

## **MCP: Two-Plan Model**

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«In Two Plan model counties, beneficiaries can choose between a single publicly run entity known as a local initiative plan and a single commercial plan. Kaiser Permanente 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 Two-Plan Model plan members, providers must be contracted with the MCP the member is enrolled with.

### **Border and Out-of-State Providers**

Providers in designated border communities and out-of-state providers must obtain 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.

### **Two-Plan Model Counties and Health Plans**

The following are the HCPs available in the Two-Plan counties:

#### **Counties and Health Plans**

<b>County</b>	<b>Health Plan</b>
Alpine	Anthem Blue Cross Partnership Plan – HCP 385 Mountain Valley Health Plan – HCP 377
El Dorado*	Anthem Blue Cross Partnership Plan – HCP 386 Kaiser Permanente – HCP 387 Mountain Valley Health Plan – HCP 378
Fresno*	Anthem Blue Cross Partnership Plan – HCP 362 CalViva Health – HCP 315 Kaiser Permanente – HCP 365»

**«Counties and Health Plans (continued)**

<b>County</b>	<b>Health Plan</b>
Kern*	Anthem Blue Cross Partnership Plan – HCP 379 Kaiser Permanente – HCP 366 Kern Family Health Plan – HCP 303
Kings*	Anthem Blue Cross Partnership Plan – HCP 363 CalViva Health – HCP 316 Kaiser Permanente – HCP 367
Los Angeles	LA Care, and plan partners – HCP 304 Health Net, and plan partners – HCP 352 Kaiser Permanente – HCP 368
Madera*	Anthem Blue Cross Partnership Plan – HCP 364 CalViva Health – HCP 317 Kaiser Permanente – HCP 369
Riverside*	Inland Empire Health Plan – HCP 305 Kaiser Permanente – HCP 370 Molina Healthcare – HCP 355
San Bernardino*	Inland Empire Health Plan – HCP 306 Kaiser Permanente – HCP 371 Molina Healthcare – HCP 356
San Francisco	Anthem Blue Cross Partnership Plan – HCP 343 Kaiser Permanente – HCP 372 San Francisco Health Plan – HCP 307
San Joaquin	Health Plan of San Joaquin – HCP 308 Health Net – HCP 354 Kaiser Permanente – HCP 373
Santa Clara*	Anthem Blue Cross Partnership Plan – HCP 345 Kaiser Permanente – HCP 374 Santa Clara Family Health Plan – HCP 309
Stanislaus	Health Net – HCP 361 Health Plan of San Joaquin – HCP 312 Kaiser Permanente – HCP 375
Tulare*	Anthem Blue Cross Partnership Plan – HCP 311 Health Net – HCP 353 Kaiser Permanente – HCP 376»

## **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 Two-Plan Model 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 MCP: 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 Two-Plan 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 a Two-Plan Model contract are subject to the plan's authorization and billing processes.

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 Two-Plan Model 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.

- «Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions (Medi-Cal Waiver Program).»
- Alcohol and substance abuse programs, including heroin detoxification services.

- Alpha-Fetoprotein testing – See the expanded Alpha-Fetoprotein prenatal laboratory services testing entry in this list.
- Assisted Living Waiver.
- 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 the DHCS Genetic Disease Branch.
- Home and Community-Based Programs
  - «Medi-Cal Waiver Program (MCWP)»
  - Assisted Living Waiver (ALW)
  - Home and Community-Based Alternatives (HCBA) Waiver
  - Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD) Waiver
  - Multipurpose Senior Services Program (MSSP) Waiver
  - Self-Determination Program (SDP) Waiver

- 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).

### **Programs and Types of Coverage**

<b>Program or Service</b>	<b>Type of Coverage</b>
Acupuncture	«Capitated»
Chiropractic	Noncapitated
Dental	Noncapitated
Differential rate	Noncapitated
End of life option	Noncapitated
Heroin detoxification	Noncapitated
Medi-Cal (per visit)	Capitated
Medicare	Capitated
Specialty mental health	Noncapitated
Norplant	Capitated
Optometry	Capitated

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 MCP(s), rendered on a per-visit basis, and the Prospective Payment System (PPS) 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 fee-for-service provider manual.

## Antiviral Drugs

Selected HIV/AIDS/Hepatitis B treatment drugs that meet DHCS Medi-Cal Managed Care Division definitions are noncapitated.

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



**Antiviral Drugs (continued)**

Lopinavir/Ritonavir	Saquinavir Mesylate
Maraviroc	Stavudine
Nelfinavir Mesylate	Tenofovir Alafenamide Fumarate
Nevirapine	Tenofovir Disoproxil Fumarate
Raltegravir Potassium	Tipranavir
Rilpivirine Hydrochloride	Zidovudine/Lamivudine
Ritonavir	Zidovudine/Lamivudine/Abacavir Sulfate
Saquinavir	

**Alcohol and Heroin Detoxification and Dependency Treatment Drugs**

Selected alcohol and heroin detoxification and dependency treatment 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

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- 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)
- Hemophilia clotting factor, not otherwise classified
- Injection, factor VIII (antihemophilic factor, recombinant) (Obizur)
- Injection, factor VII (antihemophilic factor, recombinant), pegylated-auct (Jivi), 1 IU
- «Injection, factor VIIa (antihemophilic factor, recombinant)-jncw, (Sevenfact), 1 mcg»
- «Injection, factor VIII (antihemophilic factor, recombinant), (Esperoct), glycopegylated-exei, per IU»
- Injection, factor VII, 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

Noncapitated psychiatric drugs are as follows:

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

## Psychiatric Drugs

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Aripiprazole	Olanzapine
Aripiprazole Lauroxil	Olanzapine/Samidorphan
Asenapine (Saphris)	Olanzapine Fluoxetine HCl
Asenapine Transdermal System	Olanzapine Pamoate Monohydrate (Zyprexa Relprevv)
Benztropine Mesylate	Paliperidone (oral and injectable)
Brexiprazole (Rexulti)	Perphenazine
Cariprazine	Phenelzine Sulfate
Chlorpromazine HCl	Pimavanserin
Clozapine	Pimozide
Fluphenazine Decanoate	Quetiapine
Fluphenazine HCl	Risperidone
Haloperidol	Risperidone Microspheres
Haloperidol Decanoate	Selegiline (transdermal only)
Haloperidol Lactate	Thioridazine HCl
Iloperidone (Fanapt)	Thiothixene
Isocarboxazid	Thiothixene HCl
Lithium Carbonate	Tranlycypromine Sulfate
Lithium Citrate	Trifluoperazine HCl
Loxapine Inhalation Powder	Trihexyphenidyl
Loxapine Succinate	Ziprasidone
Lumateperone	Ziprasidone Mesylate
Lurasidone Hydrochloride	

«**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).»

## **Legend**

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

<b>Symbol</b>	<b>Description</b>
«	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 the treatment of alcohol and heroin detoxification and dependency. The drug remains carved out of capitation regardless of the diagnosis for which it was used.