



HealthPAC
Health Program of Alameda County

Division of Financial Responsibility – DOFR
Effective July 1, 2018

Key:

- CBO = Community Based Organization
- AHS = Alameda Health System
- SRH = St. Rose Hospital
- PCP = Primary Care Provider
- County = HCSA and/or one of its departments
- “x”= indicates this group is financially responsible for the provision of the designated service
- NA = Non-Covered Service
- N = No
- Y = Yes

HEALTH CARE SERVICE	CBO + AHS PCP Clinics	AHS Hospitals/ Specialty	SRH Hospital	County	Referral to AHS	Authorization Required	COMMENTS
ABORTION / PREGNANCY SERVICES / FAMILY PLANNING	NA	NA			N	N	Limited to Family PACT (California Family Planning, Access, Care, and Treatment).
ALLERGY IMMUNOTHERAPY		x			Y	N	
ALLERGY TESTING, TREATMENT AND SERUM		x			Y	N	
AMBULANCE - EMERGENCY <ul style="list-style-type: none"> • In Area • Out of Area 				x NA	N	N	
ANESTHESIOLOGY (related to surgery)		x			N	N	

HEALTH CARE SERVICE	CBO + AHS PCP Clinics	AHS Hospitals/ Specialty	SRH Hospital	County	Referral to AHS	Authorization Required	COMMENTS
BLOOD/BLOOD PRODUCTS <ul style="list-style-type: none"> Blood Bank Autologous/Homologous Storage and Collection of Blood 		<ul style="list-style-type: none"> x x x 			Y	N	
CARDIAC REHABILITATION - When associated with Inpatient <ul style="list-style-type: none"> Technical Component Professional Component 		<ul style="list-style-type: none"> x x 			Y	N	
CARDIAC REHABILITATION – If in MD office or referred by MD office, except when associated with IP stay <ul style="list-style-type: none"> Technical Component Professional Component 		<ul style="list-style-type: none"> x x 			Y	N	
California Children Services (CCS)					N/A	N/A	Carve out to CCS
CHEMICAL DEPENDENCY / SUBSTANCE ABUSE	x			x	N	Y	Limited to authorized services for individuals with co-occurring mental health conditions. BHCS needs to authorize that client meets specialty mental health eligibility criteria.
CHEMOTHERAPY <ul style="list-style-type: none"> Drugs, including Epogen, Neupogen and adjunctive therapies Facility Component Professional Component 		<ul style="list-style-type: none"> x x x 			N	N	

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COSMETIC SURGERY (Medically Necessary) <ul style="list-style-type: none"> Facility Component Professional Component 		<ul style="list-style-type: none"> x x 			Y	N	
CRITICAL CARE VISITS <ul style="list-style-type: none"> Facility Professional 		<ul style="list-style-type: none"> x x 			N/A	N/A	
DENTAL SERVICES <ul style="list-style-type: none"> Facility Component Professional Component 	<ul style="list-style-type: none"> x x 	<ul style="list-style-type: none"> x x 			N	N	
DIAGNOSTIC TESTING IN OFFICE (EKG, X-RAY)	x				N	N	
DIAGNOSTIC TESTING (Including but not limited to sleep studies, CT Scans, PET Scans, MRIs, hearing tests, diagnostic colonoscopies, EEG etc.) <ul style="list-style-type: none"> Facility Component Professional Component 		<ul style="list-style-type: none"> x x 			Y	N	When associated with IP stay, Ambulatory or OP Surgery and ER; includes outside facility during an IP stay.
DURABLE MEDICAL EQUIPMENT <ul style="list-style-type: none"> Outpatient Surgically Implanted 		<ul style="list-style-type: none"> x x 			Y	Y	<ul style="list-style-type: none"> Authorized by AHS, PCP clinic provides MD contact, documentation of medical necessity Process does not require that member register or visit AHS site
EMERGENCY ADMISSIONS <ul style="list-style-type: none"> Facility Component Professional Component 		<ul style="list-style-type: none"> x x 	<ul style="list-style-type: none"> x x 		N	N	HealthPAC patients should not be billed beyond the co-pay schedule for facility and professional services.
EMERGENCY ROOM VISITS <ul style="list-style-type: none"> Facility Component Professional Component 		<ul style="list-style-type: none"> x x 	<ul style="list-style-type: none"> x x 		N	N	HealthPAC patients should not be billed beyond the co-pay schedule for facility and professional services.

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EXTENDED CARE/SKILLED NURSING FACILITY <ul style="list-style-type: none"> Facility Component Professional Component 		<ul style="list-style-type: none"> x x 			Y	Y	AHS authorization
HEMODIALYSIS <ul style="list-style-type: none"> Facility Component Dialysis Drugs Professional Component 		<ul style="list-style-type: none"> x x x 			Y	N	
IMMUNIZATIONS – Standard Adult and Pediatric—NOT TRAVEL related and NOT work related.	x				N	N	
INJECTIBLES		x			Y	N	
LABORATORY SERVICES Office Reference lab (per defined CPT code)	x	x			Y	Y	Authorization for reference lab done by AHS
LITHOTRIPSY <ul style="list-style-type: none"> Facility Component Professional Component 		<ul style="list-style-type: none"> x x 			Y	N	
MEDICAL SUPPLIES	x	x			Y	N	
BEHAVIORAL HEALTH – John George/Inpatient and ER <ul style="list-style-type: none"> Facility Component Professional Component 		<ul style="list-style-type: none"> x x 				Y	No authorization required for ER. Services covered under separate contract b/w BHCS and AHS.
BEHAVIORAL HEALTH – Specialty Outpatient <ul style="list-style-type: none"> Facility Component Professional Component 	<ul style="list-style-type: none"> x x 			<ul style="list-style-type: none"> x x 	N	Y	<ul style="list-style-type: none"> Auth Completed by BHCS (for specialty behavioral health only) Specialty mental health services for HealthPAC patients that meet diagnostic criteria.

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OFFICE VISITS <ul style="list-style-type: none"> Primary Care Mental Health 	x x				N	N	
PATHOLOGY - When associated with IP, Ambulatory Surgery or Emergency Room <ul style="list-style-type: none"> Professional Component Technical Component 		x x			N	N	Except PAP smears
PATHOLOGY – In MD office or when referred by MD office, except when associated with, IP stay, OP/Ambulatory Surgery or ER, as noted above <ul style="list-style-type: none"> Technical Component Professional Component 		x x			N	N	
PHARMACY SERVICES	x	x			N/A	N	HealthPAC has an approved formulary available at http://www.acgov.org/health/indigent/pac-prov.htm . Clinics are responsible for filling prescriptions for patients assigned to medical home after being released from an inpatient stay. Hospitals generally provide a 3 day fill.
PODIATRY	x	x			Y	N	Referral required for hospital based service only.
PROSTHETIC/ORTHOTIC DEVICES <ul style="list-style-type: none"> Outpatient Surgically Implanted 		x x			Y	N	

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PSYCHOLOGY SERVICES	x	x		x		Y (for County provided services)	Medi-Cal exclusion allows services at FQHC. County provides services for SMI population.
RADIATION THERAPY		x			Y	N	
Specialty Care Office Procedures		x			Y	N	
Specialty Care Office Visits		x			Y	N	
Specialty Procedures <ul style="list-style-type: none"> • Diagnostic • Therapeutic 		x x			Y	N	
SURGERY - Inpatient <ul style="list-style-type: none"> • Facility Component • Professional Component 		x x			Y	N	
SURGERY – Outpatient <ul style="list-style-type: none"> • Facility Component • Professional Component 		x x			Y	N	
THERAPY: Physical <ul style="list-style-type: none"> • Inpatient • Outpatient/Office 		x x			Y	N	
TRANSPLANTS <ul style="list-style-type: none"> • Facility Component • Organ Procurement • Covered Immunosuppressive • Professional Component 	NA	NA			N/A	N	Not a covered benefit
TRANSPORTATION, NON-EMERGENCY MEDICAL	x	x				Y	Authorization done by CBO and AHS.

<u>HealthPAC NON-COVERED SERVICES</u>	COMMENTS
<ul style="list-style-type: none"> ● Acupuncture ● Adult Day Health Care ● Alopecia treatment ● Artificial Insemination, Infertility Services and Conception by artificial means ● Audiology ● Bariatric Surgery ● Biofeedback ● Chemical dependency services (without co-occurring mental health condition) ● Chiropractic ● Custodial Care ● Cosmetic Services - to change the way you look, not medically necessary ● Exercise and hygiene equipment ● Home health ● Hospice Care ● Incontinence Supplies ● Infertility Testing and Treatment... Refer to Family PACT ● Inpatient Convenience items ● Maternity - deliveries ● Organ Transplants and Post-Transplant Services ● Private Rooms ● Reversal of Sterilization ● Services provided as a requirement of employment, licensing or court order ● Speech and hearing exams ● Travel & lodging expenses ● Therapy- occupational, respiratory and speech ● Vision care - services only include procedures for evaluation of visual system. Does NOT include eyeglasses or other eye appliances. ● Services provided outside of the HealthPAC provider network 	<p style="text-align: center;">NON- COVERED MEDICAL SERVICES</p>