

MCP: Single Plan

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The Single Plan model is a county-authorized Plan. The Single Plan model includes the same beneficiary protections and provider choice assurances as other Plan models. Single Plan models are expansions of MCPs currently operating as county-driven local initiatives or will otherwise be operating with the authorization and sponsorship of a county or local authority. Kaiser is an additional plan choice for recipients with enrollment limitations.

Note: MCP is used interchangeably with HCP (Health Care Plan). 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 Single 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.

Single Plan Model Counties and Health Plans

The following are the HCPs available in the Single Plan counties:

Counties and Health Plans

County	Health Plan
Alameda	Alameda Alliance for Health – HCP 531 Kaiser Permanente – HCP 670
Contra Costa	Contra Costa Health Plan – HCP 532 Kaiser Permanente – HCP 671
Imperial*	Community Health Plan Imperial Valley – HCP 533 Kaiser Permanente – HCP 672

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 respective Single 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 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 Single 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 Single 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

Providers should follow billing instructions for noncapitated services (fee-for-service Medi-Cal or special programs) as specified in the policy sections of the Medi-Cal provider manuals. Policy for pharmacy dispensed drugs, select medical supplies and enteral nutrition can be found in the Medi-Cal Rx provider manual.

Note: For a list of noncapitated drugs, refer to "Capitated/Noncapitated Drugs" on a following page in this section. See also "Capitated/Noncapitated Clinic or Center Services" on a following page in this section for Community-Based Adult Services (CBAS), Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC) and Indian Health Services (IHS).

Any service not listed below is capitated by all Single Plan HCPs unless otherwise noted.

- «Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions (Medi-Cal Waiver Program).»
- Alcohol and drug treatment services available under the Short-Doyle/Medi-Cal program
- Alpha-Fetoprotein testing – See Expanded Alpha-Fetoprotein prenatal laboratory services testing on a following page
- Assisted Living Waiver is noncapitated
- 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 Expanded Alpha-Fetoprotein prenatal testing entry in this list
- California Children’s Services (CCS)
- 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 services.
- 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 Genetic Disease Branch of the Department of Health Care Services (DHCS).
- Home and Community-Based Waiver Program
 - Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver
 - 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

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.

- Local Educational Agency (LEA) services pursuant to an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP)
- 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” in this section
- Pharmacy-dispensed drugs, select medical supplies and enteral nutrition products are noncapitated. Providers should follow Medi-Cal Rx billing instructions as specified in the Medi-Cal Rx Provider Manual for more information
- 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 CBAS, RHCs, FQHCs and IHS:

Table of Capitated and Noncapitated Clinic or Center Services

Program or Service	Type of Coverage	HCP
Acupuncture	Capitated	All
CBAS	Capitated	All
Chiropractic	Capitated	All
Dental	Noncapitated	All
Differential rate	Noncapitated	All
End of life option	Noncapitated	All
Heroin detoxification	Noncapitated	All
Medi-Cal (per visit)	Capitated	All
Medicare	Capitated	All
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 HCP services covered by managed care and rendered to recipients enrolled in Medi-Cal MCPs. The rate for this 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.

Capitated/Noncapitated Drugs

All pharmacy-dispensed drugs are noncapitated. See the Medi-Cal Rx website (<https://medicalrx.dhcs.ca.gov/home/>) for policy. The drugs below are noncapitated. For 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

Cabotegravir/Rilpivirine (Cabenuva)

Abacavir Sulfate

Darunavir/Cobicistat (Prezcobix)

Abacavir Sulfate/Dolutegravir/Lamivudine
(Triumeq)

Darunavir/Cobicistat/Emtricitabine/Tenofovir
Alafenamide (Symtuza)

Atazanavir/Cobicistat (Evotaz)

Darunavir Ethanolate

Atazanavir Sulfate

Delavirdine Mesylate

Bictegravir/Emtricitabine/Tenofovir
Alafenamide

Dolutegravir (Tivicay)

Dolutegravir/Lamivudine (Dovato)

Cabotegravir (Apretude)

Cobicistat (Tybost)

Antiviral Drugs (continued)

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)
Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate (Symfi)	Lenacapavir (Sunlenca)
Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate (Symfi Lo)	Lopinavir/Ritonavir
Elvitegravir (Vitekta)	Maraviroc
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide (Genvoya)	Nelfinavir Mesylate
Elvitegravir/Cobicistat/Emtricitabine Tenofovir Disoproxil Fumarate (Stribild)	Nevirapine
Emtricitabine	Raltegravir Potassium
Emtricitabine/Rilpivirine/Tenofovir Alafenamide (Odefsey)	Rilpivirine Hydrochloride
Emtricitabine/Rilpivirine/Tenofovir Disoproxil Fumarate	Ritonavir
Emtricitabine/Tenofovir Alafenamide	Saquinavir
Enfuvirtide	Saquinavir Mesylate
Etravirine	Stavudine
Fosamprenavir Calcium	Tenofovir Alafenamide Fumarate
	Tenofovir Disoproxil-Emtricitabine
	Tenofovir Disoproxil Fumarate
	Tipranavir
	Zidovudine/Lamivudine
	Zidovudine/Lamivudine/Abacavir Sulfate

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

«**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 VIII (antihemophilic factor, recombinant) (Obizur)
- Injection, factor VIII (antihemophilic factor, recombinant) pegylated-aucI (Jivi), 1 IU
- 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) (Vonendi), 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

Selected psychiatric drugs that meet DHCS, Medi-Cal Managed Care Division definitions are noncapitated.

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)
Brexipiprazole (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 asimtufig]), 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.

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 are FDA-approved for the treatment of alcohol and heroin detoxification and dependency. The drug remains noncapitated regardless of the diagnosis for which it was used.