

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

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«County Organized Health System (COHS) refers to a Medi-Cal health plan that is run by a county government entity and is the sole Medi-Cal health plan operation in the county without enrollment limits. COHSs are authorized as health insuring organizations in federal statute and are exempt from (1) many federal managed care organizations (MCO) regulations, including plan choice under federal statute and (2) Knox-Keene Act licensure requirements under state statute. Kaiser Permanente is an additional plan choice for recipients with enrollment limitations in certain counties.

**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 COHS 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 COHS plan authorization when rendering services to plan members.

## **Eligible Recipients**

All eligible recipients are required to enroll in a Medi-Cal health plan.

## **COHS Model Counties and Health Plans**

The following are the HCPs available in the COHS counties:

### **Counties and Health Plans**

<b>County</b>	<b>Health Plan</b>
Butte	Partnership Health Plan of California (PHC) – HCP 543
Colusa	Partnership Health Plan of California (PHC) – HCP 544
Del Norte	Partnership Health Plan of California (PHC) – HCP 523»

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

<b>County</b>	<b>Health Plan</b>
Glenn	Partnership Health Plan of California (PHC) – HCP 545
Humboldt	Partnership Health Plan of California (PHC) – HCP 517
Lake	Partnership Health Plan of California (PHC) – HCP 511
Lassen	Partnership Health Plan of California (PHC) – HCP 518
Marin	Partnership Health Plan of California (PHC) – HCP 510 Kaiser Permanente – HCP 650
Mariposa*	Central California Alliance for Health – HCP 554 Kaiser Permanente – HCP 651
Mendocino	Partnership Health Plan of California (PHC) – HCP 512
Merced	Central California Alliance for Health – HCP 514
Modoc	Partnership Health Plan of California (PHC) – HCP 519
Monterey	Central California Alliance for Health – HCP 508
Napa	Partnership Health Plan of California (PHC) – HCP 507 Kaiser Permanente – HCP 652
Nevada	Partnership Health Plan of California (PHC) – HCP 546
Orange	CalOptima – HCP 506 Kaiser Permanente – HCP 653
Placer*	Partnership Health Plan of California (PHC) – HCP 547 Kaiser Permanente – HCP 662
Plumas	Partnership Health Plan of California (PHC) – HCP 548
San Benito	Central California Alliance for Health – HCP 553
San Luis Obispo	CenCal Health – HCP 501
San Mateo	Health Plan of San Mateo – HCP 503 Kaiser Permanente – HCP 654
Santa Barbara	CenCal Health – HCP 502
Santa Cruz	Central California Alliance for Health – HCP 505 Kaiser Permanente – HCP 655
Shasta	Partnership Health Plan of California (PHC) – HCP 520
Sierra	Partnership Health Plan of California (PHC) – HCP 549
Siskiyou	Partnership Health Plan of California (PHC) – HCP 521
Solano	Partnership Health Plan of California (PHC) – HCP 504 Kaiser Permanente – HCP 656
Sonoma*	Partnership Health Plan of California (PHC) – HCP 513 Kaiser Permanente – HCP 657
Sutter*	Partnership Health Plan of California (PHC) – HCP 550 Kaiser Permanente – HCP 658»

**Counties and Health Plans (continued)**

<b>County</b>	<b>Health Plan</b>
Tehama	Partnership Health Plan of California (PHC) – HCP 551
Trinity	Partnership Health Plan of California (PHC) – HCP 522
Ventura*	Gold Coast Health Plan – HCP 515 Kaiser Permanente – HCP 659
Yolo*	Partnership Health Plan of California (PHC) – HCP 509 Kaiser Permanente – HCP 660
Yuba*	Partnership Health Plan of California (PHC) – HCP 552 Kaiser Permanente – HCP 661

**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 COHS 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)

## **Emergency Services**

Emergency services do not require authorization. Emergency room services to evaluate whether 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 COHS 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 COHS Plan Model contract are subject to the plan's authorization and billing processes.

## **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 (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.
- 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 thru 514, 517 thru 523, 650, 652 thru 657 and 660.
- 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.
  - 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.
- 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.
- Mental health injections noncapitated for all HCPs.

- 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

**Note:** See the *Injections: An Overview* section the appropriate Part 2 manual for billing instructions.

## **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
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.

«On May 23, 2011, the Centers for Medical and Medicare (CMS) 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. 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 Health (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 Health» (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

«**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 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 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-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) (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)
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 asimtuftii]), 1 mg, C9158 (injection, risperidone, [uzedy]), 1 mg and J2359 (injection, olanzapine), 0.5 mg, are available as a noncapitated drug for all HCPs except Program of All-Inclusive Care for the Elderly (PACE) and Senior 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 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.