
MCP: Geographic Managed Care (GMC)

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The Geographic Managed Care (GMC) model was established to provide medical care for Medi-Cal recipients in specified aid code categories for a capitated fee. This model is available in Sacramento and San Diego counties. The San Diego plan operates as “Healthy San Diego.”

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

Program Information

The Department of Health Care Services (DHCS) bases the GMC model on Assembly Bill 336, Chapter 95, Statutes of 1991 and Senate Bill 485, Chapter 722, Statutes of 1992, *Welfare and Institutions Code*, Section 14089 and *California Code of Regulations*, Title 22, Sections 53900-53928. Under the GMC model, DHCS contracts with the managed care plans for a capitated fee.

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

Medi-Cal recipients who receive assistance through CalWORKs are required to enroll in a managed care plan. Starting June 2011, seniors and persons with disabilities were phased into managed care plans. The transition was completed in May 2012. Some of these 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 GMC plan.

- «Nursing Facility (ICF, ICF/DD, ICF/DD-H, ICF/DD-N, Pediatric Subacute Facility and Subacute Facility):» This includes nursing facility services billed beyond 30 days after the month (whole or partial) of admission. Providers must contact the plan to determine if the claim meets the capitated period (defined as the month of admission [partial or whole] plus a maximum of 30 additional days); or if the recipient must be disenrolled from the plan for the provider to bill fee-for-service for any time after the capitated period.
- Share of Cost (except for residents of Skilled Nursing Facilities)

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.

Sacramento GMC Health Plans

Sacramento GMC recipients must select one of the following GMC health plans for their medical services.

Sacramento GMC Health Plans

- Aetna Better Health of California
- Anthem Blue Cross Partnership Plan, Inc.
- Health Net Community Solutions, Inc.
- Kaiser Permanente (KP Cal, LLC)
- Molina Healthcare of California Partner Plan, Inc.

San Diego GMC Health Plans

Healthy San Diego recipients must select one of the following GMC health plans for medical services.

Healthy San Diego GMC Plans

- Aetna Better Health of California
- Blue Shield of California Promise Plan
- Community Health Group Partnership Plan
- Health Net Community Solutions, Inc.
- Kaiser Permanente (KP Cal, LLC)
- Molina Healthcare of California Partner Plan, Inc.

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)

Except for services rendered to Sacramento County KP Cal, LLC enrollees, 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.

- AIDS or AIDS-related conditions (AIDS Waiver Program)
- Acupuncture services
- 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
 - 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
- 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
- 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

Note: Services are capitated for KP Cal, LLC – Sacramento, which covers both inpatient and outpatient psychiatric 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	Noncapitated	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
Medicare	Capitated	All
«Specialty mental health»	Noncapitated	All except KP CAL, LLC – Sacramento
Norplant	Capitated	All
Optometry	Capitated	All

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.

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 noncapitated. The drugs below are noncapitated physician-administered drugs. See Part 2 of the appropriate Medi-Cal fee-for-service Provider Manual.»

Antiviral Drugs

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

Abacavir/Lamivudine	Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate (Symfi)
Abacavir Sulfate	
Abacavir Sulfate/Dolutegravir/Lamivudine (Triumeq)	Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate (Symfi Lo)
Atazanavir/Cobicistat (Evotaz)	Elvitegravir (Vitekta)
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)	
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	Fostemsavir Tromethamine
Doravirine/Lamivudine/Tenofovir Disoproxil Fumarate (Delstrigo)	Ibalizumab-uiyk
Efavirenz	Indinavir Sulfate
Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate	Lamivudine

«Antiviral Drugs (continued)»

Lamivudine and Tenofovir Disoproxil Fumarate (Cimduo)	Saquinavir
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

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

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-aucl (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	Lithium Citrate
Aripiprazole	Loxapine Inhalation Powder
Aripiprazole Lauroxil	Loxapine Succinate
Asenapine (Saphris)	Lumateperone
Asenapine Transdermal System	Lurasidone Hydrochloride
Benzotropine Mesylate	Molindone HCl
Brexpiprazole (Rexulti)	Olanzapine
Cariprazine	Olanzapine/Samidorphane
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

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