

Effective January 1, 2022, **the pharmacy benefit for Medi-Cal members across the state is transitioning to fee-for-service.** The new state-wide system used to administer pharmacy benefits is known as **Medi-Cal Rx**

- SFHP continues 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 <https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx>

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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 on Medi-Cal Rx?

- Visit the Medi-Cal Rx website portal at www.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 [Bulletins & News](#)
 - Sign up for the Medi-Cal Rx Subscription service for notices and links [Subscription Sign-up](#)
 - Search for medications on the contracted drug list and link to the ePA system ([CoverMyMeds®](#)) to submit a prior authorization [Provider Drug-Lookup](#)
 - Review the Transition Policy covering the first 180 days [Education/ Transition Policy](#)
 - 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

Medication Coverage and Contracted Drug List (CDL)

Will the Drug Contracted Drug List (CDL) be different in Medi-Cal Rx?

- Medi-Cal FFS covers all FDA approved drugs and uses a contracted drug list (CDL) to determine what drugs are subject to Prior Authorization
- The CDL is updated monthly and is available from the Medi-Cal Rx website [Covered Product Lists](#)
- A searchable drug-lookup tool is also available [Provider Drug-Lookup](#)

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 [Medi-Cal Rx Provider Manual](#) (Section 13.4 – Therapeutic Continuous Glucose Monitoring (CGM) systems) to learn about criteria
- DHCS' pharmacy transition policy will honor SFHP approved PAs for 180-day period. New PAs will need to be submitted to Magellan for continuation after June 30, 2022
- A [list of diabetic supplies](#) is also covered under the Medi-Cal Rx pharmacy benefit
- Under the medical benefit, SFHP and its delegated medical groups cover CGMs available from Durable Medical Equipment (DME) vendors. SFHP uses MCG Care Guidelines to determine medical necessity of CGM requests. Contact SFHP Provider Relations at 1(415) 615-7818 x7084 for any questions about this medical benefit.

Are Enteral Nutrition Products covered?

- A [list of enteral nutrition products](#) is covered under the Medi-Cal Rx pharmacy benefit
- Under the medical benefit, SFHP and its delegated medical groups cover enteral nutrition available from Durable Medical Equipment (DME) vendors based on medical necessity that meets [Medi-Cal Enteral Nutrition provider manual criteria](#)
 - Provider can fax clinical notes and prescription to one of the in-network DME vendors (e.g. Coram and Shield Health Care) who will then submit the request to SFHP. Contact SFHP Provider Relations at 1(415) 615-7818 x7084 for any questions about this 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. Existing SFHP coverage for some OTC medications may not continue under Medi-Cal Rx

Are blood pressure monitors covered?

- Blood pressure monitors are currently not covered under the Medi-Cal Rx CDL
- Under the medical benefit, SFHP and its delegated medical groups cover blood pressure monitors from Durable Medical Equipment (DME) vendors. Contact SFHP Provider Relations at 1(415) 615-7818 x7084 for any questions about this medical benefit.

How do providers request a change or update to Medi-Cal's Contract Drug List (CDL)?

- Providers who want to request a change or update to the CDL can submit an e-mail to DHCS Transition inbox: RxCarveOut@dhcs.ca.gov

Prior Authorization

How does a provider submit a prior authorization?

- Visit the Medi-Cal Rx website for providers at 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.

What is required to transition existing prescriptions from SFHP's Formulary to the Medi-Cal Rx CDL?

- The Transition Policy will be “grandfathering” previously approved prior authorizations (PAs) from SFHP and grant a 180-day period with no PA requirements for existing prescriptions for drugs not on the Medi-Cal Contract Drug List (CDL) or that otherwise have PA requirements under Medi-Cal Rx
- The Transition Policy requires that new prior authorizations for existing prescriptions MUST be submitted to Medi-Cal Rx by June 30, 2022 for continuity and continued access to the medication
- Non-covered medications including some OTC medications will not be covered under the Transition Policy
- This policy does not apply to new prescriptions or drugs that do not otherwise have PA requirements under Medi-Cal Rx

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 will require an approved prior authorization
- For new Medi-Cal members (new to Medi-Cal after January 1, 2022) who have existing prescriptions, new prior authorization request MUST be submitted for medications that require PA under Medi-Cal Rx

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 www.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)
 - New 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**
 - New 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, the “grandfather” component would not apply, and the 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: www.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 after January 1, 2022 can enroll at <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 Contracted Drug List (CDL)
- OTC coverage is limited under the Medi-Cal Rx CDL. Existing 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 is transitioning 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
 - [Contracted Drug List \(CDL\)](#)
 - [Medi-Cal Rx Provider Manual](#)
 - [Training and Education](#)
 - [Bulletin & 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 [Medi-Cal Rx Provider Manual](#) (page 242) 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