



**Division of Financial Responsibility – DOFR**

Effective January 1, 2026

**Key:**

CBO = Community Based Organization

AHS = Alameda Health System

PCP = Primary Care Provider

County = ACH 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	County	Referral to AHS	Authorization Required	COMMENTS
<b>ABORTION / REGNANCY SERVICES / FAMILY PLANNING</b>	NA	NA		N	N	Limited to Family PACT (California Family Planning, Access, Care, and Treatment).
<b>ALLERGY IMMUNOTHERAPY</b>		x		Y	N	
<b>ALLERGY TESTING, TREATMENT AND SERUM</b>		x		Y	N	
<b>AMBULANCE - EMERGENCY</b> <ul style="list-style-type: none"> <li>• In Area</li> <li>• Out of Area</li> </ul>			x NA	N	N	

HEALTH CARE SERVICE	CBO + AHS PCP Clinics	AHS Hospitals/ Specialty	County	Referral to AHS	Authorization Required	COMMENTS
<b>ANESTHESIOLOGY (related to surgery)</b>		x		N	N	
<b>BLOOD/BLOOD PRODUCTS</b> <ul style="list-style-type: none"> <li>Blood Bank</li> <li>Autologous/Homologous Storage and Collection of Blood</li> </ul>		x x x		Y	N	
<b>CARDIAC REHABILITATION</b> - When associated with Inpatient <ul style="list-style-type: none"> <li>Technical Component</li> <li>Professional Component</li> </ul>		x x		Y	N	
<b>CARDIAC REHABILITATION</b> – If in MD office or referred by MD office, except when associated with IP stay <ul style="list-style-type: none"> <li>Technical Component</li> <li>Professional Component</li> </ul>		x x		Y	N	
<b>CCS</b>				N/A	N/A	Carve out to CCS
<b>CHEMICAL DEPENDENCY / SUBSTANCE ABUSE</b>	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.
<b>CHEMOTHERAPY</b> <ul style="list-style-type: none"> <li>Drugs, including Epogen, Neupogen and adjunctive therapies</li> </ul>		x		N	N	

HEALTH CARE SERVICE	CBO + AHS PCP Clinics	AHS Hospitals/ Specialty	County	Referral to AHS	Authorization Required	COMMENTS
<ul style="list-style-type: none"> <li>• Facility Component</li> <li>• Professional Component</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>				
<b>COSMETIC SURGERY</b> (Medically Necessary) <ul style="list-style-type: none"> <li>• Facility Component</li> <li>• Professional Component</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>		Y	N	
<b>CRITICAL CARE VISITS</b> <ul style="list-style-type: none"> <li>• Facility</li> <li>• Professional</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>		N/A	N/A	
<b>DENTAL SERVICES</b> <ul style="list-style-type: none"> <li>• Facility Component</li> <li>• Professional Component</li> </ul>	<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>	<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>		N	N	
<b>DIAGNOSTIC TESTING IN OFFICE</b> (EKG, X-RAY)	x			N	N	
<b>DIAGNOSTIC TESTING</b> (Including but not limited to sleep studies, CT scans, PET Scans, MRIs, hearing tests, diagnostic colonoscopies, EEG etc.) <ul style="list-style-type: none"> <li>• Facility Component</li> <li>• Professional Component</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>		Y	N	When associated with IP stay, Ambulatory or OP Surgery and ER; includes outside facility during an IP stay.
<b>DURABLE MEDICAL EQUIPMENT</b> <ul style="list-style-type: none"> <li>• Outpatient</li> <li>• Surgically Implanted</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>		Y	Y	<ul style="list-style-type: none"> <li>• Authorized by AHS, PCP clinic provides MD contact, documentation of medical necessity</li> </ul>

HEALTH CARE SERVICE	CBO + AHS PCP Clinics	AHS Hospitals/ Specialty	County	Referral to AHS	Authorization Required	COMMENTS
						<ul style="list-style-type: none"> <li>Process does not require that members register or visit AHS site</li> </ul>
<b>EMERGENCY ADMISSIONS</b> <ul style="list-style-type: none"> <li>Facility Component</li> <li>Professional Component</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>		N	N	HealthPAC patients should not be billed beyond the co-pay schedule for facility and professional services.
<b>EMERGENCY ROOM VISITS</b> <ul style="list-style-type: none"> <li>Facility Component</li> <li>Professional Component</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>		N	N	HealthPAC patients should not be billed beyond the co-pay schedule for facility and professional services.
<b>EXTENDED CARE/SKILLED NURSING FACILITY</b> <ul style="list-style-type: none"> <li>Facility Component</li> <li>Professional Component</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>		Y	Y	AHS authorization
<b>HEMODIALYSIS</b> <ul style="list-style-type: none"> <li>Facility Component</li> <li>Dialysis Drugs</li> <li>Professional Component</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> <li>x</li> </ul>		Y	N	
<b>IMMUNIZATIONS – Standard Adult and Pediatric</b> —NOT TRAVEL related and NOT work related.	x			N	N	
<b>INJECTIBLES</b>		<ul style="list-style-type: none"> <li>x</li> </ul>		Y	N	
<b>LABORATORY SERVICES</b> Office Reference lab (per defined CPT code)	x	<ul style="list-style-type: none"> <li>x</li> </ul>		Y	Y	Authorization for reference lab done by AHS
<b>LITHOTRIPSY</b>				Y	N	

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<ul style="list-style-type: none"> <li>Facility Component</li> <li>Professional Component</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>				
<b>MEDICAL SUPPLIES</b>	x	x		Y	N	
<b>BEHAVIORAL HEALTH</b> – John George/Inpatient and ER <ul style="list-style-type: none"> <li>Facility Component</li> <li>Professional Component</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>			Y	No authorization required for ER. Services covered under separate contract b/w BHCS and AHS.
<b>BEHAVIORAL HEALTH</b> – Specialty Outpatient <ul style="list-style-type: none"> <li>Facility Component</li> <li>Professional Component</li> </ul>	<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>	N	Y	<ul style="list-style-type: none"> <li>Auth Completed by BHCS (for specialty behavioral health only)</li> <li>Specialty mental health services for HealthPAC patients that meet diagnostic criteria.</li> </ul>
<b>OFFICE VISITS</b> <ul style="list-style-type: none"> <li>Primary Care</li> <li>Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>			N	N	
<b>PATHOLOGY</b> - When associated with IP, Ambulatory Surgery or Emergency Room <ul style="list-style-type: none"> <li>Professional Component</li> <li>Technical Component</li> </ul>		<ul style="list-style-type: none"> <li>x</li> <li>x</li> </ul>		N	N	Except PAP smears
<b>PATHOLOGY</b> – 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"> <li>Technical Component</li> </ul>		<ul style="list-style-type: none"> <li>x</li> </ul>		N	N	

HEALTH CARE SERVICE	CBO + AHS PCP Clinics	AHS Hospitals/ Specialty	County	Referral to AHS	Authorization Required	COMMENTS
<ul style="list-style-type: none"> <li>Professional Component</li> </ul>		x				
<b>PHARMACY SERVICES</b>	x	x		N/A	N	HealthPAC has an approved formulary available at <a href="https://health.alamedacountyca.gov/healthpac/">https://health.alamedacountyca.gov/healthpac/</a>  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.
<b>PODIATRY</b>	x	x		Y	N	Referral required for hospital-based service only.
<b>PROSTHETIC/ORTHOTIC DEVICES</b> <ul style="list-style-type: none"> <li>Outpatient</li> <li>Surgically Implanted</li> </ul>		x x		Y	N	
<b>PSYCHOLOGY SERVICES</b>	x	x	x		Y (for County provided services)	Medi-Cal exclusion allows services at FQHC. County provides services for SMI population.
<b>RADIATION THERAPY</b>		x		Y	N	
<b>Specialty Care Office Procedures</b>		x		Y	N	
<b>Specialty Care Office Visits</b>		x		Y	N	
<b>Specialty Procedures</b> <ul style="list-style-type: none"> <li>Diagnostic</li> <li>Therapeutic</li> </ul>		x x		Y	N	

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<b>SURGERY - Inpatient</b> <ul style="list-style-type: none"> <li>• Facility Component</li> <li>• Professional Component</li> </ul>		x x		Y	N	
<b>SURGERY – Outpatient</b> <ul style="list-style-type: none"> <li>• Facility Component</li> <li>• Professional Component</li> </ul>		x x		Y	N	
<b>THERAPY: Physical</b> <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient/Office</li> </ul>		x x		Y	N	
<b>TRANSPLANTS</b> <ul style="list-style-type: none"> <li>• Facility Component</li> <li>• Organ Procurement</li> <li>• Covered Immunosuppressive</li> <li>• Professional Component</li> </ul>	NA	NA		N/A	N	Not a covered benefit
<b>TRANSPORTATION, NON-EMERGENCY MEDICAL</b>	x	x			Y	Authorization done by CBO and AHS.

<b>HealthPAC NON-COVERED SERVICES</b>	<b>COMMENTS</b>
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Adult Day Health Care</li> <li>• Alopecia treatment</li> <li>• Artificial Insemination, Infertility Services and Conception by artificial means</li> <li>• Audiology</li> <li>• Bariatric Surgery</li> <li>• Biofeedback</li> <li>• Chemical dependency services (without co-occurring mental health condition)</li> </ul>	<b>NON-COVERED MEDICAL SERVICES</b>

<b>HealthPAC NON-COVERED SERVICES</b>	<b>COMMENTS</b>
<ul style="list-style-type: none"> <li>● Chiropractic</li> <li>● Custodial Care</li> <li>● Cosmetic Services - to change the way you look, not medically necessary</li> <li>● Exercise and hygiene equipment</li> <li>● Home health</li> <li>● Hospice Care</li> <li>● Incontinence Supplies</li> <li>● Infertility Testing and Treatment... Refer to Family PACT</li> <li>● Inpatient Convenience items</li> <li>● Maternity - deliveries</li> <li>● Organ Transplants and Post-Transplant Services</li> <li>● Private Rooms</li> <li>● Reversal of Sterilization</li> <li>● Services provided as a requirement of employment, licensing or court order</li> <li>● Speech and hearing exams</li> <li>● Travel &amp; lodging expenses</li> <li>● Therapy- occupational, respiratory and speech</li> <li>● Vision care - services only include procedures for evaluation of visual system. Does NOT include eyeglasses or other eye appliances.</li> <li>● Services provided outside of the HealthPAC provider network</li> </ul>	