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## **MCP: County Organized Health System (COHS)**

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A County Organized Health System (COHS) is a local agency created by a county board of supervisors to contract with the Medi-Cal program. Enrolled recipients choose their health care provider from among all COHS providers.

**Note:** MCP is used interchangeably with HCP (Health Care Plan). For example, recipient eligibility messages use HCP, while manual pages use MCP. COHS plan names, addresses, telephone numbers and HCP code numbers are included in the *MCP: Code Directory* section in this manual.

### **COHS Plans**

The following are County Organized Health System (COHS) plans:

- CalOPTIMA (Orange County – HCP 506)
- Central California Alliance for Health (Merced County HCP 514, Monterey County – HCP 508 and Santa Cruz County – HCP 505)
- Health Plan of San Mateo (San Mateo County – HCP 503)
- Partnership HealthPlan of California (PHC) (Del Norte County – HCP 523, Humboldt County – HCP 517, Lake County – HCP 511, Lassen County – HCP 518, Marin County – HCP 510, Mendocino County – HCP 512, Modoc County – 519, Napa County – HCP 507, Shasta County – HCP 520, Siskiyou County – 521, Solano County – HCP 504, Sonoma County – HCP 513, Trinity County – HCP 522 and Yolo County – HCP 509)
- CenCal Health (San Luis Obispo County – HCP 501 and Santa Barbara County – HCP 502)
- Gold Coast Health Plan (Ventura County – HCP 515)

### **Authorization**

All services rendered to COHS recipients (except for emergency, sensitive, minor consent, and services not capitated under the COHS contract) must have prior approval from the recipient's primary care provider or the COHS medical director. Emergency services must be reported to the COHS within 24 hours of the initial emergency encounter.

## **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.»

**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 COHS HCPs unless otherwise noted.

- Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions (AIDS 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
- 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 on a following page
- California Children’s Services (CCS) are capitated for COHS plans (exception: all CCS services are non-capitated for HCP 515).
- CCS physical therapy/occupational therapy services by designated, CCS-certified outpatient rehabilitation centers noncapitated for HCPs 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 513, 514, 517 and 520
- Dental services (Capitated for HCP 503 only)
- 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 noncapitated for all HCPs except HCP 503
- 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)

**Note:** See the *Genetic Counseling and Screening* section in the appropriate Part 2 manual for billing instructions.

- Fabricating optical laboratory services
- Heroin detoxification services
- 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
- 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
- «Injections – Mental health injections noncapitated for all HCPs»

**Note:** See the *Injections: An Overview* section in the appropriate Part 2 manual for billing instructions.
- Inpatient psychiatric and outpatient mental health services rendered by a psychiatrist; psychologist; Marriage and Family Therapist (MFT); or Licensed Clinical Social Worker (LCSW) noncapitated for all HCPs except HCP 503

**Note:** See “Capitated/Noncapitated Drugs” on a following page for psychiatric drugs.
- 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
- LTC – Other than mental health services capitated for all HCPs
- Medication Therapy Management (MTM) services
- Mental health – See inpatient psychiatric and outpatient mental health, Long Term Care above or injections entry in this list
- Minor consent-related services
- Multipurpose Senior Services Program (MSSP) noncapitated for all HCPs
- Non-Pharmacy-Dispensed Drugs – see “Capitated/Noncapitated Drugs” on a following page in this section
- Newborn Hearing Screening Program services
- «Pharmacy-dispensed drugs, select medical supplies and enteral nutrition products are noncapitated.»
- Outpatient psychiatric – See inpatient psychiatric and outpatient mental health above
- Psychiatric – See inpatient psychiatric and outpatient mental health or Long Term Care in this list
- Specialty Mental Health Services

### 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**

<b>Program or Service</b>	<b>Type of Coverage</b>	<b>HCP</b>
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 except 503
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. The drugs below are noncapitated. For Physician Administered Drugs (PADs), providers should follow billing instructions for noncapitated drugs (fee-for-service) as specified in the appropriate Part 2 manual.»

### **Antiviral Drugs**

The following HIV/AIDS/Hepatitis B treatment drugs that meet DHCS Medi-Cal Managed Care Division definitions are noncapitated for all COHS plans:

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/Lamivudine (Dovato)
Cabotegravir (Apretude)	Dolutegravir (Tivicay)
Cobicistat (Tybost)	

**Note:** HCPCS code J0739 (injection cabotegravir) is not eligible as a noncapitated drug for CalOptima (HCP 506).

**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

**Note:** «HCPCS codes J1746 (injection ibalizumab-uiyk, 10 mg), J1961 (Lenacapavir injection), and J0741 (Cabotegravir and Rilpivirine injection) are capitated drugs for CalOptima (HCP 506) and Health Plan of San Mateo (HCP 503), but noncapitated for all other MCPs.»

## **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 for all COHS plans.

- 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 for all COHS plans.

- 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 for all COHS plans:»

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)
Brexpiprazole (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	

**<<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 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.