

## **MCP: Regional Models**

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Regional model counties, beneficiaries can choose between two or more commercial plans. 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 Regional 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 Regional plan authorization when rendering services to plan members.

### **Reginal Model Counties and Health Plans**

The following are the HCPs available in Regional counties:

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

<b>County</b>	<b>Health Plan</b>
Amador*	Anthem Blue Cross Partnership Plan – HCP 101 Health Net Community Solutions– HCP 380 Kaiser Permanente – HCP 125
Calaveras	Anthem Blue Cross Partnership Plan – HCP 103 Health Net Community Solutions – HCP 381
Inyo	Anthem Blue Cross Partnership Plan – HCP 107 Health Net Community Solutions – HCP 382
Mono	Anthem Blue Cross Partnership Plan – HCP 109 Health Net Community Solutions – HCP 383
Tuolumne	Anthem Blue Cross Partnership Plan – HCP 116 Health Net Community Solutions – HCP 384

## **Kaiser Permanente**

Kaiser is available to beneficiaries who meet one of these requirements:

- Recipient was a previous Kaiser Permanente member in the last 12 months.
- Recipient is an immediate family member living in the same home as a current Kaiser Permanente member (family linkage). Family linkage includes a member's:
  - Spouse or domestic partner,
  - Dependent child under 26 years of age
  - Stepchild under 26 years of age
  - Disabled dependent over 21 years of age
  - A parent or stepparent of a beneficiary under 26 years of age
  - A grandparent, guardian, foster parent, or other relative of a beneficiary under 26 years of age with appropriate documentation of familial relationship
- Recipient is a foster child, or
- Recipient has both Medicare and Medi-Cal (known as a dual eligible member) enrolled in Kaiser Permanente Senior Advantage (KPSA) or Duals Special Needs Program (D-SNP).

Kaiser Permanente is only available in certain zip codes in the county listed above.\*

## **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.

## **Excluded Enrollment**

Recipients in the following categories may not enroll in or must disenroll from the Regional 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 Regional 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 Regional 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 the Imperial, San Benito and Regional 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.

- «AIDS or AIDS-related conditions (Medi-Cal Waiver Program).»
- Acupuncture services.
- Alcohol and substance abuse treatment 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 service.
- 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 Waiver Programs
  - Assisted Living Waiver (ALW)
  - Home and Community-Based Alternatives (HCBA) Waiver
  - Home and Community-Based Services for the Developmentally Disabled (HCBS-DD) Waiver
  - «Medi-Cal Waiver Program (MCWP)»
  - 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.
- Newborn Hearing Screening Program.
- Non-Pharmacy-Dispensed Drugs – see “Capitated/Noncapitated Drugs” elsewhere in this section.

- 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 psychiatry
  - 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).

**Program or Service Coverage Table**

<b>Program or Service</b>	<b>Type of Coverage</b>
Acupuncture	Noncapitated
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

**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.

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.

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.

## **Capitated/Noncapitated Drugs**

All pharmacy dispensed drugs are non-capitated. The drugs below are non-capitated. For Physician Administered Drugs (PADs), see Part 2 of the appropriate Medi-Cal FFS provider manual.

### **Antiviral Drugs**

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

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

**Antiviral Drugs (continued)**

Emtricitabine/Tenofovir Alafenamide	Nevirapine
Enfuvirtide	Raltegravir Potassium
Etravirine	Rilpivirine Hydrochloride
Fosamprenavir Calcium	Ritonavir
Fostemsavir Tromethamine	Saquinavir
Ibalizumab-uiyk	Saquinavir Mesylate
Indinavir Sulfate	Stavudine
Lamivudine	Tenofovir Alafenamide Fumarate
Lamivudine and Tenofovir Disoproxil Fumarate (Cimduo)	Tenofovir Disoproxil Fumarate
Lopinavir/Ritonavir	Tipranavir
Maraviroc	Zidovudine/Lamivudine
Nelfinavir Mesylate	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 non-capitated 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-auct (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) (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	Haloperidol
Aripiprazole	Haloperidol Decanoate
Aripiprazole Lauroxil	Haloperidol Lactate
Asenapine (Saphris)	Iloperidone (Fanapt)
Asenapine Transdermal System	Isocarboxazid
Benzotropine Mesylate	Lithium Carbonate
Brexipiprazole (Rexulti)	Lithium Citrate
Cariprazine	Loxapine Inhalation Powder
Chlorpromazine HCl	Loxapine Succinate
Clozapine	Lumateperone
Fluphenazine Decanoate	Lurasidone Hydrochloride
Fluphenazine HCl	

**Psychiatric Drugs (continued)**

Molindone HCl	Risperidone
Olanzapine	Risperidone Microspheres
Olanzapine/Samidorphan	Selegiline (transdermal only)
Olanzapine Fluoxetine HCl	Thioridazine HCl
Olanzapine Pamoate Monohydrate (Zyprexa Relprevv)	Thiothixene
Paliperidone (oral and injectable)	Thiothixene HCl
Perphenazine	Tranylcypromine Sulfate
Phenelzine Sulfate	Trifluoperazine HCl
Pimavanserin	Trihexyphenidyl
Pimozide	Ziprasidone
Quetiapine	Ziprasidone Mesylate

«**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).»

**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.

<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.