

**SAN JOAQUIN GENERAL HOSPITAL  
INDIGENT PROGRAM  
SCOPE OF MEDICAL SERVICES**

**SECTION 1. DEFINITIONS, INCLUDING MEANING OF WORDS, AND EFFECT OF SECTION HEADINGS**

- A. As used in this policy, unless otherwise apparent from the context:
1. "Board of Supervisors" means the Board of Supervisors of the County of San Joaquin.
  2. "Hospital" means San Joaquin General Hospital (SJGH).
  3. "Medically Indigent Adult" (MIA) refers to those individuals that reside in San Joaquin County, who lack other health care coverage, and meet certain financial eligibility criteria.
  4. "California Healthcare Indigent Program" (CHIP) refers to those individuals that reside in San Joaquin County, who lack other health care coverage, and have virtually no income or assets.
  5. "County Medically Indigent Program" (CMIP) means the health care program under which the eligible MIA and CHIP patients are covered, as required by § 17000 of the W&I Code.
  6. "Beneficiaries" means those persons certified eligible for services under CMIP.
  7. "Emergency Services" means any services required for the alleviation of severe pain or the immediate diagnosis and treatment of severe medical conditions which, if not immediately diagnosed and treated, would lead to disability or death.
  8. "Medically Necessary" or "Medical Necessity" - A service is medically necessary or a medical necessity when it is reasonable and necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain.
  9. Articles and section headings, when contained herein, shall not be deemed to govern or modify or in any manner affect the scope, meaning or intent of the provisions of any article or section.

**SECTION 2. COUNTY POLICY**

It is the intent and purpose of the Board of Supervisors:

- A. To organize and administer San Joaquin County's §17000 medical care obligations.

- B. Provide medically necessary outpatient and inpatient services to those residents of San Joaquin County who are eligible to receive them pursuant to W&IC §17000, and subject to the requirements of this policy.
- C. No requirement in this section or of any other section of this policy shall in any way prevent the receipt of acutely & medically necessary services to those individuals who are eligible for CMIP services under W&IC §17000 and the provisions of this policy.
- D. To prioritize the provision of inpatient hospital services at San Joaquin General Hospital according to medical need.
- E. To provide medically necessary services under this Program at San Joaquin General Hospital to the fullest extent practical and consistent with good medical practice.
- F. Those persons determined to have lawful residence outside San Joaquin County will be referred back to that County/State/Country to receive their medical services.

**SECTION 3. RESPONSIBILITY FOR ADMINISTRATION OF THE WELFARE AND INSTITUTIONS CODE W&IC §17000 MEDICAL CARE OBLIGATIONS**

The County of San Joaquin's obligation to provide medical services pursuant to W&IC §17000 shall operate under the direction of the Director of the San Joaquin County Health Care Services Agency.

**SECTION 4. SCOPE OF SERVICES**

- A. The scope of medical services available to eligible beneficiaries under this Program is defined in Attachment 1.
- B. The Program scope of medical services set forth in Attachment 2 shall not include any of those services that are covered by other federal and state programs, entities and/or funding sources for which an individual beneficiary is eligible, such as, but not limited to, prenatal care during pregnancy, end-stage renal disease, organ transplants, and breast/cervical/ prostate cancer.
- C. The scope of services available under this program to eligible beneficiaries will be reviewed and amended from time to time, or no more than every 2 years, with respect to any changes in federal and/or state medical program scope of services or funding.

**SECTION 5. AUTHORIZATION FOR TREATMENT**

- A. All medical services provided to CMIP beneficiaries must be authorized in advance. Management of the program may be delegated by San Joaquin County to a third party administrator. Services shall include medical management, quality improvement, case management, claims payment, and appeals and grievances. (See Attachment 3).

- B. All scheduled hospital admissions must receive prior authorization. Covered acute emergency services will be authorized retroactive to the day of admission. Emergency services provided by an on-call physician specialist do not require prior authorization.
- C. Written or electronic pre-authorization requests are required for services. Verbal requests will be confirmed with either a telephone control number, confirmation in writing, or both.
- D. Authorization and length of stay criteria will be based on those medical guidelines utilized by the third party administrator and/or standards generally accepted in the medical community. Authorization may be limited to a period of stabilization prior to transporting the beneficiary to SJGH.

**SECTION 6. ACCESS TO MEDICAL CARE**

- A. All routine inpatient and outpatient care, as defined in Attachment 2, shall be provided at SJGH.
- B. Medically necessary specialty care and tertiary care that is not available at SJGH may be arranged within the sole discretion of SJGH, and claims paid if the services have been pre-authorized and other claims requirements are met.

**SECTION 7. CLAIMS FOR PAYMENT TO PROVIDERS**

- A. Claims for services rendered to CMIP beneficiaries shall be subject to informational needs as established to properly evaluate the propriety of the claim. Legitimate informational needs include, but are not limited to, that information necessary to evaluate the medical necessity of the services; relate to charges to services and provide data necessary to proper monitoring and management of the CMIP.
- B. Even though a beneficiary's eligibility is pending, a claim will not be considered for payment unless it is received within the time limitations as established herein.
- C. Claims for services rendered will be paid if presented in a timely manner, provided that treatment has been authorized and the patient eligibility has been established.
- D. For all claims submitted, written notice shall be given to the provider of the action taken upon the claim.
- E. Emergency services rendered to beneficiaries by on-call physician specialists will be reimbursed if the following conditions are met:
  - 1. The beneficiary requires services consistent with the definition of "emergency medical services" as specified in Section 1; and,
  - 2. It is either medically contraindicated to bring the beneficiary to SJGH, or the type of emergency services required are not available at SJGH.

- F. Emergency medical services provided to otherwise eligible beneficiaries outside San Joaquin County will be reimbursed only when a direct referral has been made by SJGH.

**SECTION 8. REIMBURSEMENT FOR APPROVED CLAIMS**

- A. Approved rate schedules will be kept on file and made available to the public upon request.
- B. Providers, in accepting reimbursement from the CMIP, shall agree to accept the reimbursement amount as payment in full and will not attempt to collect from the beneficiary the difference, if any, between the charged amount and the reimbursement amount.

**SECTION 9. PROVIDER APPEALS**

Providers subject to an adverse decision affecting reimbursement or scope of benefits shall have available an appeal process to afford them due process in seeking relief from such decisions (See Attachment 4).

SAN JOAQUIN GENERAL HOSPITAL

**County Medically Indigent Program**  
**Medical Scope of Services**

- A. The following list shall constitute the categories of services available through and payable by CMIP, subject to all requirements and restrictions for those persons certified as eligible for the program. Services must be provided at SJGH or its affiliates.
- Hospital Inpatient. All hospitalization must be authorized unless emergent.
  - Primary Care and Specialty Provider Visits
  - Radiology at SJGH
  - Laboratory at SJGH
  - Emergency Dental Services.
  - Podiatry (limited).
  - Occupational Therapy.
  - Physical Therapy.
  - Speech Therapy.
  - Prescription Drugs Limited to SJGH pharmacy and to formulary only
  - Durable Medical Equipment (limited).
  - Medical Supplies
  - Medical Transportation for emergency medical care
  - Home Health Care
  - Immunizations-Limited
  - Preventive Care Services if no other program is available.
- B. Services specifically **not covered** by CMIP include:
- Services of non-participating providers
  - Services provided outside of San Joaquin General Hospital without prior written authorization from the Plan Administrator
  - Services that are part of a treatment for non-covered services.
  - Routine foot care including, but not limited to, removal or reduction of bunions, corns and calluses, clipping of toenails, flat feet, fallen arches, and chronic foot strain
  - Treatment for infertility, in-vitro fertilization, artificial insemination, sperm bank charges and infertility drugs. Reversals of voluntarily induced infertility
  - Long-term or maintenance level rehabilitation services including physical, occupational, respiratory and speech therapy
  - Non-medical or rehabilitation services for the treatment of alcoholism and/or drug use
  - Cosmetic or reconstructive surgery
  - Inpatient or outpatient eating disorder programs, dietary control and/or surgery or other treatment of obesity, including but not limited to food and food supplements, laboratory tests in association with weight reduction programs, vitamins, gastric bubble or other similar procedures.
  - Counseling and/or therapy for marital/family problems, alcohol and chemical abuse, sexual dysfunctions, smoking cessation and eating disorders

- Services for the treatment of mental retardation and other congenital mental abnormalities, developmental and learning disorders and functional nervous disorders or other chronic deficiencies of mentation
- Examinations and reports specifically for purposes such as obtaining employment, insurance, governmental licensing for appearances at hearing or court proceedings or examinations precedent to engaging in travel, recreation or organizational activities
- Diagnostic studies of sleep related disorders except when contributing to severe cardio respiratory disease
- Bone densitometry
- Treatment of Hepatitis C
- Organ implants/transplants
- Mental Health Services
- Routine sight and hearing loss exams for adults
- Hearing Aids, Batteries
- Eyeglasses, contact lenses, frames
- General dental services
- Treatment of TMJ (temporomandibular joint dysfunction)
- TIPS (transjugular intrahepatic portosystemic shunt)
- Private inpatient rooms unless medically necessary during inpatient hospitalization.
- Elective or therapeutic abortions (covered by other programs)
- Chiropractic, acupuncture, acupressure, hypnotherapy and biofeedback
- Medical, surgical and other procedures and/or drugs defined as experimental
- Procedures, services and supplies related to sex transformations
- Replacement or repair of durable medical equipment; devices not medical in nature such as exercise equipment, spare or alternative use items, more than one device or the same part of the body or more than one piece of equipment that serves the same function
- Orthopedic shoes or shoe inserts, corrective appliances or support appliances and supplies such as stockings
- Custodial, domiciliary or convalescent care
- Homemaker services
- Care of military service connected disabilities (covered by Veteran's benefits)
- Over-the-counter medications unless listed on the formulary
- Hospice care (covered by other programs)
- Positron emission topography
- Upgraded surgical hardware for joint replacements
- Autologous Blood
- All other services not specifically listed in Section A or B require medical review for necessity

**ATTACHMENT 2**

<b>Benefit</b>	<b>Description / Limitation</b>	<b>Coverage</b>	<b>Auth Required</b>
Abortions	Elective or Therapeutic	Not Covered	
Alternative Therapies	Including but not limited to: Accupuncture, Accupressure, Biofeedback, Massage, Herbology, Water Therapy, Aromatherapy, Hypnotherapy	Not Covered	
Alcohol Abuse	Covered by other programs	Not Covered	
Allergy Injections and Allergy Testing	Not Covered		
Ambulance Transportation	Limited to transportation for emergency medical care		
Blood	Autologous Blood is not covered		No
Board and Care / Custodial Care	Not Covered		
Cardiac Valve Replacement	Limited to patients who are not active substance users	Limited	Yes
Chiropractic Care	Not Covered		
Contact Lenses	Implants Only following cataract surgery, or for Aphakia or Keratocomas	Limited	Yes
Chronic Deficiencies of Mentation	Check other programs. Services for the treatment of mental retardation and other congenital mental abnormalities developmental and learning disorders, and functional nervous disorders.	Not Covered	
Cosmetic Reconstructive Surgery	Limited to Breast Reconstruction after mastectomy	Limited	Yes
Dental Services	Limited to <b>Emergency Services</b> for: <ul style="list-style-type: none"> <li><input type="checkbox"/> Dental x-ray</li> <li><input type="checkbox"/> Dental exam</li> <li><input type="checkbox"/> Extraction</li> <li><input type="checkbox"/> Routine and Restorative dental services are excluded</li> </ul>	Limited to SJGH Dental Clinic	No
Dental Services children 5 - 14	Limited to the following services <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency dental services</li> </ul>	Limited to children only	No

Benefit	Description / Limitation	Coverage	Auth Required
	<ul style="list-style-type: none"> <li>❑ Dental Examinations</li> <li>❑ Dental x-rays</li> <li>❑ Dental Fillings</li> <li>❑ Extractions</li> <li>❑ Preventive dental care that includes teeth cleaning, sealants, and fluoride applications (Check the availability of services through Other programs)</li> </ul>		
Diabetic Supplies	Covered at SJGH pharmacy only	Limited to 30 day supply at one time.	No
Diagnostic Medical Testing	EEG, EKG, Studies	Covered	No
Diagnostic Medical Testing	EMG, Nerve Conduction, Endoscopy	Covered	Yes
Diagnostic Radiology	MRI, CT, Angiography, Nuclear Medicine Studies	Covered	Yes
Diagnostic Radiology	PET Scan, Bone Density, DEXA Scan	Not Covered	
Diagnostic X-ray	Routine Xray, Ultrasound, Doppler Studies, Mammography	Limited to SJGH	No
DME	Does not cover replacement or repair, exercise equipment, spare and alternate use items. No more than one device per body part, or one piece of equipment that serves the same function. Bi-Pap and C-Pap are not covered.	Limited. If not available at SJGH, Authorization is required.	Yes
Drug and Alcohol treatment	Check other programs. Medical Detoxification is limited to a 3 day inpatient stay at SJGH.	Limited	Yes
Emergency and Urgent Care	If admitted, the co-pay will be waived	Covered	No
Experimental Treatment	Not covered		
Eye Glasses	Not Covered		
Family Planning	Check other programs	Limited	Yes



Benefit	Description / Limitation	Coverage	Auth Required
Family Counseling	Counseling and/or therapy for marital/family problems, alcohol and chemical abuse, sexual dysfunctions, smoking cessation and eating disorders	Not Covered	
General Dental	Not covered		
Hearing Aid & Batteries	Not covered		
Hearing Exam (Audiology)	Not covered		
Hemodialysis (Acute)	Check other Programs	Limited	Yes
Hemodialysis (Chronic)	Check other Programs	Limited	Yes
Hepatitis C	Not covered		
Home Health	Limited to 20 visits/year	Limited	Yes
Home Maker Services	Not covered		
Hospice	Check other programs	Not covered	
Immunizations	Travel, College Entry and immunizations required for work are not covered.	Limited	No
In Patient Hospital Services	Inpatient - room and board, general nursing care, ancillary services, including operating room, anesthesia, intensive care unit, prescribed drugs, laboratory, and radiology, Physical, Occupational, and Speech Therapy.	Covered; Concurrent Review required after 1 <sup>st</sup> day	Yes, unless admitted through the ER
Infertility, In-Vitro Fertilization, artificial insemination sperm bank charges, reversals of voluntary induced infertility, and infertility drugs	Not Covered		
Lab	Routine blood work, Urinalysis, Occult Blood testing, Pap Smears	Covered at SJGH only	No
Maternity	Check other programs. Covered only if not eligible for other funding.	Limited	Yes
Medical Transportation	Limited to transportation for emergency medical care only	Limited	No

<b>Benefit</b>	<b>Description / Limitation</b>	<b>Coverage</b>	<b>Auth Required</b>
Mental Health	Check other programs	Not Covered	
Military Connected Disabilities	Covered under Veteran's Care	Not Covered	
Newborn Coverage	Covered under Medi-Cal		
Non-Participating Providers	Not Covered		
Organ Transplants and Inplants	Not Covered		
Orthotics	Not covered		
Out Patient Hospital Services	Services and supplies for treatment (including radiation and chemotherapy or surgery.	Covered	Yes
Over the Counter Drugs	Covered only if on formulary	Limited	Yes
Personal & Comfort Items	Not Covered		
Physical Exams	Not Covered unless back to work programs.	Limited	
Podiatry	Limited to: Peripheral neuropathy or peripheral vascular disease.	Limited	Yes
Prescription Drugs	Only those drugs listed on the Preferred Drug List, as periodically amended by the SJGH P&T committee are covered. Oral contraception if not covered under another program. Must be filled at San Joaquin General Hospital.	Limited	No
Preventive Care Screening (Physical Exams)	Not covered		
Prosthetic and Orthotic appliances,	Limited or not covered.	Limited	Yes
Radial Keratotomy	Not Covered		
Refraction	Not Covered		
Services which are part of a treatment for non-covered services	Not Covered		
Sex Transformation	Procedures, services, supplies and medication.	Not covered	
Skilled Nursing Facility	Covered under other programs	Not Covered	

Benefit	Description / Limitation	Coverage	Auth Required
Sleep Studies	Not Covered		
Sterilization	Check other programs	Covered	Yes
Supplies	Must be supplied at SJGH	Limited	Yes
Therapy: outpatient physical, speech and occupational.	Limited to acute condition with expected short term improvement (2 month max. individually or in combination)	Limited to 20 visits per year	Yes
TIPS (transjugular intrahepatic portosystemic shunt)	Not Covered		
TMJ	Not covered		
Upgraded surgical hardware	Not covered		
Vision Exam / Glasses	Not covered		
Weight control / surgery	Inpatient or Outpatient Eating Disorder programs, dietary control and/or surgery or other treatment of obesity including but not limited to food and food supplements laboratory tests in association with weight reduction programs, vitamins, gastric bubble, by-pass or other similar procedures	Not Covered	

## ATTACHMENT 3

### AUTHORIZATIONS

1. Authorization for care outside of San Joaquin General Hospital will be given only for those necessary medical services that are not offered by SJGH or are unavailable due to room limitations or staffing considerations.
2. Authorizations may be obtained through a Third Party Administrator (TPA) during regular business hours (8 a.m. through 5 p.m.), Monday through Friday.
3. Emergency admissions will be authorized through the TPA Office.
  - a. Admission authorizations will not exceed 1 day with authorization retroactive to the day of admission.
  - b. If it is appropriate that services be provided by an outside provider, an authorization number will be issued.
  - c. For those emergency services that are rendered on business days between 8:00 a.m. and 4:00 p.m., authorization must be obtained before 4 p.m. on the day the service is rendered. For emergency services that occur outside of those hours, authorization must be received from the TPA staff before Noon on the next workday.
  - d. Routine and urgent admissions and all other services not provided at San Joaquin General Hospital requires prior authorization.
  - e. Normally only the day of admission will be authorized by administration staff. If appropriate, time limits will be indicated. It is the provider's responsibility to ask for extensions. Any break in authorization will result in loss of payment.
    1. The original inpatient treatment authorization (TAR) will serve to authorize customary and routine supplies and x-rays during the routine surgical follow-up period. These charges will be paid without any additional authorization provided that:
      - a. The patient continues to be certified as a CMIP patient.
      - b. The acute hospital stay was authorized.
      - c. The supplies and X-Rays are related to the surgery performed. Any unusual supplies, office procedures that are not considered follow-up or office visits beyond the specified follow-up period, will require TAR'S.
1. Referral physicians may not authorize services outside their office. If a patient is referred for supplies, diagnostic testing or consultation, a TAR will be required. It is the responsibility of the referring physician to call for the TAR.
2. Hospital Extensions:
  - a. Definition: An extended stay review is any review after the initial TAR expires.

- b. It is the responsibility of the hospital to initiate extension reviews when the initial authorization has expired. In order to avoid loss of coverage, these extensions must take place the first business day following the initial authorization expiration date and as indicated throughout the patient stay.
  - c. An extended stay review will be conducted on a regular basis. Except in extreme circumstances, cases will normally be reviewed twice weekly.
  - d. When considering difficult medical situations or an unusually long length of stay, medical records may be requested. From the date medical records are requested, the hospital will be at risk for any further coverage. In these cases, the medical records requested must accompany the bill. However, it is to the hospital's best interest to send the records immediately so a determination of medical necessity can be made while the patient is still in house. Medical records will be reviewed by a committee consisting of no less than one doctor. The committee will consult specialists, as it deems necessary. The committee decision will be mailed to the Hospital utilization review committee and also accompany the remittance advice.
3. Normally, pre-operative days will not be authorized. In the case where a physician has determined the service is needed for the patient's best interest to be admitted the day prior to surgery, the request will be noted in the log and medical records requested for the pre-operative day. If medical necessity can be determined when authorization is requested, then no documentation is required.
4. In order to consider discharges, transfer and medical management on a more timely basis, all phone calls to the UR nurses at SJGH should be made prior to 12:00 Noon. Untimely extensions will result in additional burdens to the Discharge Coordinators when a transfer or discharge is required.
5. In addition to the above chart reviews, the SJGH staff may request charts for random audits. These audits are for management purposes only. They will not affect reimbursement.
6. Physician Services. Emergency services rendered by an on-call specialist, within San Joaquin County will be paid without an authorization, but will be subject to all other limitations covered in this Policy.
7. Transportation:
  - a. Emergency transportation does not require a TAR.
  - b. Routine transportation ordered by SJGH medical staff does not require a TAR.
  - c. Transportation outside the County of San Joaquin requires a TAR.
  - d. Any other situation would require a TAR.

## ATTACHMENT 4

### APPEAL PROCESS

1. Benefit Appeal:
  - a. First, to the Patient Access Manager, for review in an oral and informal manner.
  - b. Second, if the appellant is dissatisfied with the decision, he/she may file a formal appeal in writing to the Medical Director. The Medical Director shall, within 15 days after receipt of the appeal respond in writing stating his/her decision on the appeal, which shall be final.
2. Provider's Appeal: All provider issues may be appealed, which may include, but are not limited to: scope of service, location of service, duration of coverage during an illness, and reimbursement rates:
  - a. First, to the Patient Access Manager, within 30 days of County warrant date or any letter denying service or payment. This appeal will be telephonic and to determine if there are any administrative errors.
  - b. Second, in writing within 30 days, of the initial appeal, to the CMIP Director for review. Include copies of any County correspondence, the pertinent facts of the decision being appealed, relevant documentation and the grounds upon which the appeal is based.
  - c. Finally, if the provider is not satisfied, he/she may file a formal appeal, in writing, to the Medical Director within 30 days of the CMIP Director's decision. The Medical Director will review the facts on which the appeal is being made and render a decision in writing.
  - d. The decision of the Medical Director shall be final.