

EXHIBIT L.1
TO
PARTICIPATING PHYSICIAN GROUP SERVICES AGREEMENT

PPG – SAMPLE ONLY

MEDI-CAL PROGRAM

DIVISION OF FINANCIAL RESPONSIBILITY

**EFFECTIVE OCTOBER 1, 2015
FOR ALL AID CATEGORIES – INCLUSIVE OF MCE**

This matrix illustrates the Division of Financial Responsibility (DOFR) between the PPG, Hospital Shared Risk Pool, and Healthplan. This matrix is to be used as a guide to identify the party that is financially responsible for Covered Services.

General Notes:

- **Covered Services.** Covered Services are to be determined using the appropriate member Explanation of Coverage and not the DOFR.
- **Coordination of Benefits.** This DOFR shall only apply when Healthplan is the payor according to the Coordination of Benefits rules referenced in Section 3.12 of the agreement.
- **In & Out of Area Services.** Unless otherwise specified, services listed in the DOFR are inclusive of both In Area and Out of Area services.
- **Out of Area Services.** Out of Area services are services rendered outside of Los Angeles County.
- **California Children’s Services (CCS).** Services for CCS potentially eligible conditions must be coordinated with CCS. These services are not the financial responsibility of Healthplan, PPG, or Hospital Shared Risk Pool.
- *** Asterisk.** “*” Refers to non-CHDP Covered Services in the categories marked with a “*”.
- **Services that are Not Covered:** Represented by “N/C” on the DOFR.

If there is a capitated hospital, this column is their risk.

SERVICE MATRIX List of Benefits/Services	PPG	Hospital Shared Risk Pool	LA CARE HEALTH PLAN	Excluded
Abortion				
- Facility Component		x		
- Professional Component (including administration of medications and administration of RU-486)	x			
Acupuncture				
-Outpatient				N/C
-In a SNF setting				N/C
Allergy				
- Serum	x			
- Testing	x			
Ambulance, Air or Ground (Medi-Cal Covered Services)				
- In Area		x		
- Out of Area		x		
Anesthetics, Administration of Anesthesia				
- In and Outpatient professional Component	x			
Behavioral Health (Severe and Persistent Mental Illness is not covered by the Health Plan; Refer Members to DMHS for these services, except for as noted below.)				
-Outpatient Facility			x	
-Inpatient Facility			x	
- Professional (Excludes professional psychiatric services for members in an inpatient acute general hospital, SNF, or LTC facility. These services are PPG's financial responsibility. For members in an IMD facility, professional psychiatric services are the County's responsibility.)			x	
- Outpatient Individual and Group Mental Health Evaluation and Treatment (psychotherapy)			x	
- Outpatient Psychological Testing when Clinically Indicated to Evaluate a Mental Health Condition.			x	
- Outpatient Psychiatric Consultation for Medication Management			x	
- Screening and Brief Intervention (SBI)	x			
- Outpatient Laboratory, Supplies and Supplements	x			
- Outpatient Services for the Purpose of Monitoring Drug Therapy			x	
Biofeedback				N/C
Blood, Blood Products & Transfusions (including Professional component)				
- Autologous Blood Donation		x		
- From Blood Bank		x		
CHDP Services			x	
Chemical Dependency Rehabilitation				
- Inpatient Facility			x	
- Outpatient Facility			x	
- Professional			x	
Chemotherapy – Inpatient				
- Facility Component (including chemotherapy drugs, and adjunct pharmaceutical therapies for side effects)		x		
- Professional Component	x			
Chemotherapy – Outpatient (including physician setting)				
- Facility Component	x			

SERVICE MATRIX List of Benefits/Services		PPG	Hospital Shared Risk Pool	LA CARE HEALTH PLAN	Excluded
	- Professional Component	x			
	-Chemotherapy drugs (administered in outpatient/physician setting, and adjunct pharmaceutical therapies for side effects)	x			
	Chiropractic (Manual manipulation of spine) (Medicare Covered Services)				N/C
	Circumcision (medically necessary)				
	- Facility Component		x		
	- Professional Component	x			
	Clinical Trials			x	
	Cosmetic Surgery (medically necessary)				
	- Facility Component		x		
	- Professional Component	x			
	Dental Services – Routine				Paid for by Denti-Cal
	Dental Services – Supplemental				N/C
	Dental Services to repair injuries (medically necessary)				
	- Facility Component		x		
	- Professional Component	x			
	- Professional Administration of Anesthesia	x			
B	Detoxification (Medical services; Inpatient and Outpatient)				
	- Facility		x		
	- Professional Component		x		
iii	Diabetic Supplies – Inpatient (Excludes members in Long Term Care (LTC), for whom diabetic supplies should be processed through L.A. Care’s PBM)		x		
d	Diabetic Supplies – Outpatient				
	-Glucose Monitoring Equipment			PBM	
	-Insulin (all methods of administration)			PBM	
	-Insulin Pump		x		
	-Lancets			PBM	
	-Syringes (for insulin)			PBM	
	-Test Strips			PBM	
iv	Dialysis: All types of dialysis				
	- Facility Component		x		
	- Professional Component	x			
	-Home Dialysis w/ Training and Supplies		x		
	-Laboratory tests to monitor the effectiveness of the dialysis	x			
	-Hematopoietic agents for dialysis	x			
	Durable Medical Equipment (DME) including but not limited to custom made, custom fitted items. Also reference Prosthetic and Orthotics. (Medi-Cal Covered Items/Services)				
C	- DME Equipment (Inpatient & Outpatient)		x		
G	- Supplies - Outpatient and Office (including but not limited to crutches, splints, bandages, casts and colostomy supplies); See also, diabetic supply section.	x			
	- Supplies - Inpatient (including but not limited to crutches, splints, bandages, casts and colostomy supplies); See also, diabetic supply section.		x		
	Emergency Room				
	- Facility Component (In Area)		x		
A	- Facility Component (Out of Area)		x		
	- Professional Component (In Area)	x			
	- Professional Component (Out of Area)	x			

SERVICE MATRIX List of Benefits/Services		PPG	Hospital Shared Risk Pool	LA CARE HEALTH PLAN	Excluded
	Endoscopic Studies				
	- Facility - with/without biopsy		x		
	- Professional - with/without biopsy	x			
	Experimental Procedures (See also: Investigational Procedures category below)				x
	Family Planning (e.g. tubal ligation, vasectomy, contraceptive devices)				
	- Facility Component		x		
	- Professional Component	x			
	- Devices and Supplies (obtained in physician setting)				
H	- IUD's and Diaphragms	x			
C	- Condoms and Contraceptive Drugs.			PBM	
	Health Education*				
	- Health education, health promotion, and self-management classes and services			x	
	- Smoking Cessation			x	
	Hearing Screening*	x			
	Hearing Aids Device (Medi-Cal Covered Items/Services)*				
	- Professional Component (fitting fee)		x		
	- Hearing Aide Device		x		
D	Home Health Care (including nursing visits, restorative therapies OT, PT, ST, RT, and social workers, certified nursing assistants.) (Medi-Cal Covered Services)				
f	- INCLUDING DME, Supplies, and IV Therapy (home infusion) (For ambulatory infusion suites, refer to Outpatient Services category.)				
V	- NOTE: Excludes Chemo		x		
	Hospice Related Services (Medi-Cal Covered Services)				
	- Professional and related Service Component (For DME and other services provided in conjunction with hospice care which are referenced elsewhere in this DOFR, please refer to that section of the DOFR to determine financial responsibility.)	x			
	- Room and Board Long Term		x		
1	Inpatient Services				
	- Inpatient (ACUTE & LTAC) – Facility (In Area)		x		
	- Inpatient (ACUTE & LTAC) – Facility (Out of Area)		x		
	- Inpatient (ACUTE & LTAC) – Professional (In Area)	x			
	- Inpatient (ACUTE & LTAC) – Professional (Out of Area)	x			
	- Inpatient - Sub Acute/Nursing Facility; Facility (In Area)		x		
	- Inpatient - Sub Acute/Nursing Facility; Facility (Out of Area)				N/C
	- Inpatient - Sub-Acute/Nursing Facility; Professional (In Area)	x			
	- Inpatient - Sub-Acute/Nursing Facility; Professional (Out of Area)				N/C
	Investigational Procedures (only covered if certain criteria are met) (See also: Experimental Procedures category above)			x	
	Laboratory (clinical)*				
	- Assay (test)	x			
	- Professional (office setting)	x			
	- Inpatient and Outpatient Professional Component (interpretation)	x			
	- Inpatient Facility Component		x		
	- Outpatient Facility Component	x			
	- Outpatient Surgery Facility Component		x		
	- Preventive Care Services laboratory services	x			
	Long Term Services and Supports				
	- In-Home Supportive Services (IHSS)			x	

SERVICE MATRIX List of Benefits/Services		PPG	Hospital Shared Risk Pool	LA CARE HEALTH PLAN	Excluded
-	Community-Based Adult Services (CBAS)			x	
-	Multipurpose Senior Services Program (MSSP)			x	
-	Skilled nursing facility services and sub-acute services (EXCLUDES skilled days, In Area)			x	
-	Skilled nursing facility services and sub-acute services (EXCLUDES skilled days, Out of Area)				N/C
-	Care Plan Option (Pursuant to DPL 13-006 [Dec 6, 2012], Care Plan Options Services are optional under an enrollees Individualized Care Plan [ICP].)				
-	Supplemental personal care services				N/C
-	Supplemental chore				N/C
-	Supplemental protective services				N/C
-	In-home skilled nursing care and therapies for chronic conditions				N/C
-	Respite care (in home or out of home)				N/C
-	Care in licensed residential facilities				N/C
-	Home maintenance and minor home or environmental adaption				N/C
-	Medical equipment operating expenses and Personal Emergency Response System (PERS)				N/C
-	Non-medical transportation				N/C
-	Non-emergency medical transportation				N/C
-	Behavioral health (beyond Medicare coverage, to prevent institutionalization)				N/C
Nuclear Medicine Treatment/Therapy/Diagnostic					
-	Inpatient Facility Component		x		
-	Outpatient Facility Component	x			
-	Professional Component	x			
Nutrition/Diabetic Counseling Outpatient*				x	
g	Nutritional Formula for Infants (Oral) (Medi-Cal Covered Items/Services)			PBM	
ii	Organ Transplants Including Procurement (non-experimental)				
-	Facility Component			x	
-	Professional Component			x	
-	Renal or Cornea (Professional): Pre-Transplant and Post-Transplant (immediately post-surgery)	x			
-	Renal or Cornea (Facility): Pre-Transplant and Post-Transplant (immediately post-surgery)		x		
-	Major Organ and Blood (Professional): Pre-Transplant and Post-Transplant (beginning 12 months post-surgery)	x			
-	Major Organ and Blood (Facility): Pre-Transplant and Post-Transplant (beginning 12 months post-surgery)		x		
Outpatient Surgery (In Area and Out of Area; Free Standing or Hospital Based)					
-	Facility Component		x		
-	Professional Component (including Anesthesiologist)	x			
Outpatient Diagnostic Services - Facility & Professional (including but not limited to those listed below)					
-	Amniocentesis	x			
-	Angiograms	x			
-	Aortic Aneurysm screening, preventive	x			
-	CAT Scan	x			

SERVICE MATRIX List of Benefits/Services		PPG	Hospital Shared Risk Pool	LA CARE HEALTH PLAN	Excluded
	- 2D Echo	x			
	- EEG	x			
	- EKG	x			
	- EMG	x			
	- ENG	x			
	- Fetal Monitoring (Professional)	x			
	- Fetal Monitoring (Facility)		x		
	- MRI	x			
	- PET	x			
	- Treadmills	x			
	- Ultrasound	x			
2	Outpatient Services (Includes Hospital and Outpatient services not otherwise referenced in this DOFR; Includes Ambulatory Infusion Suites—Non-Chemo.)		x		
a	PHARMACY (NOTE: ALL SPECIALTY PHARMACY DRUGS SHOULD BE PROVIDED BY HEALTHPLAN'S SPECIALITY PHARMACY PROVIDER)				
	Medi-Cal Covered Prescription Drugs (unless otherwise referenced in this DOFR): Oral, insulin, syringes, and non-injectables			PBM	
	Medi-Cal Covered Medications and Injectables (unless otherwise referenced in this DOFR)				
	- Inpatient & Ambulatory Infusion Suite: All medications, injectables, injected sub & intravenous (IV), (all paths of administration, subcutaneous, intramuscular, intradermal, intravitreal)		x		
b	- Physician Office Setting: All medications and injectables administered in a physician office setting (Inclusive of FLU SHOTS , vaccines, medications, inoculations, injectables, injected sub & intravenous (IV), all paths of administration, subcutaneous, intramuscular, intradermal, intravitreal)	x			
e	- Outpatient Infusion Drugs (Not administered in the physician office setting or ambulatory infusion suite; Non-Chemo)			PBM	
h	- Self Injectables & Supplies: All self-injectables, subcutaneous, intramuscular, intradermal, inclusive of medication and supplies.			PBM	
	Physical				
	-CHDP/EPSTD			x	
	-Annual Health Evaluation/Exam (History and Physical)*	x			
	-Sports/Employment/Travel*				N/C
	Physician Professional Services				
	- Inpatient (Acute/LTAC) Hospital (In Area)	x			
	- Inpatient (Acute/LTAC) Hospital (Out of Area)	x			
	- Inpatient – Sub-Acute/Nursing Facility; Professional Component (In Area)	x			
	- Inpatient – Sub-Acute/Nursing Facility; Professional Component (Out of Area)				N/C
	- Outpatient (In Area and Out of Area)	x			
	- Office Visit (In Area and Out of Area)	x			
	- To Patient's Home (In Area and Out of Area)	x			
	Podiatry Services (Medi-Cal Covered Services)	x			
	Pregnancy (including inpatient/outpatient Facility & OB Complications) (In Area and Out of Area)				
	- Inpatient Facility Component		x		

SERVICE MATRIX List of Benefits/Services		PPG	Hospital Shared Risk Pool	LA CARE HEALTH PLAN	Excluded
	- Outpatient Facility (including OB observation less than 24 hours)		x		
	- Inpatient Professional Component	x			
	- Outpatient Professional Component	x			
	- Amniocentesis (reference outpatient diagnostic services)	x			
	- Midwife professional services	x			
3	- Birthing Center, Facility		x		
	Preventive Health Services				
	- Outpatient Alcohol Misuse Screening/Counseling	x			
4	Prosthetic and Orthotics (Medi-Cal Covered Items/Services)				
	- All Prosthetics Devices (including surgical implants)		x		
	- All Orthotics Devices		x		
	Radiation Therapy				
	- Inpatient Facility Component		x		
	- Outpatient Facility Component (including free standing clinic)	x			
	- Professional Component	x			
5	Radiology Services				
	- Inpatient Facility Component		x		
	- Inpatient Professional Component	x			
	- Interventional Radiology Facility Component (includes vascular access centers)		x		
	- Interventional Radiology Professional Component (includes vascular access centers)	x			
	- Outpatient Facility Component	x			
	- Outpatient Professional Component	x			
	-Sub-acute or Nursing Facility setting Professional component	x			
	Reconstructive Surgery (medically necessary)				
	- Facility Component		x		
	- Professional Component	x			
	- Dental extractions and dental procedures necessary to prepare the mouth for an extraction and orthodontic service	x			
	Rehabilitation and Physical Therapy (short term, i.e., Physical, Occupational, Speech, Cardiac)				
	- Inpatient Facility Component		x		
	- Outpatient Facility Component	x			
	- Inpatient Professional Component		x		
	- Outpatient Professional Component	x			
E	Skilled Nursing Facility and Sub-Acute Facility (Medi-Cal Covered Days/Services) (Skilled Days; In Area)		x		
	Skilled Nursing Facility and Sub-Acute Facility (Medi-Cal Covered Days/Services) (Skilled Days; Out of Area)				N/C
	Supplies: See Durable Medical Equipment (DME) Section				
	TMJ				
	- Diagnosis & Medically-Necessary Correction & Treatment (Medi-Cal Covered Services)	x			
6	Transgender Health Services (Hormone therapy, pre/post-surgical care, psychological letters, and transgender surgeries; Financial responsibility for all other medical care is as indicated in this DOFR.)			x	
	Transportation (In Area and Out of Area)				
	- Emergency: Ambulance, Air or Ground (Medi-Cal Covered Services)		x		
	- Non Emergency Medical Transportation			x	
SERVICE MATRIX		PPG	Hospital	LA CARE	Excluded

List of Benefits/Services		Shared Risk Pool	HEALTH PLAN	
	- Non Medical Transportation		x	
7	Ultraviolet light treatments	x		
	Urgent Care (In and Out of Area; Professional and Facility)	x		
	Vision Care (Medi-Cal Covered Services)			
	- Screening*	x		
	-Diabetic Screening Exam		x	
	-Refractions		x	
	-Implanted lenses (cataract surgery)		x	
	-Lenses & frames		x	
F	-Post Cataract Surgery		x	
	-Routine Exam		x	

SAMPLE