
MCP: Two-Plan Model

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Under the Managed Care Two-Plan Model, the Department of Health Care Services (DHCS) contracts with two managed care plans to provide medical services to most Medi-Cal recipients in each of the 14 participating counties. The 14 Two-Plan Model counties are Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus and Tulare. Each county offers a local initiative plan and a commercial plan.

Local initiative plans, which are initiated by a county board of supervisors, are operated by a locally developed comprehensive managed care organization. Commercial plans are operated by non-governmental managed health care organizations. Medi-Cal recipients may enroll in either plan.

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.

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

Program Information

DHCS bases the Two-Plan Model on Assembly Bill 336 (Chapter 95, Statutes of 1991), Senate Bill 485 (Chapter 722, Statutes of 1992) and *California Code of Regulations*, Title 22, Sections 53840 through 53898. Under the Two-Plan Model, DHCS contracts with the MCPs for a capitated fee.

Eligible Providers

To render services to Two-Plan Model plan members, providers must be contracted with the MCP the member is enrolled with.

Border and Out-of-State Providers

Providers in designated border communities and out-of-state providers must obtain plan authorization when rendering services to plan members.

Eligible Recipients

For the Two-Plan Model programs, Medi-Cal recipients who receive assistance through CalWORKs are required to enroll in an MCP. Starting June 2011, seniors and persons with disabilities were phased into MCPs. 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 Two-Plan Model plan:

- Nursing Facility (Level A and B, ICF/DD-H, ICF/DD-N, Long Term Care [LTC] 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
- «Dual eligibles 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 an MCP)

Voluntary Enrollment

The following categories are voluntary and will not be mandatorily enrolled in the MCP:

- Dual eligibles or those with Medicare
- Foster children
- California Children's Services (Alameda and Los Angeles counties only)
- Genetically Handicapped Persons 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.

Two-Plan Model Counties and Health Plans

The following are HCPs in the listed county or counties.

«Counties and Health Plans»

County	Health Plan
Alameda	Alameda Alliance for Health Anthem Blue Cross
Contra Costa	Contra Costa Health Plan Anthem Blue Cross
Fresno, Kings and Madera	Cal Viva Anthem Blue Cross
Kern	Kern Family Health Net Health Net
Los Angeles	LA Care, and plan partners Health Net, and plan partners
Riverside and San Bernardino	Inland Empire Health Plan Molina Healthcare
San Francisco	San Francisco Health Plan Anthem Blue Cross
San Joaquin	Health Plan of San Joaquin Health Net
Santa Clara	Santa Clara Family Health Plan Anthem Blue Cross
Stanislaus	Health Plan of San Joaquin Health Net
Tulare	Anthem Blue Cross Health Net

Referral Authorization

Providers who accept referrals from a Two-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 Two-Plan Model contract are subject to the plan's authorization and billing processes.

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 Two-Plan Model 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 programs, including heroin detoxification services
- Alpha-Fetoprotein testing – See the expanded Alpha-Fetoprotein prenatal laboratory services testing entry in this list.
- 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 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 the DHCS Genetic Disease Branch
- Home and Community-Based Programs
 - 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
- 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
- «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
- «Pharmacy-dispensed drugs, select medical supplies and enteral nutrition products are noncapitated. Providers should follow Medi-Cal Rx billing instructions as specified in the Medi-Cal Rx Provider Manual for more information.»
- 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
- 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).

Programs and Types of Coverage

Program or Service	Type of Coverage
Acupuncture	Noncapitated
Chiropractic	Noncapitated
Dental	Noncapitated
Differential rate	Noncapitated
End of life option	Noncapitated
Heroin detoxification	Noncapitated
Medi-Cal (per visit)	Capitated
Medicare	Capitated
Specialty mental health	Noncapitated
Norplant	Capitated
Optometry	Capitated

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 MCP(s), rendered on a per-visit basis, and the Prospective Payment System (PPS) 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. See the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov/home/>) for policy. The drugs below are noncapitated Physician Administered Drugs (PADs). See Part 2 of the appropriate Medi-Cal FFS provider manual.»

Antiviral Drugs

Selected HIV/AIDS/Hepatitis B treatment drugs that meet DHCS Medi-Cal Managed Care Division definitions are noncapitated.

Abacavir/Lamivudine	Darunavir/Cobicistat (Prezcobix)
Abacavir Sulfate	Darunavir/Cobicistat/Emtricitabine/Tenofovir Alafenamide (Symtuza)
Abacavir Sulfate/ Dolutegravir/Lamivudine (Triumeq)	Darunavir Ethanolate
Atazanavir/Cobicistat (Evotaz)	Delavirdine Mesylate
Atazanavir Sulfate	Dolutegravir (Tivicay)
Bictegravir/Emtricitabine/Tenofovir Alafenamide	Dolutegravir/Lamivudine (Dovato)
Cobicistat (Tybost)	Dolutegravir/Rilpivirine
	Doravirine

«Antiviral Drugs (continued)»

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

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

Fostemsavir Tromethamine

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 and Dependency Treatment Drugs

Selected alcohol and heroin detoxification and dependency treatment 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-auct (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

Noncapitated psychiatric drugs are as follows:

Amantadine HCl	Molindone HCl
Aripiprazole	Olanzapine
Aripiprazole Lauroxil	«Olanzapine/Samidorphan»
Asenapine (Saphris)	Olanzapine Fluoxetine HCl
Asenapine Transdermal System	Olanzapine Pamoate Monohydrate (Zyprexa Relprevv)
Benzotropine 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	

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 address and telephone number information.

Providers submit claims for noncapitated services (fee-for-service Medi-Cal) to the California MMIS Fiscal Intermediary (FI) as specified in the appropriate Part 2 provider 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 the treatment of alcohol and heroin detoxification and dependency. The drug remains carved out of capitation regardless of the diagnosis for which it was used.»