MCP: An Overview of Managed Care Plans

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Medi-Cal managed care plans (MCPs) fall into one of several managed care plan models. MCP models are explained in detail in the following sections of this manual:

- *MCP: County Organized Health System (COHS)*
- *MCP: Geographic Managed Care (GMC)*
- ‹‹*MCP: Regional Models*››
- *MCP: Primary Care Case Management (PCCM)*
- ‹‹*MCP: Single Plan*››
- *MCP: Special Projects*
- *MCP: Two-Plan Model*

Note: MCP is used interchangeably with HCP (health care plan). For example, recipient eligibility messages use HCP, while manual pages use MCP.

Each MCP receives a monthly fee, or per capita rate, from the state for every enrolled recipient. Medi-Cal recipients enrolled in contracting MCPs must receive Medi-Cal benefits from plan providers and not from providers who bill through the fee-for-service program. Each MCP is unique in its billing and service procedures. Providers must contact the individual plan for billing instructions. Services excluded from the plan's contract require billing through the fee-for-service program, which may include prior authorization. Denial letters from MCPs are not accepted by Medi-Cal for plan-covered services rendered to MCP members.

Specialty Mental Health Services

Coverage for specialty mental health services (SMHS) is provided through County Mental Health Plans (MHPs) in California's 58 counties. MHPs provide or arrange and pay for SMHS. Providers can refer to the 1915(b) Medi-Cal Specialty Mental Health Services Waiver website for general information about the SMHS program. Providers can refer to Behavioral Health Information Notices for guidance and for information previously provided in the section. Mental health plan contact information is listed on the County Mental Health Plan Information page of the DHCS website.

Dental Services

For information about dental services, refer to the Medi-Cal Dental Program sections in the appropriate Part 2 manuals. Providers billing for dental services should refer to the *Medi-Cal Dental Provider Handbook* for specific billing/plan billing/plan information. Providers billing for dental services in San Mateo County should bill Health Plan San Mateo. Differential rates for Indian Health Services are non-capitated for dental Managed Care Plans.

Managed Care Plan Directory

A master list of all Medi-Cal affiliated managed care plans, HCP code numbers, addresses and telephone numbers appear in the *MCP: Code Directory* section in this manual.

Eligibility Verification/ Identification Cards

‹‹Before rendering services to recipients enrolled in a managed care plan, providers must verify Medi-Cal eligibility for each recipient who presents a plastic Benefits Identification Card (BIC), MCP card, paper Immediate Need card, paper Minor Consent card or Medi-Cal Eligibility Confirmation Letter.››

All recipients receive a BIC. In addition, all recipients receive a health plan card that identifies the member's primary care physician and includes a 24-hour, toll-free telephone number. In most cases, the recipient presents both cards when receiving services.

Medi-Cal recipient eligibility information may be accessed through the POS network, which includes the Automated Eligibility Verification System (AEVS), the Medi-Cal Web site on the Internet at *www.medi-cal.ca.gov* and state-approved vendor software. To verify eligibility through AEVS, call toll-free 1-800-456-2387. The messages retrieved from the POS network identify plan membership and prior authorization telephone numbers. For recipients enrolled in both medical and dental MCPs, the medical plan is identified first.

For additional information about the BIC, refer to the *Eligibility: Recipient Identification Cards* section in this manual.

Emergency Services

The identification card issued by the MCP also specifies that emergency services rendered to the member by any provider are reimbursable by the contractor without prior authorization, subject to restrictions and limitations described in each plan's operational protocol.

Health Care Options (HCO) Contractor

‹‹Within the state, all managed care plan enrollment and disenrollment activities are performed by the Department of Health Care Services' (DHCS') Health Care Options (HCO) contractor.

Plan Types

- County Organized Health Systems where Kaiser Permanente is a Medi-Cal health plan option.
- Non-County Organized Health Systems (COHS) (also known as HCO Choice counties).
- Single Plan where Kaiser Permanente is a Medi-Cal health plan option.

Recipients with questions about enrollment or disenrollment may contact the HCO contractor at 1-800-430-4263 weekdays from 8 a.m. to 6 p.m. Assistance is available in a variety of languages.››

Office of the Ombudsman

The Office of the Ombudsman was established to offer Medi-Cal recipients' access to an Ombudsman service that investigates and resolves complaints about managed care made by, or on behalf of, Medi-Cal recipients. In addition, the office will ensure that access to high-quality managed care services is being rendered to the Medi-Cal population. The role of the Ombudsman is to empower recipients to exercise fully their rights and responsibilities as members of managed care plans. The Ombudsman is also responsible for keeping MCP recipients informed and assisting them in an efficient and timely manner.

Recipients may contact the Office of the Ombudsman for more information and assistance at 1-888-452-8609 weekdays from 8 a.m. to 6 p.m.

‹‹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.