Services

#### Medical Services
- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Yes Podiatry services
- No Drug and Alcohol Treatment Services
- Limited Family Planning Services
- No Skilled Nursing Services
- Limited Home Health Agency Services
- Yes Dental Services
- Yes Audiology Services
- Limited Chiropractic Services
- Limited Psychological Services
- No Adult Day Health Services
- Yes Therapies such as Occupational, Physical, and Speech

#### Pharmacy and Vision
- Yes Prescription Drugs
- Yes Optometry Services
- No Eye Appliances

#### Medical Supplies and Other Ancillary Services
- No Medical Transportation
- Yes Durable Medical Equipment
- No Hearing Aids
- Yes Orthotics and Prosthetics

- Other included services: Services outside SCVMC and VHC require prior authorization from SVMC medical director.
- Other specifically excluded services: Non-VMC acute mental health and outpatient mental health services.
- Does not cover the same services as Medi-Cal.
  Check with county for detailed coverage.

### Cost-Sharing
- Patients do not have a share of cost that they pay while in the program.
- Patients do have a co-payment due at the time of service. It is between $10-$150, depending on income and service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

#### Provider Payment
- Contracted Rates

### Administration
- To enroll clients the county uses an internal application. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. For county services tracking is through VMC’s internal Siemens Invision System while outside services are processed through Valley Health Plan and they have Diamond as their Managed Care Plan system.
- The county has a system to track the program’s overall revenue and costs. Details were undisclosed.
- The county has integrated this program with other county programs. The program is setting up a contract with the County Mental Health department to provide services to patients identified through their PCPs as having serious mental health issues.

### Provider Network

#### Hospitals
Santa Clara Valley Medical Center (San Jose) - County

#### Clinics
- Valley Health Center Gilroy (Gilroy) - County
- Valley Health Center Bascom (San Jose) - County
- Valley Health Center East Valley (San Jose) - County
- Valley Health Center @ EHC (San Jose) - County
- Valley Health Center Lenz (San Jose) - County
- Valley Health Center Moorpark (San Jose) - County
- Valley Health Center Puentes (San Jose) - County
- Valley Health Center Renal Clinic (San Jose) - County
- Valley Health Center Silver Creek (San Jose) - County
- Valley Health Center Tully (San Jose) - County
- Valley Specialty Center (San Jose) - County
- Valley Health Center Sunnyvale (Sunnyvale) - County

### Sources

- **Poverty**: U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured**: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)
- **Primary Physician**: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type**: California State Association of Counties (CSAC) caucus designation, April 2009
County: Santa_Clara
Program: Valley Care (Coverage Initiative) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>1,748,976</td>
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<tr>
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<td>8.4%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>2.05</td>
</tr>
<tr>
<td>County Type</td>
<td>Urban</td>
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<tr>
<td>Eligible Poverty Level</td>
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<td>Co-pay</td>
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<td>Share-of-Cost</td>
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<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>19-64</td>
</tr>
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</table>

Program: Valley Care
Program URL: Go to http://www.sccgov.org/portal/site/scvmc and search for Valley Care
Contact Phone: (888) 363-3394
County Department: Santa Clara Valley Medical Center
Administrator: Santa Clara Valley Medical Center

Program Synopsis
With coverage initiative funds, Valley Care is providing coverage and access to primary and preventative health care services, patient education services, case management, in-patient care, chronic disease management and treatment, and specialty care as well as hospitalization for 12 months from a network of public, private, and community-based providers. Eligible residents are documented citizens between the ages of 19 and 64 with income up to 200% of the FPL. Medical need is not required, but applicant must have been uninsured for the previous 90 days. A co-pay is charged for those over 100% of the FPL.

Effective 1/1/09, there was a reduction of co-pays to $0 for 0-100% of FPL and reduced co-pays for 101-150% FPL. A waiting list has been instituted for eligible individuals.

Eligibility
- Eligible incomes are at or below: 200% FPL
-Assets are not considered when determining eligibility.
- Serves county residents, defined as: a person that has no other place of residence outside of Santa Clara County and is physically present in the County and is able to prove that he/she does reside in the County.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 19-64.
- Residents do not need to have medical need at time of application.
- There is no asset test. Family Income is considered. Must not have had health insurance in the previous 90 days (with exceptions), must not qualify for Medi-Cal, Healthy Families or Access for Infants and Mothers programs. Must be legal resident of Santa Clara County meeting the Deficit Reduction Act (DRA) requirements.

Enrollment Process
- Forms can be obtained by calling 866.967.4677.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: No
  - Value of Assets: No
  - Proof of Immigration Status: Yes
- Requires the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
**Coverage Duration**
- Length of coverage: 12 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Re-apply
  - [ ] Have proof of medical need
  - [x] Other: Financial status verified once a year.

**Covered Services**

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Inpatient Hospital Services</td>
<td>Prescription Drugs</td>
<td>Medical Transportation</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Outpatient Hospital and Clinic Services</td>
<td>Optometry Services</td>
<td>Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>Eye Appliances</td>
<td>Hearing Aids</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Laboratory and X-ray services</td>
<td></td>
<td>Orthotics and Prosthetics</td>
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<tr>
<td>Yes</td>
<td>Drug and Alcohol Treatment Services</td>
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<tr>
<td>Yes</td>
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<td></td>
</tr>
<tr>
<td>Physician services</td>
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<td>Home Health Agency Services</td>
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<td>Limited</td>
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<td>Podiatry services</td>
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<tr>
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<td>Yes</td>
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<tr>
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<td>Dental Services</td>
<td></td>
</tr>
<tr>
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<td>Drug and Alcohol Treatment Services</td>
<td>Audiology Services</td>
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<tr>
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<td>Skilled Nursing Services</td>
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<td>Adult Day Health Services</td>
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<td>Yes</td>
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</tr>
<tr>
<td>Therapies such as Occupational, Physical, and Speech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

**Cost-Sharing**
- Patients do not have a share of cost that they pay while in the program.
- Patients do have a co-payment due at the time of service. It is $0 for most services for those under 100% FPL, $5 for 101% to 150% and $10 for 151% to 200%, and free for the homeless. Inpatient hospital care is $50 for 101-150% FPL and $100 for 151-200% FPL. ER visits are $25 and $50 for the same income levels, however outpatient Emergency Room CPT levels 3, 4 and 5 have waived co-payments.
- No other financial obligations were disclosed.

**Policies**

**Medical Care Oversight and Management**
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

**Provider Payment**
Contracted Rates

Administration
- To enroll clients the county uses an internal application. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. For county services tracking is through VMC's internal Siemens Invision System while outside services are processed through Valley Health Plan and they have Diamond as their Managed Care Plan system.
- The county has a system to track the program's overall revenue and costs. Details were undisclosed.
- The county has integrated this program with other county programs. The program is setting up a contract with the County Mental Health department to provide services to patients identified through their PCPs as having serious mental health issues.

Provider Network

Hospitals
Santa Clara Valley Medical Center (San Jose) - County

Clincis
Valley Health Center Gilroy (Gilroy) - County
Valley Health Center Bascom (San Jose) - County
Valley Health Center East Valley (San Jose) - County
Valley Health Center @ EHC (San Jose) - County
Valley Health Center Lenzen (San Jose) - County
Valley Health Center Moorpark (San Jose) - County
Valley Health Center Puentes (San Jose) - County
Valley Health Center Renal Clinic (San Jose) - County
Valley Health Center Silver Creek (San Jose) - County
Valley Health Center Tully (San Jose) - County
Valley Specialty Center (San Jose) - County
Valley Health Center Sunnyvale (Sunnyvale) - County
Other Primary Physicians as listed in the Primary Care Physician List - Private

Sources
Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)
Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
California State Association of Counties (CSAC) caucus designation, April 2009
County: Santa_Cruz
Program: Santa Cruz County Medi-Cruz 2009

### County Profile

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<td>Percent Living Below the Poverty Level</td>
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<tr>
<td>Percent Uninsured</td>
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<td>County Type</td>
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### Application Information

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<tr>
<th>Eligible Poverty Level</th>
<th>100% FPL</th>
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<tbody>
<tr>
<td>Co-pay</td>
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<td>Share-of-Cost</td>
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<td>Serve Undocumented</td>
<td>Yes</td>
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<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program

Santa Cruz County Medi-Cruz

Program URL

http://www.santacruzhealth.org/admnstr/2benefits.htm#Medi-Cruz

Contact Phone

(831) 454-4070 Santa Cruz, (831) 763-8033 Watsonville

County Department

County Health Services Agency

Administrator

County Health Services Agency

Program Synopsis

Through Medi-Cruz, Santa Cruz County serves low income adults who are not eligible for Medi-Cal at county operated health care clinics and private hospitals. Eligible residents are between the ages of 21 and 64 with an income up to 100% of the FPL. Undocumented residents only qualify for non-emergency specialty care and clinic services. Medical need is required for limited coverage of non-preventative services that last between 1 and 3 months. A share of cost is required, depending on income, as are co-pays.

Recent Changes

### Eligibility

- Eligible incomes are at or below: 100% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person that has established residence by a continued physical presence at a locale within the County and an expressed intent to permanently reside within the County.
- Serves the homeless.
- Services for undocumented: Undocumented residents are eligible for all clinic and non-emergency specialty care services. Emergency room and emergency inpatient services not covered.
- Eligible ages: 21-64.
- Must have medical need at time of application.
- Must reside in Santa Cruz County. Clinic services only are available if the applicant has been a resident for less than 6 months.

### Enrollment Process

- Enroll at Santa Cruz Health Center, 1080 Emeline Ave., Santa Cruz or Watsonville Health Center, 9 Crestview Dr., Watsonville.
- Required documentation:
  
<table>
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<tr>
<th>Proof of Residency:</th>
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<td>Proof of Identity:</td>
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<td>Proof of Expenses:</td>
<td>Yes</td>
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<tr>
<td>Value of Assets:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Immigration Status:</td>
<td>No</td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

### Coverage Duration

- Length of coverage: 1 to 3 months
- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Have proof of medical need
  - [x] Re-apply
  - [x] Other: Retroactive coverage for one month for ER and inpatient services only.

### Covered Services

#### Medical Services
- **Limited** Inpatient Hospital Services
- **Limited** Outpatient Hospital and Clinic Services
- **Limited** Emergency Room Care
- **Limited** Laboratory and X-ray services
- **Limited** Physician services
- **Limited** Podiatry services
- **No** Drug and Alcohol Treatment Services
- **No** Family Planning Services
- **No** Skilled Nursing Services
- **Limited** Home Health Agency Services
- **No** Dental Services
- **Limited** Audiology Services
- **No** Chiropractic Services
- **No** Psychological Services
- **No** Adult Day Health Services
- **Limited** Therapies such as Occupational, Physical, and Speech

#### Pharmacy and Vision
- **Limited** Prescription Drugs
- **No** Optometry Services
- **No** Eye Appliances

#### Medical Supplies and Other Ancillary Services
- **Limited** Medical Transportation
- **Limited** Durable Medical Equipment
- **No** Hearing Aids
- **Limited** Orthotics and Prosthetics

#### Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is dependent on income.
- Patients do have a co-payment due at the time of service. It is $7 per office visit and $3 per prescription.
- No other financial obligations were disclosed.

#### Policies

**Medical Care Oversight and Management**
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
- Patients will not be reimbursed for out-of-county care.
- County does not have reciprocity agreements with other counties.

**Provider Payment**
- Contracted Rates

#### Administration
- To enroll clients the county uses the Medi-Cruz application (HSA8E). Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Tracking is through Medi-Cruz Authorization/Claiming (MAC).
- The county has a system to track the program's overall revenue and costs. Tracking is through Medi-Cruz Authorization/Claiming (MAC).
- The county has integrated this program with other county programs. Coordination is with the Orthopedic clinic.

**Provider Network**

**Hospitals**
- Dominican Hospital-Santa Cruz/Frederick (Santa Cruz) - Private
- Dominican Hospital-Santa Cruz/Soquel (Santa Cruz) - Private
- Watsonville Community Hospital (Watsonville) - Private

**Clinics**
- Santa Cruz Health Center (Santa Cruz) - County
- Watsonville Health Center (Watsonville) - County

**Sources**


*Uninsured:* California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)

*Primary Physician:* Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

*County Type:* California State Association of Counties (CSAC) caucus designation, April 2009
**County:** Shasta  
**Program:** County Medical Services Program (CMSP) 2009

### County Profile

| Population | 179,427 |
| Percent Living Below the Poverty Level | 13.8% |
| Percent Uninsured | 19.3% |
| Primary Clinic Physician FTEs per 100,000 | 16.87 |
| County Type | Suburban |

### Application Information

| Eligible Poverty Level | 200% FPL |
| Co-pay | No |
| Share-of-Cost | Yes |
| Serve Undocumented | Yes |
| Eligible Ages | 21-64 |

**Program**  
County Medical Services Program (CMSP)  
**Program URL**  
http://www.cmspcounties.org  
**Contact Phone**  
(530) 225-5767  
**County Department**  
Shasta County Health & Human Services Agency, Department of Social Services, Eligibility & Employment Services Division  
**Administrator**  
CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.  
**Program Synopsis**  
Shasta County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.  
**Recent Changes**  
The CMSP Behavioral Health Pilot Project is testing the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs. It is being funded in Shasta as well as 14 other counties.

### Eligibility

- Eligible incomes are at or below: 200% FPL  
- Assets are considered when determining eligibility.  
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.  
- Serves the homeless.  
- Services for undocumented: Emergency Services  
- Eligible ages: 21-64.  
- Residents do not need to have medical need at time of application.  
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

### Enrollment Process

- Contact the Shasta County Department of Social Services  
- Required documentation:  
  
| Proof of Residency: | No |
| Proof of Identity: | Yes |
| Proof of Income: | Yes |
| Proof of Expenses: | Yes |
| Value of Assets: | Yes |
| Proof of Immigration Status: | Yes |

- Does not require the same documentation as Medi-Cal.  
- Will not waive documentation requirements in special circumstances.
**Coverage Duration**

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

**Medical Services**

- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Yes Podiatry services

**Limited** Drug and Alcohol Treatment Services

- No Family Planning Services
- No Skilled Nursing Services
- Yes Home Health Agency Services
- Yes Dental Services
- Yes Audiology Services
- No Chiropractic Services
- No Psychological Services
- Yes Adult Day Health Services
- Yes Therapies such as Occupational, Physical, and Speech

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.

- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal

- Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

### Pharmacy and Vision

- Yes Prescription Drugs
- Yes Optometry Services

**Limited** Eye Appliances

### Medical Supplies and Other Ancillary Services

- Yes Medical Transportation
- Yes Durable Medical Equipment
- Yes Hearing Aids
- Yes Orthotics and Prosthetics

### Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.

- Patients do not have a co-payment due at the time of service.

- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment
- Contracted Rates

Administration
- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

Provider Network

Hospitals
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select ‘State Sponsored’ under Plan Type and ‘County Medical Services Program’ under Plan to search the site.

Clinics

Sources
- **Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California
- **Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not
  individually, see “Characteristics” tab for details)
- **Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
Sierra County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

The CMSP Behavioral Health Pilot Project is testing the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs. It is being funded in Sierra as well as 14 other counties.

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Contact the Health Department of Sierra County Human Services
- Required documentation:
  - Proof of Residency: No
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
## Coverage Duration

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

## Covered Services

### Medical Services
- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Yes Podiatry services
- Limited Drug and Alcohol Treatment Services
- No Family Planning Services
- No Skilled Nursing Services
- Yes Home Health Agency Services
- Yes Dental Services
- Yes Audiology Services
- No Chiropractic Services
- No Psychological Services
- Yes Adult Day Health Services
- Yes Therapies such as Occupational, Physical, and Speech

### Pharmacy and Vision
- Yes Prescription Drugs
- Yes Optometry Services
- Limited Eye Appliances

### Medical Supplies and Other Ancillary Services
- Yes Medical Transportation
- Yes Durable Medical Equipment
- Yes Hearing Aids
- Yes Orthotics and Prosthetics

### Other specifically excluded services:
- Pregnancy-related services
- Long-term care facility services
- Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists
- Methadone maintenance services
- Services NOT covered by Medi-Cal

### Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

## Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.

- Patients do not have a co-payment due at the time of service.

- No other financial obligations were disclosed.

## Policies

### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

## Out-of-County Use
Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment
- Contracted Rates

Administration
- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

Provider Network

Hospitals
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

Clinics

Sources

Population: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)
Uninsured: California State Association of Counties (CSAC) caucus designation, April 2009
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: Siskiyou  
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>44,296</td>
</tr>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>17.5%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>15.5%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>18.65</td>
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<tr>
<td>County Type</td>
<td>Rural</td>
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<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program
County Medical Services Program (CMSP)
Program URL: http://www.cmspcounties.org
Contact Phone: (530) 841-2700
County Department: Siskiyou County Human Services Department
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis: Siskiyou County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.
Recent Changes: The CMSP Behavioral Health Pilot Project is testing the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs. It is being funded in Siskiyou as well as 14 other counties.

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Contact the Siskiyou County Human Services Department by phone or in person at 818 South Main Street in Yreka.
- Required documentation:
  - Proof of Residency: No
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
**Coverage Duration**

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

**Covered Services**

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td></td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
</tr>
<tr>
<td>Yes Physician services</td>
<td>Limited Eye Appliances</td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td></td>
</tr>
<tr>
<td>Limited Drug and Alcohol Treatment Services</td>
<td></td>
</tr>
<tr>
<td>No Family Planning Services</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>No Skilled Nursing Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Home Health Agency Services</td>
<td>Yes Hearing Aids</td>
</tr>
<tr>
<td>Yes Dental Services</td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Audiology Services</td>
<td></td>
</tr>
<tr>
<td>No Chiropractic Services</td>
<td></td>
</tr>
<tr>
<td>No Psychological Services</td>
<td></td>
</tr>
<tr>
<td>Yes Adult Day Health Services</td>
<td></td>
</tr>
<tr>
<td>Yes Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal

- Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.

- Patients do not have a co-payment due at the time of service.

- No other financial obligations were disclosed.

**Policies**

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment
- Contracted Rates

Provider Network

Hospitals
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

Clinics

Sources

Population: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of
        California: April 1, 2000 to July 1, 2007
Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
**County:** Solano  
**Program:** County Medical Services Program (CMSP) 2009

<table>
<thead>
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<th>County Profile</th>
<th>Application Information</th>
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<tbody>
<tr>
<td>Population</td>
<td>408,599</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>9.2%</td>
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<tr>
<td>Percent Uninsured</td>
<td>8.9%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>1.57</td>
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<tr>
<td>County Type</td>
<td>Suburban</td>
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<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

**Program**  
County Medical Services Program (CMSP)  
**Program URL**  
http://www.cmspcounties.org  
**Contact Phone**  
Fairfield (707) 784-8050; Vacaville (707) 469-4500; Vallejo (707) 553-5786 or (707) 553-5787  
**County Department**  
Solano County Health and Social Services, Employment and Eligibility Services  
**Administrator**  
CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.  
**Program Synopsis**  
Solano County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

**Recent Changes**

**Eligibility**
- Eligible incomes are at or below: 200% FPL  
- Assets are considered when determining eligibility.  
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.  
- Serves the homeless.  
- Services for undocumented: Emergency Services  
- Eligible ages: 21-64.  
- Residents do not need to have medical need at time of application.  
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

**Enrollment Process**
- Fax your application to the Solano County H&SS Records section at 707-421-4747 in Fairfield or 707-553-5408 in Vallejo. Locations are at 275 Beck Ave in Fairfield, 354 Parker Ave in Vacaville, and 355 Tuolumne St or 1680 Fairgrounds Drive Suite A in Vallejo.  
- Required documentation:
  
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of Identity</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Proof of Income</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Proof of Expenses</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Value of Assets</td>
<td>Yes</td>
<td></td>
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<td>Proof of Immigration Status</td>
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- Does not require the same documentation as Medi-Cal.  
- Will not waive documentation requirements in special circumstances.
**Coverage Duration**

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
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  - [ ] Other:

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

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<table>
<thead>
<tr>
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<th>Pharmacy and Vision</th>
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</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>Limited Eye Appliances</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td></td>
</tr>
<tr>
<td>Limited Drug and Alcohol Treatment Services</td>
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<td>No Family Planning Services</td>
<td>Yes Durable Medical Equipment</td>
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<td>Yes Hearing Aids</td>
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<td>Yes Orthotics and Prosthetics</td>
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- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

**Policies**

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment
- Contracted Rates

Provider Network

Hospitals
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

Clinics

Sources
Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually)
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: Sonoma
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
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</thead>
<tbody>
<tr>
<td>Population</td>
<td>464,435</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>8.9%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>8.1%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>8.94</td>
</tr>
<tr>
<td>County Type</td>
<td>Suburban</td>
</tr>
<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
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<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
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<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program: County Medical Services Program (CMSP)
Program URL: http://www.cmspcounties.org
Contact Phone: (877) 699-6868
County Department: Sonoma County Human Services Department, Economic Assistance Programs
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

Program Synopsis
Sonoma County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes
The CMSP Behavioral Health Pilot Project is testing the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs. It is being funded in Sonoma as well as 14 other counties.

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Contact the Sonoma County Human Services Department or apply in person at 2550 Paulin Drive in Santa Rosa or visit 520 Mendocino Ave in Santa Rosa for forms and general information.
- Required documentation:
  | Proof of Residency: | No |
  | Proof of Identity:  | Yes |
  | Proof of Income:    | Yes |
  | Proof of Expenses:  | Yes |
  | Value of Assets:    | Yes |
  | Proof of Immigration Status: | Yes |
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
**Coverage Duration**

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

**Covered Services**

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>Limited Eye Appliances</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td>Medical Supplies and Other Ancillary Services</td>
</tr>
<tr>
<td>Limited Drug and Alcohol Treatment Services</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>No Family Planning Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>No Skilled Nursing Services</td>
<td>Yes Hearing Aids</td>
</tr>
<tr>
<td>Yes Home Health Agency Services</td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Dental Services</td>
<td></td>
</tr>
<tr>
<td>Yes Audiology Services</td>
<td></td>
</tr>
<tr>
<td>No Chiropractic Services</td>
<td></td>
</tr>
<tr>
<td>No Psychological Services</td>
<td></td>
</tr>
<tr>
<td>Yes Adult Day Health Services</td>
<td></td>
</tr>
<tr>
<td>Yes Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
  - Check with county for detailed coverage.

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

**Policies**

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.

County does have reciprocity agreements with other counties. Only with other CMSP counties.

**Provider Payment**

- Contracted Rates

**Administration**

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

**Provider Network**

**Hospitals**

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

**Clinics**

**Sources**

- **Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)
- **Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
**County:** Stanislaus  
**Program:** Stanislaus County Medically Indigent Adult Program (MIA) 2009

### County Profile

<table>
<thead>
<tr>
<th>Population</th>
<th>511,263</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>14.5%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>16.5%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>5.28</td>
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<tr>
<td>County Type</td>
<td>Suburban</td>
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</table>

### Application Information

<table>
<thead>
<tr>
<th>Eligible Poverty Level</th>
<th>200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay</td>
<td>Yes</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

### Program

Stanislaus County Medically Indigent Adult Program (MIA)

**Program URL**
http://www.hsahealth.org/pages/services/ihcp/mia.html

**Contact Phone**
(209) 558-7232

**County Department**
County Health Services Agency

**Administrator**
County Health Services Agency

**Program Synopsis**
MIA provides medical care for non-disabled adults who are county residents, have no Medi-Cal or major health coverage and meet eligibility requirements. Qualified residents are documented citizens between the ages of 21 and 64 with income up to 200% of the FPL. Medical need is not required, but limited coverage is for 1, 3, or 6 months. A share of cost is required for those above 130% of the FPL and co-pays are required for services to all patients.

A dental cap of $1,000 was added in April 2008.

### Eligibility

- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a legal United States resident who remains in Stanislaus County when not called elsewhere for labor or other special or temporary purpose (such as vacation travel).
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- Disabled may qualify if unable to work for one year and have complied with SSI/Medi-Cal application and appeals process.

Program deems income and assets of sponsor for legal permanent residents applying for program benefits.

### Enrollment Process

- Application by appointment only at the Health Services Agency Pediatric Center, 830 Scenic Drive #A in Modesto.
- Required documentation:

<table>
<thead>
<tr>
<th>Proof of Residency:</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Identity:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Income:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Expenses:</td>
<td>Yes</td>
</tr>
<tr>
<td>Value of Assets:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Immigration Status:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

### Coverage Duration

- Length of coverage: 1, 3, or 6 months based on financial stability or the amount of documentation needed to support their application information.
- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:
[ ] Request extended coverage  [ ] Have proof of medical need
[x] Re-apply  [ ] Other:

### Covered Services

#### Medical Services
- **Limited** - Limited Inpatient Hospital Services
- **Limited** - Outpatient Hospital and Clinic Services
- **Limited** - Emergency Room Care
- **Limited** - Laboratory and X-ray services
- **Limited** - Physician services
- **Limited** - Podiatry services
- **No** - Drug and Alcohol Treatment Services
- **Limited** - Family Planning Services
- **No** - Skilled Nursing Services
- **Limited** - Home Health Agency Services
- **Limited** - Dental Services
- **Limited** - Audiology Services
- **No** - Chiropractic Services
- **No** - Psychological Services
- **No** - Adult Day Health Services
- **Limited** - Therapies such as Occupational, Physical, and Speech

- Other included services: Most HSA services are covered. All outside services require prior authorization except emergency services and emergency admissions at Doctors Medical Center.
- Other specifically excluded services: Elective procedures, experimental treatment, organ transplant, acupuncture, physicals, and not medically necessary services.
- Does not cover the same services as Medi-Cal.
  
  Check with county for detailed coverage.

#### Pharmacy and Vision
- **Limited** - Prescription Drugs
- **No** - Optometry Services
- **No** - Eye Appliances

#### Medical Supplies and Other Ancillary Services
- **Limited** - Medical Transportation
- **Limited** - Durable Medical Equipment
- **Limited** - Hearing Aids
- **Limited** - Orthotics and Prosthetics

### Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is $0 for those below 130% of FPL and based on income for those between 130% and 200% FPL.
- Patients do have a co-payment due at the time of service. It is $5 per office visit, $3 per prescription, $25 for Emergency Room, Outpatient Surgery, and Inpatient Services for those between 51% and 130% FPL. (Only one $25 co-pay if admitted as inpatient from emergency room.)
- Patients also sign a medical lien.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

#### Provider Payment
- Contracted Rates

### Administration
- To enroll clients the county uses an excel worksheet or asset/income calculations, including exemptions and deductions. Application screening does not determine eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. A proprietary LINUX-based system tracks eligibility, authorizations and claims. This system generates reports for the State under the Medically Indigent Care Reporting System (MICRS).
- The county has a system to track the program's overall revenue and costs. A department accountant uses Oracle reports and Excel spreadsheets with the appropriate back-up (e.g. Realignment allocation letter from the State of California).
- The county has not integrated this program with other county programs.

### Provider Network

#### Hospitals

- Doctors Medical Center (Modesto) - Private

#### Clinics

- Ceres Medical Office (Ceres) - County
- Hughson Medical Office (Hughson) - County
- McHenry Medical Office (Modesto) - County
- Medical Arts Building (Modesto) - County
- Paradise Medical Office (Modesto) - County
- Specialty Clinics (Modesto) - County
- Stanislaus Urgent Care (Modesto) - County
- Turlock Medical Office (Turlock) - County

### Sources

- **Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007
- **Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually)
- **Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>92,040</td>
</tr>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>11.9%</td>
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<tr>
<td>Percent Uninsured</td>
<td>11%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>14.92</td>
</tr>
<tr>
<td>County Type</td>
<td>Rural</td>
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<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program: County Medical Services Program (CMSP)
Program URL: http://www.cmspcounties.org
Contact Phone: (530) 822-7230
County Department: Sutter County Department of Human Services, Division of Welfare and Social Services
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

Program Synopsis:
Sutter County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes:
The CMSP Behavioral Health Pilot Project is testing the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs. It is being funded in Sutter as well as 14 other counties.

Eligibility:
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process:
- Contact the Sutter County Department of Human Services, Division of Welfare and Social Services
- Required documentation:
  | Proof of Residency: | No |
  | Proof of Identity:   | Yes |
  | Proof of Income:      | Yes |
  | Proof of Expenses:    | Yes |
  | Value of Assets:      | Yes |
  | Proof of Immigration Status: | Yes |

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
**Coverage Duration**

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

To re-enroll, patient needs to:

- [ ] Request extended coverage
- [ ] Have proof of medical need
- [x] Re-apply
- [ ] Other:

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

**Covered Services**

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>Limited Eye Appliances</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td>Medical Supplies and Other Ancillary Services</td>
</tr>
<tr>
<td>Yes Physician services</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
</tbody>
</table>

Limited Drug and Alcohol Treatment Services

- No Family Planning Services
- No Skilled Nursing Services
- Yes Home Health Agency Services
- Yes Dental Services
- Yes Audiology Services
- No Chiropractic Services
- No Psychological Services
- Yes Adult Day Health Services
- Yes Therapies such as Occupational, Physical, and Speech

Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal

Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.

- Patients do not have a co-payment due at the time of service.

- No other financial obligations were disclosed.

**Policies**

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
Patients may be reimbursed for out-of-county care. CMSP covers emergency services only. County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment
- Contracted Rates

Administration
- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

Provider Network

Hospitals
Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

Clinics

Sources
Population: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)
Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
California State Association of Counties (CSAC) caucus designation, April 2009

Uninsured: California State Association of Counties (CSAC) caucus designation, April 2009
County: Tehama  
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>61,114</td>
</tr>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>17.8%</td>
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<tr>
<td>Percent Uninsured</td>
<td>15.6%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>4.58</td>
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<tr>
<td>County Type</td>
<td>Rural</td>
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<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program: County Medical Services Program (CMSP)
Program URL: http://www.cmspcounties.org
Contact Phone: (530) 824-9182
County Department: Tehama County Social Services Department
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.
Program Synopsis: Tehama County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes: Tehama County is a part of the CMSP Behavioral Health Pilot Project. CMSP clients will have access to primary care driven, enhanced mental health and substance abuse treatment services.

Eligibility:
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process:
- Contact the Tehama County Social Services Department, by phone or in person at 703 Fourth St in Red Bluff.
- Required documentation:
  - Proof of Residency: No
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
Coverage Duration

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 months for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Re-apply
  - [ ] Have proof of medical need
  - [ ] Other:

  - CMSP will pay for emergency services provided in the 10 day period before enrollment.

Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>Prescription Drugs</td>
<td>Medical Transportation</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Outpatient Hospital and Clinic Services</td>
<td>Optometry Services</td>
<td>Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes</td>
<td>Limited</td>
<td>Yes</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>Eye Appliances</td>
<td>Hearing Aids</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Laboratory and X-ray services</td>
<td></td>
<td>Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
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<tr>
<td>Podiatry services</td>
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<tr>
<td>Limited</td>
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<td>Drug and Alcohol Treatment Services</td>
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<td></td>
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</tr>
<tr>
<td>Family Planning Services</td>
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<td>Skilled Nursing Services</td>
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<tr>
<td>Home Health Agency Services</td>
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<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audiology Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Day Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Therapies such as Occupational, Physical, and Speech

- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

Policies

Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.
Out-of-County Use

- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment

- Contracted Rates

Administration

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

Provider Network

Hospitals

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

Clinics

Sources

Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: Trinity  
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>14,177</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>16%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>15.5%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>2.82</td>
</tr>
<tr>
<td>County Type</td>
<td>Rural</td>
</tr>
<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Co-pay</td>
<td>No</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program: County Medical Services Program (CMSP)  
Program URL: http://www.cmsspcounties.org  
Contact Phone: (530) 623-1265; (800) 851-5658  
County Department Administrator: Trinity County Department of Health and Human Services  
CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.  
Program Synopsis: Trinity County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Contact the Trinity County Department of Health and Human Services, by phone or in person at #51 Industrial Park Way in Weaverville
- Required documentation:
  - Proof of Residency: No
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  [ ] Request extended coverage [ ] Have proof of medical need
  [x] Re-apply [ ] Other:
- CMSP will pay for emergency services provided in the 10 day period before enrollment.

### Covered Services

#### Medical Services
- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Yes Podiatry services
- Limited Drug and Alcohol Treatment Services
  - No Family Planning Services
  - No Skilled Nursing Services
- Yes Home Health Agency Services
- Yes Dental Services
- Yes Audiology Services
- No Chiropractic Services
- No Psychological Services
- Yes Adult Day Health Services
- Yes Therapies such as Occupational, Physical, and Speech

#### Pharmacy and Vision
- Yes Prescription Drugs
- Yes Optometry Services
- Limited Eye Appliances

#### Medical Supplies and Other Ancillary Services
- Yes Medical Transportation
- Yes Durable Medical Equipment
- Yes Hearing Aids
- Yes Orthotics and Prosthetics

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.

Check with county for detailed coverage.

### Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

#### Provider Payment
- Contracted Rates

### Administration
- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

### Hospitals

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

### Clinics

### Sources

- **Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California
- **Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see "Characteristics" tab for details)
- **Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
Program: Tulare County Medical Services (TCMS) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>421,553</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>23.2%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>16.7%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>13.43</td>
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<td>County Type</td>
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<td>Eligible Poverty Level</td>
<td>275% FPL</td>
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<tr>
<td>Co-pay</td>
<td>Yes</td>
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<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program
Tulare County Medical Services (TCMS)

Program URL
http://www.tularehhsa.org/cash_aid/Content_TCMS.cfm

Contact Phone
(559) 737-4660

County Department
Tulare County Health and Human Services Agency
Health Care Division

Program Synopsis
TCMS contracts with six hospitals for inpatient care for medically indigent adults and provides outpatient services through two county and two community clinics. Qualified residents are 21-64 years old with income up to 275% of the FPL. Undocumented residents qualify for emergency services only. Medical need is not required. Coverage lasts for 2 to 3 months and requires a share of cost and co-pays based on income.

Recent Changes

Eligibility
- Eligible incomes are at or below: 275% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person that has established residency in Tulare County for 15 days prior to applying for benefits.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.

Enrollment Process
- Apply at TulareWORKS offices, hospitals or any of County and community health care clinics. Self Sufficiency Counselors review applications and determine eligibility.
- Required documentation:

<table>
<thead>
<tr>
<th>Proof of Residency:</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Identity:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Income:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Expenses:</td>
<td>No</td>
</tr>
<tr>
<td>Value of Assets:</td>
<td>Yes</td>
</tr>
<tr>
<td>Proof of Immigration Status:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Requires the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration
- Length of coverage: 2 to 3 months
- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:
  [x] Request extended coverage
  [ ] Have proof of medical need
Other: Income recalculated every 2 to 3 months for re-enrollment; report is sent for client completion if they wish continued eligibility.

### Covered Services

**Medical Services**
- Yes Inpatient Hospital Services
- Yes Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Yes Laboratory and X-ray services
- Yes Physician services
- Yes Podiatry services
- No Drug and Alcohol Treatment Services
- No Family Planning Services
- No Skilled Nursing Services
- No Home Health Agency Services
- Limited Dental Services
- No Audiology Services
- No Chiropractic Services
- No Psychological Services
- No Adult Day Health Services
- Yes Therapies such as Occupational, Physical, and Speech

**Pharmacy and Vision**
- Yes Prescription Drugs
- Limited Optometry Services
- No Eye Appliances

**Medical Supplies and Other Ancillary Services**
- Yes Medical Transportation
- Limited Durable Medical Equipment
- No Hearing Aids
- Limited Orthotics and Prosthetics

### Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is dependent on income.
- Patients do have a co-payment due at the time of service. It is based on income with a minimum of $5 at County Health Care Centers.
- Patients also must sign a property lien on current property and/or future payments/judgments.

### Policies

**Medical Care Oversight and Management**
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**
- Patients may be reimbursed for out-of-county care.
- County does have reciprocity agreements with other counties.

**Provider Payment**
- Contracted Rates

### Administration
- To enroll clients the county uses an application and client-specific verification. Other assistance programs such as SFS, Food Stamps, General Assistance, DED/DAPD Medi-Cal are delineated in client interview. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Tracking is through GE Practice Management.
- The county has a system to track the program's overall revenue and costs. Tracking is through GE Practice Management.
- The county has integrated this program with other county programs. Coordination is with Welfare Eligibility.

### Provider Network

#### Hospitals
- Kern Regional Medical Center (Bakersfield) - County
- Delano Regional Medical Center (Delano) - Private
- University Medical Center (Fresno) - Private
- Sierra View Hospitals (Porterville) - Private
- Sierra Kings Hospital (Reedley) - Private
- Tulare District Hospital (Tulare) - Private
- Kaweah Delta District Hospital (Visalia) - Private

#### Clinics
- Farmersville Health Care Center (Farmersville) - County
- Tulare District Hospital and Clinic (Lindsay) - Private
- Tulare District Hospital and Clinics, Cherry St (Tulare) - Private
- Visalia Health Care Center (Visalia) - County

### Sources
- **Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California: April 1, 2000 to July 1, 2007
- **Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually. See "Characteristics" tab for details)
- **Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
## County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Eligible Poverty Level</td>
</tr>
<tr>
<td>55,806</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Percent Living Below the Poverty Level</td>
<td>Co-pay</td>
</tr>
<tr>
<td>12.2%</td>
<td>No</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>Share-of-Cost</td>
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<tr>
<td>12.2%</td>
<td>Yes</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>Serve Undocumented</td>
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<tr>
<td>10.48</td>
<td>Yes</td>
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<tr>
<td>County Type</td>
<td>Eligible Ages</td>
</tr>
<tr>
<td>Rural</td>
<td>21-64</td>
</tr>
</tbody>
</table>

### Program
- **Program**: County Medical Services Program (CMSP)
- **Program URL**: [http://www.cmspcounties.org](http://www.cmspcounties.org)
- **Contact Phone**: (209) 533-5725; (209) 533-7324.
- **County Department**: Tuolumne County Department of Social Services, Public Assistance Division
- **Administrator**: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

### Program Synopsis
Tuolumne County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

### Recent Changes
Tuolumne County was accepted into the CMSP Behavioral Health Pilot Project. CMSP client will have access to primary care driven, enhanced mental health and substance abuse treatment services.

### Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

### Enrollment Process
- An application may be obtained at the local Social Services Department located at 20075 Cedar Rd in North Sonora, by mail by calling the Department of Social Services, or download an application at [http://www.cmspcounties.org/pdf_files/forms/CMSP2101005.pdf](http://www.cmspcounties.org/pdf_files/forms/CMSP2101005.pdf) and submit the hardcopy to the Department of Social Services.
- Required documentation:
  - Proof of Residency: No
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
Coverage Duration

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 month for those eligible for emergency only services (undocumented person).

- Coverage retroactivity: Coverage cannot be retroactively applied.

- To re-enroll, patient needs to:

  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [x] Re-apply
  - [ ] Other:

  - CMSP will pay for emergency services provided in the 10 day period before enrollment.

Covered Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td>Limited Eye Appliances</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td></td>
</tr>
<tr>
<td>Yes Physician services</td>
<td></td>
</tr>
<tr>
<td>Yes Podiatry services</td>
<td></td>
</tr>
<tr>
<td>Limited Drug and Alcohol Treatment Services</td>
<td>Medical Supplies and Other Ancillary Services</td>
</tr>
<tr>
<td>No Family Planning Services</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>No Skilled Nursing Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Home Health Agency Services</td>
<td>Yes Hearing Aids</td>
</tr>
<tr>
<td>Yes Dental Services</td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Yes Audiology Services</td>
<td></td>
</tr>
<tr>
<td>No Chiropractic Services</td>
<td></td>
</tr>
<tr>
<td>No Psychological Services</td>
<td></td>
</tr>
<tr>
<td>Yes Adult Day Health Services</td>
<td></td>
</tr>
<tr>
<td>Yes Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
  Check with county for detailed coverage.

Cost-Sharing

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

Policies

Medical Care Oversight and Management

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

Out-of-County Use

- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment

- Contracted Rates
CMSP has a system to track the program’s overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.

CMSP counties may integrate with other county services, check with county.

**Provider Network**

**Hospitals**

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

**Clinics**

**Sources**

- **Population:** Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California
- **Poverty:** U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured:** California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually)
- **Primary Physician:** Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type:** California State Association of Counties (CSAC) caucus designation, April 2009
**County:** Ventura  
**Program:** Ventura County Access Coverage & Enrollment (ACE) for Adults (Coverage Initiative) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
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<tbody>
<tr>
<td>Population</td>
<td>798,364</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
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</tr>
<tr>
<td>Percent Uninsured</td>
<td>10.5%</td>
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<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>4.98</td>
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<tr>
<td>County Type</td>
<td>Urban</td>
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<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
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<tr>
<td>Co-pay</td>
<td>Yes</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>No</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>19 to 64</td>
</tr>
</tbody>
</table>

**Program**  
Ventura County Access Coverage & Enrollment (ACE) for Adults

**Program URL**  
http://portal.countyofventura.org/portal/page?_pageid=953,1294069&_dad=portal&_schema=PORTAL

**Contact Phone**  
(805) 981-5070, (888) 343-0533

**County Department**  
Health Care Agency

**Administrator**  
Ventura County Health Care Agency

**Program Synopsis**
ACE offers enrolled uninsured individuals on-going regular access to comprehensive outpatient and inpatient health services, including specialty care. Services are offered through the Ventura County Health Care System and include a medical home and established rates and fees to limit out-of-pocket expenses. Qualified residents are documented citizens between the ages of 19 and 64 with income up to 200% of the FPL. Medical need is not required to obtain the 12 months of limited coverage. Share of cost, co-pays, and enrollment fees are required.

**Recent Changes**
ACE replaces Ventura's old indigent program, the Ventura County Medically Indigent Adult Program (MIA), which only provided a 30 day supply of formulary medications. As of April 2009, enrollment had been capped.

**Eligibility**
- Eligible incomes are at or below: 200% FPL
- Assets are not considered when determining eligibility.
- Serves county residents, defined as: a person that resides or works in Ventura County.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: 19 to 64.
- Residents do not need to have medical need at time of application.
- Must not be eligible for Healthy Families, Medi-Cal or the Access for Infant and Mothers Program.

**Enrollment Process**
- Enrollment is through ACE Provider Clinics, the ACE Enrollment Center, or a Health Care Family Enrollment Center (aka a LSPE or Local Single Point of Entry). The enrollment office for ACE is located at 2220 E. Gonzales Suite 210 -A.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: No
  - Value of Assets: No
  - Proof of Immigration Status: Yes
- Requires the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

**Coverage Duration**
- Length of coverage: 12 months
- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [X] Re-apply
  - [ ] Other:
- Patients must comply with the ACE Service Agreement, which includes active participation in recommended preventive health services and Care Management programs.

### Covered Services

#### Medical Services
- **Yes** Inpatient Hospital Services
- **Limited** Outpatient Hospital and Clinic Services
- **Yes** Emergency Room Care
- **Yes** Laboratory and X-ray services
- **Yes** Physician services
- **Yes** Podiatry services
- **No** Drug and Alcohol Treatment Services
- **No** Family Planning Services
- **No** Skilled Nursing Services
- **No** Home Health Agency Services
- **Limited** Dental Services
- **No** Audiology Services
- **No** Chiropractic Services
- **No** Psychological Services
- **No** Adult Day Health Services
- **Yes** Therapies such as Occupational, Physical, and Speech

#### Pharmacy and Vision
- **Limited** Prescription Drugs
- **Limited** Optometry Services
- **No** Eye Appliances

#### Medical Supplies and Other Ancillary Services
- **No** Medical Transportation
- **Limited** Durable Medical Equipment
- **No** Hearing Aids
- **Limited** Orthotics and Prosthetics

- Other included services: No services disclosed by county
- Other specifically excluded services: all outside services
- Does not cover the same services as Medi-Cal.
  - Check with county for detailed coverage.

### Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is dependent on the service type and income.
- Patients do have a co-payment due at the time of service. It is a range between $0 for preventive health visits to $500 for hospital admission.
- Patients also pay enrollment fees, which are $0 for 0-99% FPL, $50 for 100-135% FPL, and $100 for 136-200% FPL.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

#### Provider Payment
- Contracted Rates

### Administration
- To enroll clients the county uses an application, questionnaire, and checklist to screen eligibility. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Ventura utilizes the Hospital and Clinic system billing systems.
- The county has a system to track the program's overall revenue and costs. Ventura monitors revenue and costs monthly via various reporting mechanisms.
- The county has integrated this program with other county programs. The Ventura County Health Care Agency coordinates with the Human Services Agency, United Way, First Five, Schools and other county services.

### Provider Network

#### Hospitals
- Santa Paula Hospital (Santa Paula) - County
- Ventura County Medical Center (Ventura) - County

#### Clinics
- Las Posas Family Medical Group (Camarillo) - County
- Fillmore Medical Clinic (Fillmore) - County
- Moorpark Family Care Center (Moorpark) - County
- Las Islas Family Medical Group & Urgent Care Center (Oxnard) - County
- Magnolia Family Medical Clinic (Oxnard) - County
- Mandalay Bay Women and Children's Medical Group (Oxnard) - County
- Piru Family Medical Center (Piru) - County
- Santa Paula Hospital Clinic (Santa Paula) - County
- Santa Paula Medical Clinic (Santa Paula) - County
- Santa Paula, West (Santa Paula) - County
- Sierra Vista Family Medical Clinic (Simi Valley) - County
- Conejo Valley Family Medical Group (Thousand Oaks) - County
- Faculty Medical Group (Ventura) - County
- Family Care Center (Ventura) - County
- Pediatric Diagnostic Center (Ventura) - County
- West Ventura Medical Clinic (Ventura) - County
- Clinicas Del Camino Real, 10 clinics (Various) - Private

### Sources


*Uninsured:* California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually)

*Primary Physician:* Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007

*County Type:* California State Association of Counties (CSAC) caucus designation, April 2009
Program: Ventura County Medical Center's (VCMC) Self Pay Discount Program (SPDP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
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<tbody>
<tr>
<td>Population</td>
<td>798,364</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
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<tr>
<td>Percent Uninsured</td>
<td>10.5%</td>
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<td>Primary Clinic Physician FTEs per 100,000</td>
<td>4.98</td>
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<tr>
<td>County Type</td>
<td>Urban</td>
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<tr>
<td>Eligible Poverty Level</td>
<td>600% FPL</td>
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<tr>
<td>Co-pay</td>
<td>Yes</td>
</tr>
<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>19 and up</td>
</tr>
</tbody>
</table>

Program URL: http://portal.countyofventura.org/portal/page?_pageid=953,1294069&_dad=portal&_schema=PORTAL
Contact Phone: (805) 648-9554
County Department: Health Care Agency
Administrator: Paul Lorenz

Program Synopsis:
SPDP offers patients a significant discount on VCMC medical care: up to a 25% discount of Ventura County Medical Center charges or a payment equal to 80% of the Medicare Fee Schedule, whichever payment is lower for the patient. Qualified residents are over the age of 19 with incomes up to 600% of the FPL. Medical need is not required and limited coverage is either for 3 months or 6 months. Share of cost is required on a sliding scale and co-pays are assessed.

Recent Changes:
This program has been in effect in Ventura for 5 years.

Eligibility:
- Eligible incomes are at or below: 600% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person that resides or works in Ventura County.
- Serves the homeless.
- Services for undocumented: Full Services
- Eligible ages: 19 and up.
- Residents do not need to have medical need at time of application.
- The sliding scale of discounts is based on income. Must apply for Medi-Cal and be denied.

Enrollment Process:
- Enroll through clinics, registration areas, or the Patient Accounting Department.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Requires the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.

Coverage Duration:
- Length of coverage: 3 months for lower income levels and 6 months for higher income levels
- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:
  - [x] Request extended coverage
  - [x] Have proof of medical need

Eligibility:
- Eligible ages: 19 and up.
[x] Re-apply [x] Other: Must re-apply for Medi-Cal if a Medi-Cal covered condition. Must comply with required information follow up.

### Covered Services

#### Medical Services
- Yes  Inpatient Hospital Services
- Yes  Outpatient Hospital and Clinic Services
- Yes  Emergency Room Care
- Yes  Laboratory and X-ray services
- Yes  Physician services
- Yes  Podiatry services
- No  Drug and Alcohol Treatment Services
- Yes  Family Planning Services
- No  Skilled Nursing Services
- No  Home Health Agency Services
- No  Dental Services
- No  Audiology Services
- No  Chiropractic Services
- Yes  Psychological Services
- No  Adult Day Health Services

#### Pharmacy and Vision
- Yes  Prescription Drugs
- No  Optometry Services
- No  Eye Appliances

#### Medical Supplies and Other Ancillary Services
- Limited  Medical Transportation
- No  Durable Medical Equipment
- No  Hearing Aids
- No  Orthotics and Prosthetics

- Other included services: No services disclosed by county
- Other specifically excluded services: all outside services
- Does not cover the same services as Medi-Cal.
  Check with county for detailed coverage.

### Cost-Sharing
- Patients have a share of cost that they pay while in the program. It is dependent on the service type and income.
- Patients do have a co-payment due at the time of service. It is $10-$100 depending on the service type.
- No other financial obligations were disclosed.

### Policies

#### Medical Care Oversight and Management
- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

#### Out-of-County Use
- Patients will not be reimbursed for out-of-county care
- County does not have reciprocity agreements with other counties.

#### Provider Payment
- Contracted Rates

### Administration
- To enroll clients the county uses Medi-Cal, Financial Statements, and Trans Union reports. Application screening also determines eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Tracking is through VCMC McKesson Systems.
- The county has a system to track the program's overall revenue and costs. Tracking is through VCMC McKesson Systems.
- The county has not integrated this program with other county programs.
### Provider Network

#### Hospitals
- Santa Paula Hospital (Santa Paula) - County
- Ventura County Medical Center (Ventura) - County

#### Clinics
- Las Posas Family Medical Group (Camarillo) - County
- Fillmore Medical Clinic (Fillmore) - County
- Moorpark Family Care Center (Moorpark) - County
- Las Islas Family Medical Group & Urgent Care Center (Oxnard) - County
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- Faculty Medical Group (Ventura) - County
- Family Care Center (Ventura) - County
- Pediatric Diagnostic Center (Ventura) - County
- West Ventura Medical Clinic (Ventura) - County

### Sources
- **Population**: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of California, April 1, 2000 to July 1, 2007
- **Poverty**: U.S. Census Bureau, Small Area Estimates Branch. Release date: Jan. 2008
- **Uninsured**: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)
- **Primary Physician**: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- **County Type**: California State Association of Counties (CSAC) caucus designation, April 2009
Yolo County Healthcare for Indigents Program (YCHIP) 2009

**Program Synopsis**
YCHIP provides medically necessary health care for county residents who qualify based on income. The goal is to provide low and no income county residents with needed medical and dental care in an efficient and cost effective way. Qualified residents are documented citizens up to age 64. There is no income limit, but share of cost must be met before enrollment for those over the minimum need income. Coverage is for 6 months.

As of May 2009, YCHIP no longer bases eligibility on income level and does not cover undocumented residents. The residency requirement also changed from 0 to 15 days. When the state drops coverage of Medi-Cal optional services in July 2009, YCHIP will no longer cover dental, speech therapy, podiatry, optician, optometry, audiology, acupuncture, and chiropractic services.

**Eligibility**
- Eligible incomes are at or below: Not based on FPL.
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who has lived in the county for 15 days.
- Serves the homeless.
- Does not serve undocumented immigrants.
- Eligible ages: All.
- Must have medical need at time of application.
- All income levels qualify but share of cost must be met before enrollment for those over the minimum need. Eligibility guidelines same as Medi-Cal. Applicant must: not be eligible for other public/private health care coverage, not afford payment for care, apply for other programs as directed.

**Enrollment Process**
- In person at Peterson Clinic in Woodland or Salud Clinic in W. Sacramento. Usually by appointment, but some walk-in spots are available.
- Required documentation:
  - Proof of Residency: Yes
  - Proof of Identity: Yes
  - Proof of Income: Yes
  - Proof of Expenses: Yes
  - Value of Assets: Yes
  - Proof of Immigration Status: Yes
- Requires the same documentation as Medi-Cal.
- Will waive documentation requirements in special circumstances.
**Coverage Duration**

- Length of coverage: 6 months
- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [ ] Have proof of medical need
  - [X] Re-apply
  - Other: Renew before enrollment ends.

**Covered Services**

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Inpatient Hospital Services</td>
<td>Limited Prescription Drugs</td>
</tr>
<tr>
<td>Limited Outpatient Hospital and Clinic Services</td>
<td>Limited Optometry Services</td>
</tr>
<tr>
<td>Limited Emergency Room Care</td>
<td>Limited Eye Appliances</td>
</tr>
<tr>
<td>Limited Laboratory and X-ray services</td>
<td></td>
</tr>
<tr>
<td>Limited Physician services</td>
<td></td>
</tr>
<tr>
<td>No Podiatry services</td>
<td>No Medical Transportation</td>
</tr>
<tr>
<td>No Drug and Alcohol Treatment Services</td>
<td>Limited Durable Medical Equipment</td>
</tr>
<tr>
<td>Limited Family Planning Services</td>
<td>No Hearing Aids</td>
</tr>
<tr>
<td>Limited Skilled Nursing Services</td>
<td>Limited Orthotics and Prosthetics</td>
</tr>
<tr>
<td>Limited Home Health Agency Services</td>
<td></td>
</tr>
<tr>
<td>No Dental Services</td>
<td></td>
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<tr>
<td>No Audiology Services</td>
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<tr>
<td>No Chiropractic Services</td>
<td></td>
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<tr>
<td>No Psychological Services</td>
<td></td>
</tr>
<tr>
<td>Limited Adult Day Health Services</td>
<td></td>
</tr>
<tr>
<td>Limited Therapies such as Occupational, Physical, and Speech</td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Services must be medically necessary. Emergency care only covered when sent by designated clinics, referred by primary care physician, or when admitted to inpatient facility. Specialist care by referral only.

- Other specifically excluded services: transplants, mental health, out of area emergency.
- Does not cover the same services as Medi-Cal.
- Check with county for detailed coverage.

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on income and must be paid before eligible for enrollment.
- Patients do not have a co-payment due at the time of service.
- Patients also must sign a medical lien.

**Policies**

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.

**Out-of-County Use**

- Patients may be reimbursed for out-of-county care.
- County does not have reciprocity agreements with other counties.
Provider Payment
- Medi-Cal Rates

Administration
- To enroll clients the county uses the DMED program to check documentation and guide the intake interview. Other county workers determine eligibility for Medi-Cal. Application screening does not determine eligibility for other assistance programs.
- The county has a system to track the services a patient uses while enrolled. Tracking is done through a claims adjudication process that details the exact cost of each patient.
- The county has a system to track the program's overall revenue and costs. Revenues are through realignment and county general funds. Costs done as above.
- The county has integrated this program with other county programs. Coordination is with county mental health services and housing services as well as community based organizations on homelessness.

Provider Network

Hospitals
All area hospitals: Kaiser, Catholic Healthcare West, Sutter, and University of California (Various) - Private

Clins
- Davis CommuniCare Health Center (Davis) - Private
- Community Medical Centers (Stockton) - Private
- Salud CommuniCare Health Center (West Sacramento) - Private
- Winters Health Care Clinic (Winters) - Private
- Peterson CommuniCare Health Center (Woodland) - Private

Sources
- Population: Population Division, U.S. Census Bureau: Annual Estimates of the Population for Counties of
- Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not
- Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
- County Type: California State Association of Counties (CSAC) caucus designation, April 2009
County: Yuba
Program: County Medical Services Program (CMSP) 2009

<table>
<thead>
<tr>
<th>County Profile</th>
<th>Application Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>72,098</td>
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<tr>
<td>Percent Living Below the Poverty Level</td>
<td>17.1%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>12.2%</td>
</tr>
<tr>
<td>Primary Clinic Physician FTEs per 100,000</td>
<td>18.64</td>
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<tr>
<td>County Type</td>
<td>Rural</td>
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<tr>
<td>Eligible Poverty Level</td>
<td>200% FPL</td>
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<tr>
<td>Co-pay</td>
<td>No</td>
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<tr>
<td>Share-of-Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Serve Undocumented</td>
<td>Yes</td>
</tr>
<tr>
<td>Eligible Ages</td>
<td>21-64</td>
</tr>
</tbody>
</table>

Program: County Medical Services Program (CMSP)

Program URL: http://www.cmspcounties.org
Contact Phone: (530) 749-6311
County Department: Yuba County Department of Health and Human Services; Public Assistance Division
Administrator: CMSP Governing Board contracts with Anthem Blue Cross Life & Health for medical, dental and vision benefits and MedImpact for pharmacy benefits.

Program Synopsis
Yuba County participates in CMSP, which provides health coverage for low-income, indigent adults in 34, primarily rural, California counties. CMSP covers individuals between the ages of 21 and 64 with incomes up to 200% of the FPL with a range of services close to what Medi-Cal covers for either 3 or 6 months. There may be a share of cost depending on income. Undocumented residents can receive emergency services only for two months.

Recent Changes
The CMSP Behavioral Health Pilot Project is testing the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs. It is being funded in Yuba as well as 14 other counties.

Eligibility
- Eligible incomes are at or below: 200% FPL
- Assets are considered when determining eligibility.
- Serves county residents, defined as: a person who is physically present with an intention to reside or is currently living in the county, not receiving medical assistance from another county, and having entered to obtain or seek employment.
- Serves the homeless.
- Services for undocumented: Emergency Services
- Eligible ages: 21-64.
- Residents do not need to have medical need at time of application.
- During the month liquid assets limited to only $2,000 for one; $3,000 for two, $3,150 for three. One home, one car, and personal effects are exempt.

Enrollment Process
- Contact the Yuba County Department of Health and Human Services; Public Assistance Division
- Required documentation:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Proof of Residency</td>
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<td></td>
</tr>
<tr>
<td>Proof of Identity</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Proof of Income</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

- Does not require the same documentation as Medi-Cal.
- Will not waive documentation requirements in special circumstances.
**Coverage Duration**

- Length of coverage: 6 months for those eligible for full scope coverage and no share of cost; 3 months for those eligible for full scope benefits with a share of cost; 2 months for those eligible for emergency only services (undocumented person).
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:
  - [ ] Request extended coverage
  - [x] Re-apply
  - [ ] Have proof of medical need
  - [ ] Other:

- CMSP will pay for emergency services provided in the 10 day period before enrollment.

**Covered Services**

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Pharmacy and Vision</th>
<th>Medical Supplies and Other Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Inpatient Hospital Services</td>
<td>Yes Prescription Drugs</td>
<td>Yes Medical Transportation</td>
</tr>
<tr>
<td>Yes Outpatient Hospital and Clinic Services</td>
<td>Yes Optometry Services</td>
<td>Yes Durable Medical Equipment</td>
</tr>
<tr>
<td>Yes Emergency Room Care</td>
<td></td>
<td>Yes Hearing Aids</td>
</tr>
<tr>
<td>Yes Laboratory and X-ray services</td>
<td>Limited Eye Appliances</td>
<td>Yes Orthotics and Prosthetics</td>
</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

- Other included services: Drug and Alcohol Treatment is limited to outpatient heroin detoxification only.
- Other specifically excluded services: Pregnancy-related services; Long-term care facility services; Services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; methadone maintenance services; services NOT covered by Medi-Cal
- Does not cover the same services as Medi-Cal.
  - Check with county for detailed coverage.

**Cost-Sharing**

- Patients have a share of cost that they pay while in the program. It is based on income and maintenance need in the same manner as Medi-Cal eligibility. For those with share of cost (SOC), the SOC must be paid or obligated before benefits are approved.
- Patients do not have a co-payment due at the time of service.
- No other financial obligations were disclosed.

**Policies**

**Medical Care Oversight and Management**

- Patients may have to get authorization prior to receiving care.
- The program provides utilization management for patients.
- The program provides disease management for patients.
Out-of-County Use

- Patients may be reimbursed for out-of-county care. CMSP covers emergency services only.
- County does have reciprocity agreements with other counties. Only with other CMSP counties.

Provider Payment

- Contracted Rates

Administration

- CMSP counties do not use a standardized application.
- CMSP has a system to track the services a patient uses while enrolled. Tracking is through medical and pharmacy paid claims data.
- CMSP has a system to track the program's overall revenue and costs. Daily, weekly and monthly expenditures are tracked and monitored; monthly revenue collections are tracked and monitored.
- CMSP counties may integrate with other county services, check with county.

Provider Network

Hospitals

Anthem providers in an area can be found online at: pd.web.wellpoint.com/epf/finderRouter?Company=BCC
Select 'State Sponsored' under Plan Type and 'County Medical Services Program' under Plan to search the site.

Clinics

Sources

Uninsured: California Health Interview Survey (CHIS) 2007 (17 rural counties are reported in 3 groups, not individually, see “Characteristics” tab for details)
Primary Physician: Office of Statewide Health Planning & Development (OSHPD) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009