

Instructions for Requesting a Pharmacy Provider Exemption from AB 97 Pharmacy Payment Reductions

Providers should follow the steps below to request an exemption from AB 97 pharmacy payment reductions. Applications for provider exemption postmarked on or before May 31, 2014 will be given consideration for exemption retroactive to June 1, 2011.

AB 97 pharmacy provider exemption applications postmarked after May 31, 2014 will be given exemption consideration retroactive to the first day of the calendar quarter in which the application was postmarked (mail) or received (fax or email).

IMPORTANT!

By completing sections (9) and (9a) on the AB 97 Pharmacy Provider Exemption Application, providers **will not** automatically be dis-enrolled from the Medi-Cal Program by a certain date if the application review results in a denial. A provider's enrollment status will remain active and unchanged until the provider takes affirmative steps to change their enrollment status with the Department of Health Care Services (DHCS) Provider Enrollment Division.

The provider exemption application is used solely for the purpose of determining qualification for exemption from the AB 97 pharmacy payment reductions.

Step 1

Review the provider exemption criteria detailed in state plan amendment (SPA) 12-014 available at the [DHCS California State Plan](#) website.

Step 2

Download and complete the [AB 97 Pharmacy Provider Exemption Application \(MC 3154\)](#)

Step 3

Submit the completed AB 97 Pharmacy Provider Exemption Application (and supporting documentation, if applicable) using one of the following methods:

E-mail to: ab97pharmacy@dhcs.ca.gov

FAX: 916-552-9563

Mail: DHCS Pharmacy Benefits Division
AB97 Pharmacy Program
MS 4604
P.O. Box 997413
Sacramento, CA 95899-7413