

MCP: Geographic Managed Care (GMC)

Page updated: December 2023

«Geographic Managed Care (GMC) model refers to counties for which the Department of Health Care Services (DHCS) contracts with multiple Knox-Keene Act licensed commercial health plans. Kaiser is an additional plan choice for recipients with enrollment limitations.»

Note: Managed care plan (MCP) is used interchangeably with health care plan (HCP). For example, recipient eligibility messages use HCP, while manual pages use MCP.

«MCP» names, addresses, telephone numbers and HCP code numbers are included in the *MCP: Code Directory* section in this manual.

Eligible Providers

To render services to GMC model plan members, providers must be contracted with the managed care plan the member is enrolled with.

Border and Out-of-State Providers

Providers in designated border communities and out-of-state providers must obtain GMC plan authorization when rendering services to plan members.

Eligible Recipients

«Most Medi-Cal recipients are required to enroll in a managed care plan based on their Medi-Cal eligibility aid code. Some recipients may continue receiving health care through the Medi-Cal fee-for-service program based upon certain exemptions.

GMC Counties and Health Plans

The following are the HCPs available in the GMC counties:

Counties and Health Plans

County	Health Plan
Sacramento	Anthem Blue Cross Partnership Plan – HCP 190 Health Net – HCP 150 Kaiser Permanente – HCP 191 Molina Healthcare – HCP 130
San Diego*	Blue Shield of California Promise Plan – HCP 167 Community Health Group Partnership Plan – HCP 029 Kaiser Permanente – HCP 192 Molina Healthcare – HCP 131»

Kaiser Permanente

Kaiser Permanente is available to recipients who meet one of these requirements:

- Recipient was a previous Kaiser Permanente recipient in the last 12 months.
- «Recipient is an immediate family member of a current active Kaiser Permanente member (family linkage) including being a member's:»
 - Spouse or domestic partner.
 - Dependent child under 26 years of age.
 - «Foster child or stepchild under 26 years of age.»
 - Disabled dependent over 21 years of age,
 - Parent or stepparent of a recipient under 26 years of age.
 - Grandparent, guardian, foster parent, or other relative of a member under 26 years of age with appropriate documentation of familial relationship
- «Recipient is a foster child or former foster child.
- Recipient has both Medicare and Medi-Cal (dual eligible).»

Kaiser Permanente is only available in certain zip codes*.

Excluded Enrollment

Recipients in the following categories may not enroll in, or must disenroll from, the GMC plan:

- Share of Cost (except for residents of Skilled Nursing Facilities, Intermediate Care Facility for the Developmentally Disabled [ICF/DD], Intermediate Care Facility for the Developmentally Disabled- Habilitative [ICF/DD-H], Intermediate Care Facility for the Developmentally Disabled- Nursing [ICF/DD-N] Home, Pediatric Subacute and Subacute Care Facility).

Voluntary Enrollment

The following category is voluntary and will not be mandatorily enrolled in the managed care plan: foster youth in a foster care program.

Note: Claims will deny as capitated if submitted prior to plan disenrollment. Providers may resubmit claims once eligibility verification confirms the recipient has been disenrolled from the plan.

Emergency Services

Emergency services do not require authorization. Emergency room services to evaluate whether or not a member's condition requires emergency care are authorized by the plan. If the evaluation confirms that an emergency condition exists, providers should submit a documented claim to the plan for capitated services. If emergency services are not justified, providers should obtain authorization from the plan for capitated physician services beyond the limited visit level.

Referral Authorization

Providers who accept referrals from a GMC model plan receive approval for services as part of the referral process. When members visit a provider without a referral, providers must contact a recipient's plan for authorization and billing instructions. Services capitated under the GMC model are subject to the plan's authorization and billing processes.

Inpatient Psychiatric Units (Non-Short-Doyle)

All services rendered by inpatient psychiatric units must be authorized by the County Mental Health Plan.

Capitated/Noncapitated Services

The services listed below are noncapitated and not reimbursed by GMC plans, unless noted. Contact an MCP for questions regarding capitated services. See the *MCP: Code Directory* section in this manual for plan addresses and telephone numbers.

For these listed noncapitated services, providers should follow fee-for-service billing instructions as specified in policy sections of the provider manuals. See the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov/home/>) for pharmacy-billed drug policy.

- «Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions (Medi-Cal Waiver Program).»
- Alcohol and substance abuse treatment programs, including heroin detoxification.
- Alpha-Fetoprotein testing – See the expanded Alpha-Fetoprotein prenatal laboratory services testing entry in this list.
- The Assisted Living Waiver Pilot Project is noncapitated for all GMC model plans.
- Blood collection/handling – Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory.

- Blood collection/handling related to other specified antenatal screening – See the expanded Alpha-Fetoprotein prenatal laboratory services testing entry in this list.
 - California Children's Services.
 - Chiropractic services.
 - Dental services.
 - Directly Observed Therapy for tuberculosis.
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) individual outpatient drug-free counseling for alcohol and other drugs.
 - EPSDT Marriage, Family and Child Counselor and EPSDT Social Worker
 - EPSDT onsite investigation to detect the source of lead contamination.
 - EPSDT supplemental service Pediatric Day Health Care.
 - End of Life Option Act counseling and discussion regarding advance directives or end of life care planning and decisions
 - Expanded Alpha-Fetoprotein prenatal laboratory testing and blood collection/handling with other specified antenatal screening diagnosis administered by DHCS Genetic Disease Branch
 - Home and Community-Based Waiver Program
 - Assisted Living Waiver (ALW)
 - Home and Community-Based Alternatives (HCBA) Waiver
 - Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD) Waiver
 - «Medi-Cal Waiver Program (MCWP)»
 - Multipurpose Senior Services Program (MSSP) Waiver
 - Self-Determination Program (SDP) Waiver
- Note:** Providers should contact the plan for individual billing instructions
- Hospital inpatient state and federal services; for example, state mental institutions, prison and federal military hospitals and Veteran's Affairs hospitals; currently none bill Medi-Cal
 - Local Educational Agency (LEA) assessment services rendered to a member who qualifies for LEA services

- LEA services pursuant to an Individualized Education Plan or Individualized Family Services Plan.
- Long Term Care (LTC) mental health services noncapitated for all HCPs.
- Medication Therapy Management (MTM) services.
- Multipurpose Senior Services Program (MSSP) noncapitated for all HCPs.
- Newborn hearing screening program services.
- Non-Pharmacy-Dispensed Drugs – see “Capitated/Noncapitated Drugs” elsewhere in this section.
- Pharmacy-Dispensed drugs, select medical supplies and enteral nutrition products are noncapitated.
- Prison Industry Authority state contract optical lenses and services.
- Psychiatric services rendered by a psychiatrist; psychologist; marriage, family and child counselor; or a licensed clinical social worker, including both of the following:
 - Inpatient psychiatric
 - Outpatient mental health services
- Specialty mental health services.
- Women, Infants and Children Supplemental Nutrition Program.

Capitated/Noncapitated Clinic or Center Services

The following are capitated and noncapitated services for Federally Qualified Health Centers (FQHCs), Indian Health Services clinics and Rural Health Clinics (RHCs).

Table of Capitated and Noncapitated Clinic or Center Services

Program or Service	Type of Coverage	HCP
Acupuncture	«Capitated»	All
Chiropractic	Noncapitated	All
Dental	Noncapitated	All
Differential rate	Noncapitated	All
End of life option	Noncapitated	All
Heroin Detoxification	Noncapitated	All
Medi-Cal (per visit)	Capitated	All

Table of Capitated and Noncapitated Clinic or Center Services (continued)

Program or Service	Type of Coverage	HCP
Medicare	Capitated	All
Specialty mental health	Noncapitated	All
Norplant	Capitated	All
Optometry	Capitated	All

For more information and billing examples, refer to the *Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Billing Examples* and the *Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics: Billing Codes* sections in the appropriate Part 2 manual.

Note: Differential rate applies to MCP services covered by managed care and rendered to recipients enrolled in Medi-Cal MCPs. The rate for a code approximates the difference between payments received from the managed care plan(s), rendered on a per-visit basis, and the Prospective Payment System rate.

On May 23, 2011, the Centers for Medicare & Medicaid Services approved State Plan Amendments excluding Medi-Cal coverage for the nine optional Medi-Cal benefits, effective July 1, 2009. Accordingly, DHCS will no longer reimburse FQHCs or RHCs for adult dental, chiropractic or podiatric services.

Capitated/Noncapitated Drugs

All pharmacy-dispensed drugs are noncapitated. The drugs below are noncapitated Physician Administered Drugs (PADs). See Part 2 of the appropriate Medi-Cal FFS Provider Manual.

Antiviral Drugs

Selected HIV/AIDS/Hepatitis B treatment drugs are noncapitated.

Abacavir/Lamivudine	Efavirenz
Abacavir Sulfate	Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate
Abacavir Sulfate/Dolutegravir/Lamivudine (Triumeq)	Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate (Symfi)
Atazanavir/Cobicistat (Evotaz)	Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate (Symfi Lo)
Atazanavir Sulfate	Elvitegravir (Vitekta)
Bictegravir/Emtricitabine/Tenofovir Alafenamide	Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide (Genvoya)
Cabotegravir (Apretude)	Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Disoproxil Fumarate (Stribild)
Cobicistat (Tybost)	Emtricitabine
Darunavir/Cobicistat (Prezcobix)	Emtricitabine/Rilpivirine/Tenofovir Alafenamide (Odefsey)
Darunavir/Cobicistat/Emtricitabine/Tenofovir Alafenamide (Symtuza)	Emtricitabine/Rilpivirine/Tenofovir Disoproxil Fumarate
Darunavir Ethanolate	Emtricitabine Tenofovir
Delavirdine Mesylate	Emtricitabine/Tenofovir Alafenamide
Dolutegravir/Lamivudine (Dovato)	Enfuvirtide
Dolutegravir (Tivicay)	Etravirine
Dolutegravir/Rilpivirine	Fosamprenavir Calcium
Doravirine	
Doravirine/Lamivudine/Tenofovir Disoproxil Fumarate (Delstrigo)	

Antiviral Drugs (continued)

Fosamprenavir Calcium	Raltegravir Potassium
Fostemsavir Tromethamine	Rilpivirine Hydrochloride
Ibalizumab-uiyk	Ritonavir
Indinavir Sulfate	Saquinavir
Lamivudine	Saquinavir Mesylate
Lamivudine and Tenofovir Disoproxil Fumarate (Cimduo)	Stavudine
Lopinavir/Ritonavir	Tenofovir Alafenamide Fumarate
Maraviroc	Tenofovir Disoproxil Fumarate
Nelfinavir Mesylate	Tipranavir
Nevirapine	Zidovudine/Lamivudine
	Zidovudine/Lamivudine/Abacavir Sulfate

Alcohol and Heroin Detoxification Dependency Treatment Drugs

Selected alcohol and heroin detoxification and dependency treatment and drugs that meet DHCS Medi-Cal Managed Care Division definitions are noncapitated.

- Acamprosate Calcium
- Buprenorphine extended release injection
- Buprenorphine HCl
- Buprenorphine/Naloxone HCl
- Buprenorphine implant (Probuphine)
- Buprenorphine transdermal patch*
- Disulfiram
- Lofexidine HCl
- Naloxone HCl (oral and injectable)
- Naltrexone (oral and injectable)
- Naltrexone Microsphere injectable suspension

«**Note:** HCPCS code C9154 (injection, buprenorphine extended release [brixadi]), 1 mg is available as a noncapitated drug for all HCPs except Program of All-Inclusive Care for the Elderly (PACE) and Senior Care Action Network (SCAN).»

Blood Factors: Clotting Factor Disorder Treatments

Selected clotting factor disorder treatments that meet DHCS Medi-Cal Managed Care Division definitions are noncapitated.

- Antihemophilic factor VIII/von Willebrand factor complex (human)
- Anti-inhibitor
- Coagulation factor X (human)
- Emicizumab-kxwh (Hemlibra)
- Factor VIIa (antihemophilic factor, recombinant)
- Factor VIII (antihemophilic factor, human)
- Factor VIII (antihemophilic factor, recombinant)
- Factor VIII (antihemophilic factor, recombinant) (Afstyla), per IU
- Factor VIII (antihemophilic factor, recombinant) (Novoeight)
- Factor VIII (antihemophilic factor, recombinant) (Nuwiq), per IU
- Factor VIII (antihemophilic factor, recombinant) PEGylated, per IU
- Factor IX (antihemophilic factor, purified, nonrecombinant)
- Factor IX (antihemophilic factor, recombinant)
- Factor IX (antihemophilic factor, recombinant) (Rixubis)
- Factor IX, albumin fusion protein, (recombinant), (Idelvion) per IU
- Factor IX complex
- Factor X (human), per IU
- Factor XIII (antihemophilic factor, human)
- Factor XIII A-Subunit (recombinant)
- Hemophilia clotting factor, not otherwise classified
- «Injection, factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg»
- «Injection, factor VIII (antihemophilic factor, recombinant), (Esperoct), glycopegylated-exei, per IU»
- Injection, factor VIII (antihemophilic factor, recombinant) (Obizur)
- Injection, factor VIII (antihemophilic factor, recombinant) pegylated-aucl (Jivi), 1 IU
- Injection, factor V Injection, factor VIII, fc fusion protein (recombinant)

- Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebinyn), 1 IU
- Injection, coagulation factor IX (recombinant), (Ixinity®), 1 IU
- Injection, factor IX fusion protein (recombinant)
- Von Willebrand factor (recombinant) (Vonvendi), per IU
- Von Willebrand factor complex (human), Wilate
- Von Willebrand factor complex (Humate-P)

Erectile Dysfunction Drugs

Erectile dysfunction (ED) drugs listed in the *Part 2 – Pharmacy* provider manual are noncapitated when used for the treatment of ED, which is not a Medi-Cal benefit, and therefore not a covered service. For all other indications, ED drugs are capitated to the plans.

Psychiatric Drugs

The following psychiatric drugs are noncapitated:

Amantadine HCl	Lithium Citrate
Aripiprazole	Loxapine Inhalation Powder
Aripiprazole Lauroxil	Loxapine Succinate
Asenapine (Saphris)	Lumateperone
Asenapine Transdermal System	Lurasidone Hydrochloride
Benzotropine Mesylate	Molindone HCl
Brexiprazole (Rexulti)	Olanzapine
Cariprazine	Olanzapine/Samidorphan
Chlorpromazine HCl	Olanzapine Fluoxetine HCl
Clozapine	Olanzapine Pamoate Monohydrate (Zyprexa Relprevv)
Fluphenazine Decanoate	Paliperidone (oral and injectable)
Fluphenazine HCl	Perphenazine
Haloperidol	Phenelzine Sulfate
Haloperidol Decanoate	Pimavanserin
Haloperidol Lactate	Pimozide
Iloperidone (Fanapt)	Quetiapine
Isocarboxazid	Risperidone
Lithium Carbonate	

Psychiatric Drugs (continued)

Risperidone Microspheres	Tranlycypromine Sulfate
Selegiline (transdermal only)	Trifluoperazine HCl
Thioridazine HCl	Trihexyphenidyl
Thiothixene	Ziprasidone
Thiothixene HCl	Ziprasidone Mesylate

Note: HCPCS codes C9152 (injection, aripiprazole, [abilify asimtufii]), 1 mg, C9158 (injection, risperidone, [uzedy]), 1 mg and J2359 (injection, olanzapine), 0.5 mg, are available as a non-capitated drug for all HCPs except Program of All-Inclusive Care for the Elderly (PACE) and Senior Care Action Network (SCAN).

Where to Submit Claims

Providers submit claims for capitated services directly to the plans. See the *MCP: Code Directory* section in this manual for plan addresses and telephone numbers.

Providers submit claims for noncapitated services (fee-for-service) to the California MMIS Fiscal Intermediary as specified in the appropriate Part 2 manual.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Not all forms of this drug are FDA approved for treatment of alcohol and heroin detoxification and dependency. The drug remains noncapitated regardless of the diagnosis for which it was used