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**


**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.

- **Major organ transplant**: This includes services related to major organ transplants such as bone marrow, heart, liver, lung, heart/lung, combined liver and kidney or combined liver and small bowel transplants.

- **Nursing Facility (Level A and B, ICF/DD-H, ICF/DD-N, Long Term Care and skilled nursing)**: 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**

- **Those with Other Health Coverage codes**:
  - K = Kaiser Health Maintenance Organization (HMO)
  - C = CHAMPUS
  - P = Prepaid Health Plan/HMO
  - F = Medicare HMO (unless Medicare HMO plan matches a managed care plan)

Voluntary Enrollment

The following categories are voluntary and will not be mandatorily enrolled in the managed care plan:

- **Dual eligibles or those with Medicare**
- **Foster children**
- **California Children’s Services (San Diego only)**

**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.
- UnitedHealthcare Community Plan of California
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.

- 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
- Drugs – See “Capitated/Noncapitated Drugs” elsewhere in this section
• 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 services
  – In-Home Operations Waiver
  – Nursing Facility/Acute Hospital 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

• Multipurpose Senior Services Program (MSSP) noncapitated for all HCPs except 029, 068, 131 and 167

• Newborn hearing screening program services

• 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

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**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>
<thead>
<tr>
<th>Program or Service</th>
<th>Type of Coverage</th>
<th>HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>Noncapitated</td>
<td>All</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>Noncapitated</td>
<td>All</td>
</tr>
<tr>
<td>Dental</td>
<td>Noncapitated</td>
<td>All</td>
</tr>
<tr>
<td>Differential rate</td>
<td>Noncapitated</td>
<td>All</td>
</tr>
<tr>
<td>End of life option</td>
<td>Noncapitated</td>
<td>All</td>
</tr>
<tr>
<td>Heroin Detoxification</td>
<td>Noncapitated</td>
<td>All</td>
</tr>
<tr>
<td>Medi-Cal (per visit)</td>
<td>Capitated</td>
<td>All</td>
</tr>
<tr>
<td>Medicare</td>
<td>Capitated</td>
<td>All</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Noncapitated</td>
<td>All except KP CAL, LLC - Sacramento</td>
</tr>
<tr>
<td>Norplant</td>
<td>Capitated</td>
<td>All</td>
</tr>
<tr>
<td>Optometry</td>
<td>Capitated</td>
<td>All</td>
</tr>
</tbody>
</table>

**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

The drugs listed below are noncapitated and not reimbursable for any GMC model plan. Providers should follow billing instructions for noncapitated drugs (fee-for-service) as specified in the appropriate Part 2 manual – For injections, see “Capitated/Noncapitated Services” in this section.

Antiviral Drugs

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

Abacavir/Lamivudine
Abacavir Sulfate
Abacavir Sulfate/Dolutegravir/Lamivudine (Triumeq)
Atazanavir/Cobicistat (Evotaz)
Atazanavir Sulfate
Bictegravir/Emtricitabine/Tenofovir Alafenamide
Cobicistat (Tybost)
Darunavir/Cobicistat (Prezcobix)
Darunavir/Cobicistat/Emtricitabine/Tenofovir Alafenamide (Symtuza)
Darunavir Ethanolate
Delavirdine Mesylate
Dolutegravir/Lamivudine (Dovato)
Dolutegravir (Tivicay)
Dolutegravir/Rilpivirine
Doravirine
Doravirine/Lamivudine/Tenofovir Disoproxil Fumarate (Delstrigo)
Efavirenz
Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate
Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate (Symfi)
Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate (Symfi Lo)
Elvitegravir (Vitekta)
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide (Genvoya)
Elvitegravir/Cobicistat/Emtricitabine Tenofovir Disoproxil Fumarate (Stribild)
Emtricitabine
Emtricitabine/Rilpivirine/Tenofovir Alafenamide (Odefsey)
Emtricitabine/Rilpivirine/Tenofovir Disoproxil Fumarate
Emtricitabine Tenofovir
Emtricitabine/Tenofovir Alafenamide
Enfuvirtide
Etravirine
Fosamprenavir Calcium
Gilead Sciences, Inc.
Ibalizumab-uiyk
Indinavir Sulfate
Lamivudine
Lamivudine and Tenofovir Disoproxil Fumarate (Cimduo)
Lopinavir/Ritonavir
Maraviroc
Nelfinavir Mesylate
Nevirapine
Raltegravir Potassium
Rilpivirine Hydrochloride
Ritonavir
Saquinavir
Saquinavir Mesylate
Stavudine
Tenofovir Alafenamide Fumarate
Tenofovir Disoproxil Fumarate
Tipranavir
Zidovudine/Lamivudine
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, 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 except for HCP 170 (KP Cal, LLC)

- Amantadine HCl
- Aripiprazole
- Aripiprazole Lauroxil
- Asenapine (Saphris)
- Asenapine Transdermal System
- Benztropine Mesylate
- Brexpiprazole (Rexulti)
- Cariprazine
- Chlorpromazine HCl
- Clozapine
- Fluphenazine Decanoate
- Fluphenazine HCL
- Haloperidol
- Haloperidol Decanoate
- Haloperidol Lactate
- Iloperidone (Fanapt)
- Isocarboxazid
- Lithium Carbonate
- Lithium Citrate
- Loxapine Inhalation Powder
- Loxapine Succinate
- Lumateperone
- Lurasidone Hydrochloride
- Molindone HCl
- Olanzapine
- Olanzapine Fluoxetine HCl
- Olanzapine Pamoate Monohydrate (Zyprexa Relprevv)
- Paliperidone (oral and injectable)
- Perphenazine
- Phenelzine Sulfate
- Pimavanserin
- Pimozide
- Quetiapine
- Risperidone
Risperidone Microspheres  
Selegiline (transdermal only)  
Thioridazine HCl  
Thiothixene  
Thiothixene HCl  

Tranylcypromine Sulfate  
Trifluoperazine HCl  
Trihexyphenidyl  
Ziprasidone  
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.»

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
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<tbody>
<tr>
<td>«</td>
<td>This is a change mark symbol. It is used to indicate where on the page the most recent change begins.</td>
</tr>
<tr>
<td>»</td>
<td>This is a change mark symbol. It is used to indicate where on the page the most recent change ends.</td>
</tr>
<tr>
<td>*</td>
<td>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.</td>
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</tbody>
</table>