

**The pharmacy benefit for Medi-Cal members across the state transitioned to fee-for-service on January 1, 2022.**

The state-wide system now used to administer pharmacy benefits is known as **Medi-Cal Rx**.

- SFHP will continue to manage medications covered under the medical benefit including provider-administered medications and medications administered in institutional settings for Medi-Cal members
- Information on this transition is available from the California Department of Health Care Services (DHCS) website at [dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx](https://dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx)

**As of March 24, 2023, Medi-Cal Rx Reinstatement will start a series of transition lifts to phase out the Transition Policy and implement safety claim edits.** See page 2 for more information.

## Contents

Customer Service.....	1
Medication Coverage and Contract Drugs List (CDL).....	2
Medi-Cal Rx Reinstatement (Retirement of the Transition Policy) <b>*NEW</b> .....	2
Prior Authorization.....	3
Appeals.....	3
Medi-Cal Rx Provider Portal.....	4
Pharmacy Billing.....	4
Other Coverages (Duals, CCS).....	5
Stay Connected to Medi-Cal Rx Resources.....	5
Provider Complaints and Grievances about the Medi-Cal Rx Benefit.....	5

## Customer Service

### Who can I call for more information?

- Providers can contact the Medi-Cal Rx Customer Service Center **1(800) 977-2273** for assistance, 24 hours a day, 7 days a week. (*Pharmacy support, press 2. Prescriber support, press 3.*)
  - **Pharmacy or Prescriber NPI** will be needed for authentication
  - **Beneficiary's first 8-digits of cardholder ID (CIN#) and date of birth** will be needed for authentication

### Where can providers find information throughout the new transition?

- Visit the Medi-Cal Rx website portal at [Medi-CalRx.dhcs.ca.gov](https://Medi-CalRx.dhcs.ca.gov) for general information. Provider registration is NOT required to access this information:
  - Frequently Asked Questions (FAQs) [Medi-Cal Rx FAQ](#)
  - [Bulletins & News](#)
  - Sign up for the [Medi-Cal Rx Subscription Service](#) for notices and links
  - Search for medications on the Contract Drugs List and link to the ePA system ([CoverMyMeds®](#)) to submit a prior authorization [Provider Drug-Lookup](#)
  - Access the current [Medi-Cal Rx Provider Manual](#)
- For general questions relating to Medi-Cal Rx, providers can submit comments and questions to: [RxCarveOut@dhcs.ca.gov](mailto:RxCarveOut@dhcs.ca.gov)

## Medication Coverage and Contract Drugs List (CDL)

### Will the Contract Drugs List (CDL) be different in Medi-Cal Rx?

- Medi-Cal FFS covers most FDA approved drugs and uses a Contract Drugs List (CDL) to determine what drugs are subject to Prior Authorization (PA)
- The CDL is updated monthly and is available from the Medi-Cal Rx website: [Covered Product Lists](#)
- To find out if a specific National Drug Code (NDC) is covered and whether it requires PA, check the Medi-Cal Rx Approved NDC List – updated monthly and available on the [Forms & Information](#) page. Select **Covered Products Lists** from the left-hand menu.
- A searchable [Provider Drug-Lookup](#) tool is also available

### Are continuous glucose monitors covered?

- A [list of therapeutic continuous glucose monitoring \(CGM\) systems](#) is covered under the Medi-Cal Rx pharmacy benefit. Therapeutic CGMs require a prior authorization submitted to Magellan and documentation of specific coverage criteria. Please refer to [Provider Manual](#) (page 141) to learn about criteria.
- With Benefit reinstatement rolling out Spring 2023, new PAs will need to be submitted to Magellan for continuation
- A [list of diabetic supplies](#) is also covered under the Medi-Cal Rx pharmacy benefit

### Are enteral nutrition products covered?

- A [list of enteral nutrition products](#) is covered under the Medi-Cal Rx pharmacy benefit
- Enteral nutrition will continue to be covered under the plan via medical benefit

### Are over-the-counter (OTC) medications covered?

- A [list of OTC medications](#) is covered under the Medi-Cal Rx pharmacy benefit
- OTC coverage is limited under the Medi-Cal Rx CDL. Previous SFHP coverage for some OTC medications may not continue under Medi-Cal Rx

### Will Medi-Cal Rx consider local exceptions to Medi-Cal's Contract Drugs List (CDL)?

- No, Medi-Cal Rx uses a single, statewide, and DHCS-approved Medi-Cal CDL to standardize the Medi-Cal Pharmacy benefit

## Medi-Cal Rx Reinstatement (Retirement of the Transition Policy) **\*NEW**

### What is Medi-Cal Rx Reinstatement?

- As of March 24, 2023, Medi-Cal Rx Reinstatement will start a series of transition lifts to phase out the Transition Policy and implement safety claim edits
- The Transition Policy allowed for continuity and continued access to medications in 2022 – previously approved prior authorizations were “grandfathered” and granted an extended period with no PA requirements for existing prescriptions for drugs not on the CDL or that otherwise have PA requirements under Medi-Cal Rx

### What is the plan for transition lifts? What drug classes are impacted?

- The first lift of Phase III begins March 24, 2023. Phase III will have a series of transition lifts for impacted drug classes in the adult beneficiaries. In summer 2023, Phase IV reinstates enteral products and drug classes for beneficiaries 21 years old and younger.
- Impacted drug classes will be announced 30 days in advance. Visit the [Medi-Cal Rx Education & Outreach](#) and select **Medi-Cal Rx Reinstatement** from the left-hand menu.

The following table lists impacted drug classes for Phase III Lift 1:

<b>Diuretics</b>	Antilipemic Agents (including fish oil)	Hypoglycemics and Glucagon
<b>Antihypertensives</b>	Coronary Vasodilators (nitrates and pulmonary hypertension agents)	Cardiovascular Agents (antiarrhythmics and inotropes)
<b>Anticoagulants and Antiplatelets</b>	Niacin, Vitamin B, and Vitamin C Products	Opioids
<b>Benzodiazepines</b>		

### How can providers prepare?

- Pharmacy providers and prescribers can review the:
  - [Medi-Cal Rx Contract Drugs Lists](#)
  - [Medi-Cal Rx Lists of Covered Products](#)
  - [Medi-Cal Rx Approved National Drug Code \(NDC\) List](#).
- If a change in therapy is not appropriate, providers **MUST** submit prior authorization

## Prior Authorization

### How does a provider submit a prior authorization?

- Visit the Medi-Cal Rx website for providers at [Medi-CalRx.dhcs.ca.gov/provider](https://www.Medi-CalRx.dhcs.ca.gov/provider) for general Reference Materials on prior authorization:
- [Prior Authorization Job Aid](#)
- [Five Ways to Submit a Prior Authorization](#)
  - Fax Submission to **1(800) 869-4325**
  - [Medi-Cal Rx Provider Portal](#) (registration required)
  - Electronic submission through [CoverMyMeds®](#) (more information: [How-To Guide](#))
  - Mail to Medi-Cal Rx Customer Service Center,  
Attn: PA Request, PO Box 730, Sacramento CA 95741-0730
- [Medi-Cal Rx PA Request Process](#) illustrates the case review process for prior authorizations. PA submission will be reviewed by Magellan for any new information provided for medical necessity. Magellan will approve or recommend denial and send to DHCS for final decision within 24 hours or receipt.

### Will providers have to request new prior authorization for new prescriptions and new Medi-Cal members?

- Yes, new prescriptions that require prior authorizations under Medi-Cal Rx require an approved prior authorization

## Appeals

- Provider appeal on prior authorizations (PA) can be sent by mail, fax, or Medi-Cal Rx Secured Provider Portal. The appeal process can take up to 60-days to process.
- If your original prior authorization was denied, consider resubmitting the prior authorization request with more documentation of medical necessity.** Resubmitting a request is the most expeditious approach to obtaining an authorization.
- PA submission will be reviewed by Magellan for any new information provided for medical necessity. Magellan will approve or recommend denial and send to DHCS for final decision within 24 hours or receipt.
- Medi-Cal Beneficiaries do not have access to the same appeal process. Beneficiaries only have access to the State Fair Hearing process which has a 90-day processing time limit.

## Medi-Cal Rx Provider Portal

### What does an enrolled Medi-Cal provider need to do?

- DHCS requests Providers register for **Medi-Cal Rx Provider Portal** by visiting [Medi-CalRx.dhcs.ca.gov](https://Medi-CalRx.dhcs.ca.gov) and clicking on the Provider Portal
- Personal Identification Number (PIN) will be received through the mail within 7 to 10 business days
- Please note: PIN letters are mailed via USPS to the address populated on National Provider Identifier (NPI) screen. Use an “alternate address” to reroute PIN letter to complete registration
  - To reroute PIN letter upon initial registration, click on **Validate Org** then **Alt Address** and click **Submit**. You will need to fax a letter with the requested information on your organization’s letterhead to the **Magellan Health Web Support Help Desk** at **1(888) 656-0376** within 30-days.
- Access to provider portal allows the following:
  - Submit and Inquire Prior Authorizations – check status of PAs: in progress, approved, or denied
    - Add additional information to existing PAs in progress
  - Search Web Claims – look at beneficiary pharmacy claims
  - Secured Messaging Center and Chat – connect to Customer Service Representative (CSR)
- [Quick Start Guide](#) – User Administration Console (UAC) registration, assigning user preferences, adding additional NPI
- [UAC Sign-in Troubleshooting](#)
- [UAC Alternate Address](#)

## Pharmacy Billing

### What are the changes for pharmacy billing?

- Pharmacies can process prescriptions using member’s 9-digit **CIN Number** or 14-digit **BIC Number**, the same number on Member’s Medi-Cal Benefits Identification Card (BIC)
  - SFHP member ID card will display CIN at the top right of the card below SFHP ID number
- For pharmacy billing, claims will process under: BIN **022659**, PCN **6334225**, Group **MEDICALRX**
  - SFHP member ID card will display BIN and PCN at the bottom right of the back
- For new prescriptions (i.e., drugs/therapies not previously prescribed to the Medi-Cal beneficiary in either Medi-Cal managed care or FFS) requiring PA under Medi-Cal Rx, submitting prescriber or pharmacist would need to submit a PA for review/approval consistent with Medi-Cal Rx policy and based upon medical necessity for each individual patient
- For more information on the transition policy, visit Medi-Cal Rx website: [Medi-CalRx.dhcs.ca.gov](https://Medi-CalRx.dhcs.ca.gov)
- [Medi-Cal Rx Web Claims Submission User Guide](#)
- [Medi-Cal Rx Billing Tips for Claims](#)
- [Medi-Cal Rx Payer Sheet](#)
- [MAIC Rate List](#)

### Which pharmacies can a member go to?

- Most pharmacies in California will be in-network. Providers can visit the pharmacy locator tool online at [Medi-Cal Rx Find a Pharmacy](#) or call Medi-Cal Rx Customer Service Center at **1(800) 977-2273**.
- For members who need to use an out-of-state pharmacy, please call Medi-Cal Rx Customer Service Center at **1(800) 977-2273** for out-of-network override

### What if a provider is not an enrolled FFS Medi-Cal pharmacy provider?

- Providers will need to be an enrolled FFS Medi-Cal pharmacy provider to submit and get paid for claims in Medi-Cal Rx
- Pharmacies that are not yet enrolled as Medi-Cal providers who want to provide pharmacy services to Medi-Cal beneficiaries can enroll at [pave.dhcs.ca.gov/sso/login.do](https://pave.dhcs.ca.gov/sso/login.do)

## Other Coverages (Duals, CCS)

### How does this change affect Medicare providers for patients who are dual eligible for Medicare and Medicaid (Medi-Cal)?

- The Medi-Cal Rx transition does not change beneficiaries' Medicare Part D pharmacy coverage. Medicare is billed as primary. Medi-Cal Rx will be secondary coverage based on the Contract Drugs List (CDL).
- OTC coverage is limited under the Medi-Cal Rx CDL. Previous SFHP secondary coverage for some OTC medications may not continue under Medi-Cal Rx.

### What do providers involved with the CCS program need to do?

- The CCS Program transitioned to Medi-Cal Rx
- Contact your CCS representative or Medi-Cal Rx Customer Service Center at **1(800) 977-2273**
- Submit prior authorization as recommended throughout this FAQ

## Stay Connected to Medi-Cal Rx Resources

### How do I stay connected with updates and news on Medi-Cal Rx?

- Sign up for the [Medi-Cal Rx Subscription Service \(MCRxSS\)](#) to receive the latest bulletins and news related to Medi-Cal Rx
- Save favorite links to Medi-Cal Rx resources
  - [Contract Drugs List \(CDL\)](#)
  - [Provider Manual](#)
  - [Training and Education](#)
  - [Bulletins & News](#)

## Provider Complaints and Grievances about the Medi-Cal Rx Benefit

### How do I file a complaint regarding the Medi-Cal Rx prescription coverage, reimbursement or denied claims?

- Providers may request a review of a [MAIC rate](#) for a specific drug by submitting the MAIC Rate Review Form ([DHCS form 6540](#)). All inquiries regarding general provider reimbursement should be submitted to Magellan.

### How do I file a Claims Inquiry Form (CIF)?

- Claims Inquiry Form (CIF) are used after submitting a claim. Please refer to [Provider Manual](#) (page 276) to learn more about CIF Process

### How do I file a grievance on other concern regarding the outpatient prescription benefit for Medi-Cal beneficiaries?

- Provider complaints can be reported to Medi-Cal Rx Customer Service Center **1(800) 977-2273**
- Complaints and Grievances will be reported to DHCS on a daily log
- SFHP is required to track and report to DHCS all issues and concerns regarding the Medi-Cal Rx benefit transition for 60-days