

California County Indigent Care Program Profiles, 2009

County: Alameda
Program: Alameda County Excellence (ACE) (Coverage Initiative) 2009

County Profile		Application Information	
Population	1,464,202	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	11.8%	Co-pay	Yes
Percent Uninsured	6.7%	Share-of-Cost	No
Primary Clinic Physician FTEs per 100,000	6.76	Serve Undocumented	No
County Type	Urban	Eligible Ages	19-64

Program	Alameda County Excellence (ACE)
Program URL	none
Contact Phone	(510) 667-7713
County Department	County Health Care Services Agency
Administrator	Alameda County Medical Center
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:

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

- 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
 - ☐ Re-apply
 - ☐ Have proof of medical need
 - ☒ 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 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
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: Alameda
Program: Alameda County Medically Indigent Services Program (CMSP) 2009

County Profile		Application Information	
Population	1,464,202	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	11.8%	Co-pay	Yes
Percent Uninsured	6.7%	Share-of-Cost	No
Primary Clinic Physician FTEs per 100,000	6.76	Serve Undocumented	Yes
County Type	Urban	Eligible Ages	All

Program	Alameda County Medically Indigent Services Program (CMSP)
Program URL	none
Contact Phone	(510) 667-7713
County Department	County Health Care Services Agency
Administrator	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.
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 Expenses:	No
Proof of Identity:	Yes	Value of Assets:	No
Proof of Income:	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: 12 months

- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:

<input type="checkbox"/> Request extended coverage <input type="checkbox"/> Re-apply	<input type="checkbox"/> Have proof of medical need <input checked="" type="checkbox"/> Other: Must re-new eligibility
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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

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

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

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 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

- 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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: Amador
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	38,678	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	10%	Co-pay	No
Percent Uninsured	12.2%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	N/A	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

Program County Medical Services Program (CMSP)
Program URL <http://www.cmspcounties.org>
Contact Phone (209) 223-6550
County Department Amador 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 Amador 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 Amador County Social Services Department
- 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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: Butte
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	218,779	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	19.2%	Co-pay	No
Percent Uninsured	12.7%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	9.41	Serve Undocumented	Yes
County Type	Suburban	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.

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

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 (OSHDP) Primary Clinic Utilization Data 2007

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

County: Calaveras
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	46,844	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	10.5%	Co-pay	No
Percent Uninsured	12.2%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	2.73	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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.

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 Calaveras Works and Human Services Agency by phone or in person at 509 East St. Charles St in San Andreas.
- 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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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		Application Information	
Population	21,302	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	14.2%	Co-pay	No
Percent Uninsured	15.6%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	8.78	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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

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 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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: Contra_Costa
Program: Contra Costa County Basic Health Care (BHC) 2009

County Profile

Population	1,019,640
Percent Living Below the Poverty Level	8.1%
Percent Uninsured	9%
Primary Clinic Physician FTEs per 100,000	0.83
County Type	Urban

Application Information

Eligible Poverty Level	300% FPL
Co-pay	No
Share-of-Cost	Yes
Serve Undocumented	No
Eligible Ages	All

Program Contra Costa County Basic Health Care (BHC)
Program URL <http://www.cchealth.org/insurance/adults.php#basic>
Contact Phone (800) 771-4270
County Department County Health Services Department
Administrator Contra Costa Regional Medical Center (CCRMC)
Program Synopsis 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:

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: 6 months

- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:

<input type="checkbox"/> Request extended coverage <input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> Have proof of medical need <input type="checkbox"/> 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 |
| 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 |

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 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

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: Contra_Costa

Program: Contra Costa Health Coverage Initiative (HCI) (Coverage Initiative) 2009

County Profile

Population	1,019,640
Percent Living Below the Poverty Level	8.1%
Percent Uninsured	9%
Primary Clinic Physician FTEs per 100,000	0.83
County Type	Urban

Application Information

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

Program

Contra Costa Health Coverage Initiative (HCI)

Program URL

http://www.cchealth.org/insurance/pdf/health_coverage_initiative_brochure_final_11_08.pdf

Contact Phone

(800) 771-4270

County Department

County Health Services Department

Administrator

Contra Costa Regional Medical Center (CCRMC)

Program Synopsis

All enrollees are under the supervision of a Primary Care Provider at Contra Costa Regional Medical Center and Health Centers or at 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

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.
- Housing, food or utilities provided free or as work exchange are considered income. Must have been uninsured three months preceding date 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
 - ☒ 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
- 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

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 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.
- 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. HCI 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
 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
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: Del_Norte
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	29,022	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	22.5%	Co-pay	No
Percent Uninsured	15.5%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	13.95	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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
 - ☒ 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 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 (OSHDP) Primary Clinic Utilization Data 2007

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

County: EI_Dorado
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	175,689	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	7.4%	Co-pay	No
Percent Uninsured	10.2%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	1.92	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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	EI 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	EI 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 EI 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 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

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

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 (OSHDP) Primary Clinic Utilization Data 2007

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

County: Fresno
Program: Fresno Medically Indigent Services Program (MSP) 2009

County Profile

Population	899,348
Percent Living Below the Poverty Level	20.8%
Percent Uninsured	14.2%
Primary Clinic Physician FTEs per 100,000	6.02
County Type	Suburban

Application Information

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

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	Fresno County Department of Employment & Temporary Services
Administrator	Community Medical Center
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:

Proof of Residency:	Yes
Proof of Identity:	Yes
Proof of Income:	Yes

Proof of Expenses:	Yes
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: 1-3 months
- Coverage retroactivity: Coverage can be retroactively applied.

- To re-enroll, patient needs to:

<input type="checkbox"/> Request extended coverage <input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> Have proof of medical need <input type="checkbox"/> Other:
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-

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: 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

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: Glenn
Program: County Medical Services Program (CMSP) 2009

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

Program County Medical Services Program (CMSP)
Program URL <http://www.cmspcounties.org>
Contact Phone (530) 934-6514
County Department 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:

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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: San Francisco
Program: Healthy San Francisco (HSF) (Coverage Initiative) 2009

County Profile		Application Information	
Population	764,976	Eligible Poverty Level	500% FPL
Percent Living Below the Poverty Level	12.2%	Co-pay	Yes
Percent Uninsured	8%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	12.89	Serve Undocumented	Yes
County Type	Urban	Eligible Ages	18-64

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

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: 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:

Proof of Residency:	Yes	Proof of Expenses:	No
Proof of Identity:	Yes	Value of Assets:	Yes
Proof of Income:	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: 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
 - ☐ 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

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
- No Skilled Nursing Services
- No Home Health Agency Services
- No 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 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

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: Los_Angeles
Program: Healthy Way LA (HWLA) (Coverage Initiative) 2009

County Profile		Application Information	
Population	9,878,554	Eligible Poverty Level	133.33% FPL
Percent Living Below the Poverty Level	16.2%	Co-pay	No
Percent Uninsured	16.1%	Share-of-Cost	No
Primary Clinic Physician FTEs per 100,000	4.35	Serve Undocumented	No
County Type	Urban	Eligible Ages	19-64

Program Healthy Way LA (HWLA)
Program URL None
Contact Phone (877) 333-4952
County Department LA County Department of Health Services
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

Eligibility

- 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 Expenses:	No
Proof of Identity:	Yes	Value of Assets:	No
Proof of Income:	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

- Coverage retroactivity: Coverage can be retroactively applied.
- To re-enroll, patient needs to:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> Other:
- Patients need only provide proof of income for renewal.

Covered Services

Medical Services

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

Pharmacy and Vision

<i>Yes</i>	Prescription Drugs
<i>Limited</i>	Optometry Services
<i>Limited</i>	Eye Appliances

Medical Supplies and Other Ancillary Services

<i>No</i>	Medical Transportation
<i>Limited</i>	Durable Medical Equipment
<i>No</i>	Hearing Aids
<i>Limited</i>	Orthotics and Prosthetics

- 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

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: Humboldt
Program: County Medical Services Program (CMSP) 2009

County Profile

Population	128,864
Percent Living Below the Poverty Level	16.5%
Percent Uninsured	12.4%
Primary Clinic Physician FTEs per 100,000	18.44
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	(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:
 - ☐ 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

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

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 (OSHDP) 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

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

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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: Inyo
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	17,449	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	11.6%	Co-pay	No
Percent Uninsured	12.2%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	0.00	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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

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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: 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

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:

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: 12 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to:

- ☐ Request extended coverage
- ☒ 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

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 (OSHDP) 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

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

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

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.
- 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:

Proof of Residency:	Yes
Proof of Identity:	Yes
Proof of Income:	Yes

Proof of Expenses:	Yes
Value of Assets:	Yes
Proof of Immigration Status:	No

- 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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

- 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

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

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

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 (OSHDP) 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

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

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

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 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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: Lake
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	64,664	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	18.3%	Co-pay	No
Percent Uninsured	13.9%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	5.58	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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 (OSHDP) 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

County Profile		Application Information	
Population	35,031	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	16.9%	Co-pay	No
Percent Uninsured	15.5%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	23.35	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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	

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 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
 - ☒ 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

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 (OSHDP) 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 Ability-To-Pay Plan (ATP) 2009

County Profile

Population	9,878,554
Percent Living Below the Poverty Level	16.2%
Percent Uninsured	16.1%
Primary Clinic Physician FTEs per 100,000	4.35
County Type	Urban

Application Information

Eligible Poverty Level	Not based on FPL.
Co-pay	No
Share-of-Cost	No
Serve Undocumented	Yes
Eligible Ages	All

Program Los Angeles (LA) County Ability-To-Pay Plan (ATP)

Program URL <http://www.ladhs.org/wps/portal/Patient>

Contact Phone (800) 378-9919

County Department LA County Department of Health Services

Administrator LA County Department of Health Services

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.

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: 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:

Proof of Residency:	Yes
Proof of Identity:	Yes
Proof of Income:	Yes

Proof of Expenses:	Yes
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: 1 month for inpatient care and 1 year for outpatient services.
- Coverage retroactivity: Coverage can be retroactively applied.

- To re-enroll, patient needs to:

<ul style="list-style-type: none"> [] Request extended coverage [x] Re-apply 	<ul style="list-style-type: none"> [x] Have proof of medical need [x] Other: Patients may obtain retroactive coverage under ATP beyond one year from the date of service.
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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.

Provider Network

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
Dollardale 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

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: Los_Angeles

Program: Los Angeles (LA) County Outpatient Reduced-Cost Simplified Application (ORSA) Plan 2009

County Profile

Population	9,878,554
Percent Living Below the Poverty Level	16.2%
Percent Uninsured	16.1%
Primary Clinic Physician FTEs per 100,000	4.35
County Type	Urban

Application Information

Eligible Poverty Level	33% FPL for zero liability.
Co-pay	No
Share-of-Cost	No
Serve Undocumented	Yes
Eligible Ages	All

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

LA County Department of Health Services

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:

<input type="checkbox"/> Request extended coverage <input checked="" type="checkbox"/> Re-apply	<input checked="" type="checkbox"/> Have proof of medical need <input checked="" type="checkbox"/> Other: Patients may obtain retroactive coverage under ORSA up to one year from the date of service.
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Covered Services

Medical Services

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

Pharmacy and Vision

- | | |
|----------------|--------------------|
| <i>Yes</i> | Prescription Drugs |
| <i>Limited</i> | Optometry Services |
| <i>Limited</i> | Eye Appliances |

Medical Supplies and Other Ancillary Services

- | | |
|----------------|---------------------------|
| <i>No</i> | Medical Transportation |
| <i>Limited</i> | Durable Medical Equipment |
| <i>Limited</i> | Hearing Aids |
| <i>Limited</i> | Orthotics and Prosthetics |

- 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.

Provider Network

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
Dollardale 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

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: Los_Angeles

Program: Los Angeles (LA) County Public/Private Partnership Plan (PPP) 2009

County Profile

Population	9,878,554
Percent Living Below the Poverty Level	16.2%
Percent Uninsured	16.1%
Primary Clinic Physician FTEs per 100,000	4.35
County Type	Urban

Application Information

Eligible Poverty Level	133% FPL
Co-pay	No
Share-of-Cost	No
Serve Undocumented	Yes
Eligible Ages	All

Program Los Angeles (LA) County Public/Private Partnership Plan (PPP)
Program URL <http://www.ladhs.org/wps/portal/Patient>
Contact Phone (800) 427-8700
County Department LA County Department of Health Services
Administrator LA County Department of Health Services
Program Synopsis PPP is a collaboration between LACDHS and private community providers for outpatient services only. PPP preserves community clinic capacity and increases access to primary, dental and specialty care services. It is a complement to the LACDHS safety net system. Qualified residents can be any age with income up to 133% of the FPL. Undocumented residents qualify for full services, which does not include inpatient or emergency care, but does last for 12 months. Medical need is required. There is no cost to patients and participation does not exclude participation in other LA indigent programs.

Recent Changes

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:

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 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

[x] Re-apply

[] Other:

Covered Services

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.

Provider Network

Hospitals

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

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 (OSHDP) Primary Clinic Utilization Data 2007

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

County: Madera
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	146,513	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	18.3%	Co-pay	No
Percent Uninsured	21.1%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	3.75	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

Program County Medical Services Program (CMSP)
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:

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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: Marin
Program: County Medical Services Program (CMSP) 2009

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

Program County Medical Services Program (CMSP)
Program URL <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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: Mariposa
Program: County Medical Services Program (CMSP) 2009

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

Program County Medical Services Program (CMSP)
Program URL <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 CMSP 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

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:

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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: Mendocino
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	86,273	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	17%	Co-pay	No
Percent Uninsured	13.8%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	23.76	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

Program	County Medical Services Program (CMSP)
Program URL	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	

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:

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.

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

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 (OSHDP) 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		Application Information	
Population	245,514	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	18.6%	Co-pay	Yes
Percent Uninsured	16.1%	Share-of-Cost	No
Primary Clinic Physician FTEs per 100,000	8.54	Serve Undocumented	No
County Type	Suburban	Eligible Ages	21-64

Program	Merced County Medical Assistance Program (MAP)
Program URL	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

Eligibility

- 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.

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:

Proof of Residency:	Yes	Proof of Expenses:	Yes
Proof of Identity:	Yes	Value of Assets:	Yes
Proof of Income:	Yes	Proof of Immigration Status:	Yes

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

Coverage Duration

- 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 [x] Other: Only documents that have expired since last certification required; income & property verified; medical need reassessed.
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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
Limited	Home Health Agency Services
Limited	Dental Services
Limited	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

- 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

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 (OSHDP) 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

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

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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: Mono
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	12,801	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	9.3%	Co-pay	No
Percent Uninsured	12.2%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	N/A	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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.
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 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.
- 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.

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

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 (OSHDP) 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

County Profile		Application Information	
Population	407,637	Eligible Poverty Level	250% FPL
Percent Living Below the Poverty Level	14.1%	Co-pay	Yes
Percent Uninsured	20%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	3.13	Serve Undocumented	No
County Type	Suburban	Eligible Ages	21-64

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:

<input type="checkbox"/> Request extended coverage	<input checked="" type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> Other:
- 2 month retroactive coverage may be available

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
- No* 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
- Limited* Optometry Services
- No* Eye Appliances

Medical Supplies and Other Ancillary Services

- Limited* Medical Transportation
- Limited* Durable Medical Equipment
- No* Hearing Aids
- No* Orthotics and Prosthetics

- 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

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: Napa
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	132,565	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	7.5%	Co-pay	No
Percent Uninsured	7.1%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	3.70	Serve Undocumented	Yes
County Type	Suburban	Eligible Ages	21-64

Program	County Medical Services Program (CMSP)
Program URL	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 Expenses:	Yes
Proof of Identity:	Yes	Value of Assets:	Yes
Proof of Income:	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

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

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 (OSHDP) 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

County Profile		Application Information	
Population	97,027	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	7.5%	Co-pay	No
Percent Uninsured	14.1%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	2.89	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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.
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 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
 - ☒ 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

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: Orange
Program: Health Care Coverage Initiative (HCI) (Coverage Initiative) 2009

County Profile		Application Information	
Population	2,997,033	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	8.9%	Co-pay	Yes
Percent Uninsured	12.7%	Share-of-Cost	No
Primary Clinic Physician FTEs per 100,000	1.69	Serve Undocumented	No
County Type	Urban	Eligible Ages	21-64

Program	Health Care Coverage Initiative (HCI)
Program URL	http://www.ochealthinfo.com/medical/msi/index.htm
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. 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:

<input type="checkbox"/> Request extended coverage <input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> Have proof of medical need <input type="checkbox"/> Other:
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- 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

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 |
| Limited | 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 |
| 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

- | | |
|---------|---------------------------|
| Yes | 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: 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
 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
 Hurtt Family Medical Clinic (Tustin) - Private

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: Orange

Program: Orange County Medical Services Initiative Program (MSI) (Coverage Initiative) 2009

County Profile

Population	2,997,033
Percent Living Below the Poverty Level	8.9%
Percent Uninsured	12.7%
Primary Clinic Physician FTEs per 100,000	1.69
County Type	Urban

Application Information

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

Program Orange County Medical Services Initiative Program (MSI)

Program URL <http://www.ochealthinfo.com/medical/msi/index.htm>

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:

<input type="checkbox"/> Request extended coverage	<input checked="" type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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
Limited	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
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

Yes	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: 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 & 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 & 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
 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
 Hurtt Family Medical Clinic (Tustin) - Private

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: Placer
Program: Placer County Medical Care Services Program 2009

County Profile

Population	332,920
Percent Living Below the Poverty Level	5.6%
Percent Uninsured	7.5%
Primary Clinic Physician FTEs per 100,000	1.06
County Type	Suburban

Application Information

Eligible Poverty Level	100% FPL
Co-pay	Yes
Share-of-Cost	No
Serve Undocumented	No
Eligible Ages	21-64

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

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
 - ☒ Re-apply
 - ☐ Have proof of medical need
 - ☐ Other:

- Limited retroactive coverage for emergency care.

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
- Limited* Skilled Nursing Services
- Limited* 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

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

- 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

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 (OSHDP) 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

County Profile		Application Information	
Population	20,615	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	11.6%	Co-pay	No
Percent Uninsured	15.5%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	2.43	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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:

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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: Riverside

Program: Riverside County Medically Indigent Services Program (MISP) 2009

County Profile

Population	2,073,571
Percent Living Below the Poverty Level	11.5%
Percent Uninsured	16.2%
Primary Clinic Physician FTEs per 100,000	0.92
County Type	Urban

Application Information

Eligible Poverty Level	200% FPL
Co-pay	Yes
Share-of-Cost	Yes
Serve Undocumented	Yes
Eligible Ages	21-64

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:

<input type="checkbox"/> Request extended coverage <input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> Have proof of medical need <input type="checkbox"/> 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.

- 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

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: Sacramento
Program: Sacramento County Medically Indigent Services Program (CMISP) 2009

County Profile		Application Information	
Population	1,386,667	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	13.6%	Co-pay	No
Percent Uninsured	8.6%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	1.10	Serve Undocumented	No
County Type	Urban	Eligible Ages	All

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.
Recent Changes	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:

Proof of Residency:	Yes	Proof of Expenses:	Yes
Proof of Identity:	Yes	Value of Assets:	Yes
Proof of Income:	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 cannot be retroactively applied.
- To re-enroll, patient needs to:
 - ☐ Request extended coverage ☒ Have proof of medical need
 - ☒ Re-apply ☐ Other:

Covered Services

Medical Services

- Limited* Inpatient Hospital Services
- Yes* Outpatient Hospital and Clinic Services
- Limited* 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
- Limited* 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

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
- Yes* Orthotics and Prosthetics

- 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

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: San_Benito
Program: County Medical Services Program (CMSP) 2009

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

Program County Medical Services Program (CMSP)
Program URL <http://www.cmspcounties.org>
Contact Phone (831) 636-4180
County Department San Benito 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 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.

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 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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: San_Bernardino
Program: San Bernardino County Medical Services Plan (CMSP), aka Medically Indigent Adult Health Care (MIA) 2009

County Profile		Application Information	
Population	2,007,800	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	15%	Co-pay	Yes
Percent Uninsured	14%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	1.16	Serve Undocumented	No
County Type	Urban	Eligible Ages	21-64

Program San Bernardino County Medical Services Plan (CMSP), aka Medically Indigent Adult Health Care (MIA)
Program URL none
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

[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
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.

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

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 (OSHDP) 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

County Profile		Application Information	
Population	2,974,859	Eligible Poverty Level	350% FPL
Percent Living Below the Poverty Level	11%	Co-pay	No
Percent Uninsured	12.5%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	5.67	Serve Undocumented	No
County Type	Urban	Eligible Ages	21-64

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 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: 1 to 6 months
- Coverage retroactivity: Coverage cannot be retroactively applied.
- To re-enroll, patient needs to to:

<input checked="" type="checkbox"/> Request extended coverage	<input checked="" type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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.

Covered Services

Medical Services

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

Pharmacy and Vision

<i>Yes</i>	Prescription Drugs
<i>Limited</i>	Optometry Services
<i>Limited</i>	Eye Appliances

Medical Supplies and Other Ancillary Services

<i>Yes</i>	Medical Transportation
<i>Limited</i>	Durable Medical Equipment
<i>Limited</i>	Hearing Aids
<i>Limited</i>	Orthotics and Prosthetics

- 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

Scripps Memorial Hospital (Encinitas) - Private
 Sharp Coronado Hospital (Coronado) - Private
 Sharp Chula Vista Medical Center (Chula Vista) - Private
 Scripps Mercy Hospital (San Diego) - Private
 Scripps Mercy Hospital (Chula Vista) - Private
 Scripps Memorial Hospital (La Jolla) - Private
 Sharp Memorial Hospital (San Diego) - 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

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 Downtown (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

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: San_Diego
Program: San Diego Coverage Initiative (CI) (Coverage Initiative) 2009

County Profile		Application Information	
Population	2,974,859	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	11%	Co-pay	No
Percent Uninsured	12.5%	Share-of-Cost	No
Primary Clinic Physician FTEs per 100,000	5.67	Serve Undocumented	No
County Type	Urban	Eligible Ages	21-64

Program	San Diego Coverage Initiative (CI)
Program URL	none
Contact Phone	(858) 492-4444; (760) 471-9660
County Department	San Diego County Health and Human Services Agency
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.
Recent Changes	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:

☒ Request extended coverage ☒ Have proof of medical need

[] Re-apply

[] Other:

- 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

Medical Services

- Yes Inpatient Hospital Services
- Limited Outpatient Hospital and Clinic Services
- Yes Emergency Room Care
- Limited 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
- 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

Pharmacy and Vision

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

Medical Supplies and Other Ancillary Services

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

- 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 (San Diego) - 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

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: San_Francisco

Program: San Francisco County Community Health Network Sliding Scale Program (SSP) 2009

County Profile

Population	764,976
Percent Living Below the Poverty Level	12.2%
Percent Uninsured	8%
Primary Clinic Physician FTEs per 100,000	12.89
County Type	Urban

Application Information

Eligible Poverty Level	500% FPL
Co-pay	Yes
Share-of-Cost	No
Serve Undocumented	Yes
Eligible Ages	All

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:
 - ☒ Request extended coverage
 - ☐ Have proof of medical need
 - ☒ Re-apply
 - ☒ 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 included services: Medi-Cal guidelines are used to determine medically necessary services. Prior authorization needed for service outside CHN.
- 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 (Visitation Valley) - County

Maxine Hall Health Center (Western Addition) - County

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: San_Joaquin

Program: San Joaquin County Medically Indigent Program (CMIP) 2009

County Profile

Population	670,990
Percent Living Below the Poverty Level	14.7%
Percent Uninsured	14.2%
Primary Clinic Physician FTEs per 100,000	3.56
County Type	Suburban

Application Information

Eligible Poverty Level	300% FPL
Co-pay	Yes
Share-of-Cost	No
Serve Undocumented	No
Eligible Ages	21-64

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
 - ☐ Have proof of medical need
 - ☒ Re-apply
 - ☐ Other:

- Retroactive application must occur within 30 days following the month of service or discharge.

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
Limited	Drug and Alcohol Treatment Services
No	Family Planning Services
No	Skilled Nursing Services
Limited	Home Health Agency Services
No	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: 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.

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

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

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: San_Luis_Obispo
Program: San Luis Obispo County Medical Services Program (CMSP). 2009

County Profile		Application Information	
Population	262,436	Eligible Poverty Level	250% FPL
Percent Living Below the Poverty Level	13.5%	Co-pay	No
Percent Uninsured	10.9%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	11.85	Serve Undocumented	No
County Type	Suburban	Eligible Ages	21-64

Program San Luis Obispo County Medical Services Program (CMSP).
Program URL <http://www.slocounty.ca.gov/health/publichealth/lowincome/cmssp.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

Eligibility

- 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.

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

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

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:

<input type="checkbox"/> Request extended coverage	<input checked="" type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

Medical Services

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

Pharmacy and Vision

<i>Limited</i>	Prescription Drugs
<i>Limited</i>	Optometry Services
<i>No</i>	Eye Appliances

Medical Supplies and Other Ancillary Services

<i>Yes</i>	Medical Transportation
<i>Limited</i>	Durable Medical Equipment
<i>No</i>	Hearing Aids
<i>Limited</i>	Orthotics and Prosthetics

- Other included services: All services (except emergencies and ambulance transportation which could place health in serious jeopardy) require prior authorization.
- 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.

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
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 (OSHDP) Primary Clinic Utilization Data 2007
County Type: California State Association of Counties (CSAC) caucus designation, April 2009

County: San_Mateo

Program: San Mateo County Access and Care for Everyone (ACE) Program (Coverage Initiative) 2009

County Profile

Population	706,984
Percent Living Below the Poverty Level	6.9%
Percent Uninsured	7.6%
Primary Clinic Physician FTEs per 100,000	2.04
County Type	Urban

Application Information

Eligible Poverty Level	200% FPL
Co-pay	Yes
Share-of-Cost	Yes
Serve Undocumented	Yes
Eligible Ages	Depends, see below

Program

San Mateo County Access and Care for Everyone (ACE) Program

Program URL

<http://www.hpsm.org/Members.aspx?DocID=293>

Contact Phone

(650) 573-3595

County Department

County Health System

Administrator

Health Plan of San Mateo (HPSM)

Program Synopsis

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 Duration

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

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. 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.

Provider Network

Hospitals

San Mateo Medical Center (San Mateo) - County

Clinics

Daly City Clinic (Daly City) - County

Ravenswood Family Health Center (East Palo Alto) - Private

SMMC Coastsides 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

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: Santa_Barbara

Program: Santa Barbara County Medically Indigent Adult Program (MIA) 2009

County Profile

Population	404,197
Percent Living Below the Poverty Level	12.7%
Percent Uninsured	10.2%
Primary Clinic Physician FTEs per 100,000	6.37
County Type	Suburban

Application Information

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

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:

- ☒ Request extended coverage
- ☒ Re-apply

- ☒ Have proof of medical need
- ☐ 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
- 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

Pharmacy and Vision

- Yes* Prescription Drugs
- No* Optometry Services
- No* Eye Appliances

Medical Supplies and Other Ancillary Services

- Limited* Medical Transportation
- Limited* Durable Medical Equipment
- No* Hearing Aids
- No* Orthotics and Prosthetics

- 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

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 (OSHDP) 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

County Profile

Population	1,748,976
Percent Living Below the Poverty Level	8.4%
Percent Uninsured	9.5%
Primary Clinic Physician FTEs per 100,000	2.05
County Type	Urban

Application Information

Eligible Poverty Level	350% FPL
Co-pay	Yes
Share-of-Cost	No
Serve Undocumented	Yes
Eligible Ages	All

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:

<input type="checkbox"/> Request extended coverage <input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> Have proof of medical need <input type="checkbox"/> Other:
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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 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

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: Santa_Clara
Program: Valley Care (Coverage Initiative) 2009

County Profile

Population	1,748,976
Percent Living Below the Poverty Level	8.4%
Percent Uninsured	9.5%
Primary Clinic Physician FTEs per 100,000	2.05
County Type	Urban

Application Information

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

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.
Recent Changes	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
 - ☐ Have proof of medical need
 - ☒ Re-apply
 - ☒ Other: Financial status verified once a year.

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
- Limited 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: Community Clinics and some community physicians act as primary care providers.
- 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 \$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

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 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

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: Santa_Cruz
Program: Santa Cruz County Medi-Cruz 2009

County Profile

Population	251,747
Percent Living Below the Poverty Level	11.8%
Percent Uninsured	12.8%
Primary Clinic Physician FTEs per 100,000	4.22
County Type	Suburban

Application Information

Eligible Poverty Level	100% FPL
Co-pay	Yes
Share-of-Cost	Yes
Serve Undocumented	Yes
Eligible Ages	21-64

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:

Proof of Residency:	Yes
Proof of Identity:	Yes
Proof of Income:	Yes

Proof of Expenses:	Yes
Value of Assets:	Yes
Proof of Immigration Status:	No

- 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:

<input type="checkbox"/> Request extended coverage <input checked="" type="checkbox"/> Re-apply	<input checked="" type="checkbox"/> Have proof of medical need <input checked="" type="checkbox"/> Other: Retroactive coverage for one month for ER and inpatient services only.
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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

- Other included services: Coverage is based on medical need covered by Medi- Cruz and services needed to provide care for that medical condition. Any outside providers require prior authorization.
- Other specifically excluded services: Preventative 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 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

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 (OSHDP) 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		Application Information	
Population	179,427	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	13.8%	Co-pay	No
Percent Uninsured	19.3%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	16.87	Serve Undocumented	Yes
County Type	Suburban	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
 - ☒ 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

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 (OSHDP) Primary Clinic Utilization Data 2007

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

County: Sierra
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	3,328	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	10.7%	Co-pay	No
Percent Uninsured	15.5%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	7.51	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

Program	County Medical Services Program (CMSP)
Program URL	http://www.cmspcounties.org
Contact Phone	(530) 993-6720
County Department	Sierra County Human Services, Health 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	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.
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 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
 - ☒ 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

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 (OSHDP) 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

County Profile		Application Information	
Population	44,296	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	17.5%	Co-pay	No
Percent Uninsured	15.5%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	18.65	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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 Expenses:	Yes
Proof of Identity:	Yes	Value of Assets:	Yes
Proof of Income:	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

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

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 (OSHDP) 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

County Profile		Application Information	
Population	408,599	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	9.2%	Co-pay	No
Percent Uninsured	8.9%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	1.57	Serve Undocumented	Yes
County Type	Suburban	Eligible Ages	21-64

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:

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.

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

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 (OSHDP) 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

County Profile		Application Information	
Population	464,435	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	8.9%	Co-pay	No
Percent Uninsured	8.1%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	8.94	Serve Undocumented	Yes
County Type	Suburban	Eligible Ages	21-64

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
 - ☒ 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

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 (OSHDP) 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

Population	511,263
Percent Living Below the Poverty Level	14.5%
Percent Uninsured	16.5%
Primary Clinic Physician FTEs per 100,000	5.28
County Type	Suburban

Application Information

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

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.
Recent Changes 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:

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, 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
[x] Re-apply

[] Have proof of medical need
[] 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
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

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

- 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, not medically necessary 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 \$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

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: Sutter
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	92,040	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	11.9%	Co-pay	No
Percent Uninsured	11%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	14.92	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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 Expenses:	Yes
Proof of Identity:	Yes	Value of Assets:	Yes
Proof of Income:	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

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

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 (OSHDP) Primary Clinic Utilization Data 2007

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

County: Tehama
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	61,114	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	17.8%	Co-pay	No
Percent Uninsured	15.6%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	4.58	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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 Expenses:	Yes
Proof of Identity:	Yes	Value of Assets:	Yes
Proof of Income:	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
 - ☒ 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

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: Trinity
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	14,177	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	16%	Co-pay	No
Percent Uninsured	15.5%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	2.82	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

Program County Medical Services Program (CMSP)
Program URL <http://www.cmspcounties.org>
Contact Phone (530) 623-1265; (800) 851-5658
County Department Trinity 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 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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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: Tulare
Program: Tulare County Medical Services (TCMS) 2009

County Profile		Application Information	
Population	421,553	Eligible Poverty Level	275% FPL
Percent Living Below the Poverty Level	23.2%	Co-pay	Yes
Percent Uninsured	16.7%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	13.43	Serve Undocumented	Yes
County Type	Suburban	Eligible Ages	21-64

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
Administrator 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:

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

- 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:
 - ☒ Request extended coverage
 - ☐ Have proof of medical need

[x] Re-apply

[x] 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

- Other included services: Services must be provided at contracted hospitals or County community clinics or be pre-authorized.
- 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 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
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: Tuolumne
Program: County Medical Services Program (CMSP) 2009

County Profile		Application Information	
Population	55,806	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	12.2%	Co-pay	No
Percent Uninsured	12.2%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	10.48	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

Program	County Medical Services Program (CMSP)
Program URL	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 Sonoma, by mail by calling the Department of Social Services, or download an application at 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
 - ☒ 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

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 (OSHDP) 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

County Profile

Population	798,364
Percent Living Below the Poverty Level	9.7%
Percent Uninsured	10.5%
Primary Clinic Physician FTEs per 100,000	4.98
County Type	Urban

Application Information

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

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:

<input type="checkbox"/> Request extended coverage	<input type="checkbox"/> Have proof of medical need
<input checked="" type="checkbox"/> Re-apply	<input type="checkbox"/> 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

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

Pharmacy and Vision

<i>Limited</i>	Prescription Drugs
<i>Limited</i>	Optometry Services
<i>No</i>	Eye Appliances

Medical Supplies and Other Ancillary Services

<i>No</i>	Medical Transportation
<i>Limited</i>	Durable Medical Equipment
<i>No</i>	Hearing Aids
<i>Limited</i>	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

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: Ventura

Program: Ventura County Medical Center's (VCMC) Self Pay Discount Program (SPDP) 2009

County Profile

Population	798,364
Percent Living Below the Poverty Level	9.7%
Percent Uninsured	10.5%
Primary Clinic Physician FTEs per 100,000	4.98
County Type	Urban

Application Information

Eligible Poverty Level	600% FPL
Co-pay	Yes
Share-of-Cost	Yes
Serve Undocumented	Yes
Eligible Ages	19 and up

Program Ventura County Medical Center's (VCMC) Self Pay Discount Program (SPDP)
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

Proof of Expenses:	No
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:

☐ Request extended coverage

☐ Have proof of medical need

[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
- Yes Therapies such as Occupational, Physical, and Speech

- 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.

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

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
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

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: Yolo

Program: Yolo County Healthcare for Indigents Program (YCHIP) 2009

County Profile

Population	195,844
Percent Living Below the Poverty Level	15.2%
Percent Uninsured	9.8%
Primary Clinic Physician FTEs per 100,000	3.90
County Type	Suburban

Application Information

Eligible Poverty Level	Not based on FPL.
Co-pay	No
Share-of-Cost	Yes
Serve Undocumented	No
Eligible Ages	All

Program	Yolo County Healthcare for Indigents Program (YCHIP)
Program URL	http://www.yolocounty.org/Index.aspx?page=67
Contact Phone	530-661-2750
County Department	County Health Department
Administrator	Health Department
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.
Recent Changes	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
 - ☐ Re-apply
 - ☐ Have proof of medical need
 - ☒ Other: Renew before enrollment ends.

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
- No* Podiatry services
- No* Drug and Alcohol Treatment Services
- Limited* Family Planning Services
- Limited* Skilled Nursing Services
- Limited* Home Health Agency Services
- No* Dental Services
- No* 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

- No* Medical Transportation
- Limited* Durable Medical Equipment
- No* Hearing Aids
- Limited* Orthotics and Prosthetics

- 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

Clinics

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

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 (OSHDP) 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

County Profile		Application Information	
Population	72,098	Eligible Poverty Level	200% FPL
Percent Living Below the Poverty Level	17.1%	Co-pay	No
Percent Uninsured	12.2%	Share-of-Cost	Yes
Primary Clinic Physician FTEs per 100,000	18.64	Serve Undocumented	Yes
County Type	Rural	Eligible Ages	21-64

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:

Proof of Residency:	No	Proof of Expenses:	Yes
Proof of Identity:	Yes	Value of Assets:	Yes
Proof of Income:	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

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

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