

Program	Medi-Cal (State-Full Scope)	Medi-Cal (State-Restricted)	Medi-Cal (Presumptive Eligibility)	Medi-Cal Tuberculosis (TB) Program	Medi-Cal (CenCal - PHD is PCP & Class II)	Medi-Cal (CenCal - Referral)	Medicare	Indigent Care Program (ICP)	Tobacco Settlement (TS) - Funding for External Specialty Care	Ryan White Part C Grant	Homeless
Target Population	Families on public assistance or whose income is not sufficient to meet their needs	Undocumented Aliens that are pregnant or require emergency services	Women who believe they may be pregnant or are pregnant	Individuals who have been infected with TB	Santa Barbara County residents on Medi-Cal	Santa Barbara County residents on Medi-Cal	65 years or older, disabled, blind, parental deprivation	Uninsured residents of Santa Barbara County	Patients who have income at or below 100% of the FPL	Santa Barbara County Residents with HIV / AIDS who are uninsured or underinsured	An individual needing primary health care and lacks stable housing
Eligibility Requirements	Department of Social Services makes the patient eligible, PHD Patient Representatives just checks PNS at each visit to make sure they are still eligible	Department of Social Services makes the patient eligible, PHD Patient Representatives just checks PNS at each visit to make sure they are still eligible	A California resident whom believes she is pregnant and has no health insurance or health insurance with a large deductible, no Medi-Cal coverage for prenatal care, be at or below 200% FPL and must apply for Medi-cal benefits within 30 days	Same as eligibility for Medi-Cal, yet must also have been infected with TB and complete the application for Medi-Cal tuberculosis program MC 274TB provider or designated staff must certify that the patient has been infected with TB on page 2 of MC 274TB. May cover undocumented - DSS staff will assist with eligibility	Department of Social Services makes the patient eligible, PHD just checks PNS at each visit to make sure they are still eligible. Those individuals who qualify for Medi-Cal and are residents in Santa Barbara are automatically inscribed into the CenCal program - with a few minor exceptions	Department of Social Services makes the patient eligible, PHD just checks PNS at each visit to make sure they are still eligible. Those individuals who qualify for Medi-Cal and are residents in Santa Barbara are automatically inscribed into the CenCal program - with a few minor exceptions. Patient must have RAF with the exception of Family Planning, GYN, OB, STD, Lab and	The patient or spouse worked for at least 10 years in Medicare-covered employment and are 65 years old and a citizen of the United States, are eligible to receive retirement benefits from social Security or the railroad Retirement Board, are a person with a disability or with End-Stage Renal disease and have been entitled to disability benefits under Soc. Sec. or the RRB for 24 months	A Santa Barbara County resident or have been in the County for at 15 days, that have an eligible medical diagnosis/condition, be 21-64 years old, a U.S. citizen or permanent resident alien, not a full time student, not Medi-Cal eligible, or have Medicare or Private Insurance and must meet certain financial and income eligibility, apply up to 7 days before or 7 days after	Uninsured patients who do not qualify for public programs who have income at or below 100% of the FPL. This fund is not intended to cover patients who do not follow through with the application process for ICP, Medi-Cal or any other programs including private insurance.	Patient must not qualify for any type of healthcare coverage (Medi-Cal, Medicare, ICP, PI) Client must agree to track and submit signed log w/ copies of receipts for outpatient healthcare, prescriptions and over the counter medications	Any homeless person is eligible to participate in the program. However, to be eligible for financial assistance associated with medical cost, a person must be poverty scale 0-100, then they will be homeless special account
Length of Coverage Before Having to Re-certify	Monthly	Monthly	30 days (beginning at the end of the month in which she applied)	Until recipient county changes it's status or removes recipient from MEDS - Run PNS monthly	Once a year financial review through DSS. At the PHD, each visit, PNS must be checked to ensure eligibility	Once a year financial review through DSS. At the PHD, each visit, PNS must be checked to ensure eligibility	N/A	Every three months	Annually	Every six months	Two weeks after first appointment if pending ACA, after that, must renew annually
Billing Entity	State	State	State	State	CenCal	CenCal	NGS or Noridian	County of SB	County of SB	Ryan White Part C Grant	County of SB
General Services Provided	U.S. Citizens and legal permanent residents receive full benefits - Medical and Dental	Undocumented Aliens receive pregnancy and emergency services only	Certain prenatal services, sonography, prescriptions, abortion and labs	Covers outpatient TB-related services for persons who are TB-infected and eligible under aid code 7H	General healthcare	General healthcare	Depending on Part A or Part B, general healthcare and / or hospital services	Eligible medical diagnosis/conditions	TS covers outside provider professional services only. Patients must make arrangements for facility fees. Medications and drug treatments are not covered. All services	Outpatient services. Outside services are included if HIV related (dental, mental health)	General healthcare and some dental as well as substance abuse case management



Program	Every Woman Counts	BCCTP	CCS	CPSP	CHDP ----- Gateway	PACT
Target Population	Women at age 21 for cervical services (40 or older for breast services) or older with household income at or below 200% of FPL, uninsured or underinsured	Low-income California residents who have breast and/or cervical cancer with no other source of healthcare coverage.	California children who have specialized physical disabilities	Pregnant women eligible for Medi-Cal	Children between birth and 21 years of age ----- Under 19 (Gateway)	Low income California residents with no other family planning healthcare coverage
Eligibility Requirements	Age 21 (40 or older for breast services) or older, household income is at or below 200% of FPL, uninsured, underinsured or have limited scope Medi-Cal and live in California. This program is payer of last resort. Services available through PACT must be exhausted before utilizing EWC	California residency regardless of age, gender or immigration status, have a gross family income at or below 200% of the FPL, pathology report with a diagnosis of breast and/or cervical cancer and in need of treatment. May have other health coverage yet the co-pay, deductible or premium are expected to exceed \$750.00 annually	California resident children under 21 that have a CCS medically eligible condition with a AGI of \$40,000 or less per year; out of pocket medical expenses for the child exceeds 20% of AGI for family income over \$40,000 per year	Pregnant women eligible for Medi-Cal	Medi-Cal eligible beneficiaries from birth through 21 years of age, non-Medi-Cal eligible children and youth from birth through age 18 and whose family income is at or below the 200% FPL and a California resident	A California resident with a gross family income at or below 200% of FPL, at risk of pregnancy and have no other family planning healthcare coverage or meet the special criteria specified for eligibility with "other healthcare coverage". Women younger than 55 and men younger than 60
Length of Coverage Before Having to Re-certify	One year from the date made eligible	18 months for breast cancer, 24 months for cervical cancer from the date on the malignant path report as long as it does not go back further than 01/01/02	Yearly financial review Yearly medical eligibility review	Conception though 60 days after the month of delivery. Upon conception of next pregnancy	Monthly for Medi-Cal eligible beneficiaries, every visit for non-Medi-Cal beneficiaries	12 months from the actual date made eligible
Billing Entity	State	State or CenCal	State or CenCal	State or CenCal	State or CenCal	State
General Services Provided	Breast exams, mammograms, breast and cervical cancer screening and diagnostic services through biopsy	Services for the treatment of breast and/or cervical cancer and service in which may be a barrier in treating the cancer. (General healthcare is full coverage)	Diagnostic evaluation for suspected eligible conditions, physician services, hospital, surgical, medical nutrition, physical occupation therapy, lab, x-ray, case management, etc	Comprehensive perinatal services including nutrition, health education and psychosocial services and vitamin/mineral supplements	Health assessment services, preventive care, sports physicals ----- Full scope Medi-Cal for Gateway only	Comprehensive family planning services, testing and treatment of STIs, cervical cancer screening, hepatitis vaccination and HIV testing