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Department of Health Care Services



GAVIN NEWSOM
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November 04, 2021

Medi-Cal Eligibility Division Information Letter No.: 21-32

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: MEDI-CAL RX: TRANSITION OF MEDI-CAL PHARMACY SERVICES
FROM MANAGED CARE TO FEE-FOR-SERVICE EFFECTIVE January
1, 2022
(Supersedes Medi-Cal Eligibility Division Information Letter 20-38)

On January 7, 2019, Governor Gavin Newsom issued [Executive Order \(EO\) N-01-19](#) for purposes of achieving cost-savings for drug purchases made by the state. A key component of EO N-01-19 requires the Department of Health Care Services (DHCS) to transition Medi-Cal pharmacy services from the managed care delivery system to the Fee-For-Service (FFS) delivery system, effective January 1, 2021. Due to a delay, the transition time to full implementation was extended to January 1, 2022. The Medi-Cal pharmacy benefits and services administered by DHCS in the FFS delivery system will be identified collectively as “Medi-Cal Rx”.

Until the Assumption of Operations on January 1, 2022, prescription drugs services will continue to be delivered under the current system for both FFS Medi-Cal beneficiaries and those served by Medi-Cal managed care plans (MCP). DHCS and Magellan will also use the extra time to communicate with and provide additional information to Medi-Cal MCPs and other interested stakeholders, including:

- Allowing Medi-Cal providers, MCPs, and other interested parties to register for the Medi-Cal Rx secure portals and participate in comprehensive trainings that ensure greater overall understanding of the project and support operational readiness for providers and MCPs.

Standing up and fully mobilizing the Medi-Cal Rx Customer Service Center (CSC) well in advance of the full implementation date. Experts at the CSC will be able to field and answer questions from beneficiaries and providers, potentially preempting confusion and other potential problems once the transition occurs. The CSC provides guidance on claims processing, prior authorization of drugs,

- and more through the 24/7 support service for Medi-Cal providers, beneficiaries, MCPs, and other interested parties.

November 4, 2021

- Providing additional time for MCPs to interact with and build rapport with dedicated Medi-Cal Rx clinical liaisons, who will help Magellan build accurate and comprehensive MCP profiles to ensure that the individualized needs of the populations served by each MCP are met.
- Allowing DHCS and Magellan to roll out additional Medi-Cal Rx website and secure portal functionalities and tools in advance of the project launch, including, but not limited to, the new Medi-Cal Rx Pharmacy Locator, Medi-Cal Rx Provider Manual, and Contract Drug List.

Transitioning pharmacy services from the managed care delivery system to the FFS delivery system will, among other things:

- Standardize the Medi-Cal pharmacy benefit statewide, under one delivery system.
- Improve access to pharmacy services with a pharmacy network that includes approximately 96 percent of the state's pharmacies.
- Apply statewide utilization management protocols to all outpatient drugs.
- Strengthen California's ability to negotiate state supplemental drug rebates with drug manufacturers, thereby creating additional cost-savings for the state.

Medi-Cal Beneficiary Noticing and Outreach

DHCS, in partnership with Magellan, has conducted targeted outreach to Medi-Cal beneficiaries as part of DHCS' comprehensive communication campaign, which is intended to ensure Medi-Cal beneficiaries have the necessary information and access to helpful resources/tools to prepare them for a successful transition to Medi-Cal Rx on January 1, 2022. These noticing and outreach strategies include, but are not limited to:

- Mailing multiple notices from DHCS, in partnership with Magellan, to all Medi-Cal beneficiaries, regardless of delivery system, leading up to the transition. Please note, 60 day letters will be sent to all Medi-Cal beneficiaries, regardless of delivery system and are scheduled to arrive in mailboxes by November 1, 2021., . 30 day letters will be sent to Fee-for-Service (FFS) beneficiaries by December 1, 2021.
- Mailing 30 day notices and conducting corresponding outreach campaigns from Medi-Cal MCPs to their respective members, leading up to the transition.
- Releasing call center scripts, which have been provided by DHCS to all affected Client Service Coordinators (CSCs), including those within Medi-Cal MCPs, DHCS, Department of Managed Health Care (DMHC), California Department of Social Services (CDSS), and stakeholders to respond to potential questions resulting from the outreach notices. DHCS is also distributing these call center

scripts to local county social services offices, as a helpful aid in responding to beneficiary questions resulting from the notices, and for consistent messaging.

Medi-Cal Benefits Identification Cards and MCP Member Identification Cards

Under existing policy today, in the managed care delivery system, Medi-Cal Benefits Identification Cards (BICs) are used to verify member eligibility for carved-out services, and allow Medi-Cal providers to bill for any carved-out services rendered. For this reason, as part of the transition to Medi-Cal Rx on January 1, 2022, and in the same manner as for other carved-out benefits and services, DHCS has instructed Medi-Cal beneficiaries in the aforementioned written notices that they should carry their BIC with them, and have it available whenever they are going to the pharmacy.

NOTE: DHCS will not be summarily reissuing all Medi-Cal BICs as a result of the transition to Medi-Cal Rx. If a beneficiary is in need of a replacement BIC, they are to contact the county and follow the current process for replacing a lost or stolen BIC.

Once a Medi-Cal beneficiary is enrolled in a Medi-Cal MCP, they must always keep their MCP Member Identification (ID) Card and their Medi-Cal BIC with them. Medi-Cal beneficiaries should take both cards (MCP Member ID and BIC) to office visits, x-rays, pharmacies, and all other medical services.

Medi-Cal MCPs have been instructed to notify their members of the Medi-Cal Rx CSC phone number and website. This will be accomplished by updating MCP Member ID cards, as part of the corresponding mandatory update to the Member Handbook, sending out notices to their members, and including information in an Interactive Voice Response (IVR) system, or some combination of one or more of these options.

Potential for Increased Call Volume at Local County Social Services Offices

Due to DHCS' additional instruction to Medi-Cal MCPs regarding the required use of BICs in Medi-Cal Rx, and the extensive education and outreach campaign to Medi-Cal beneficiaries about Medi-Cal Rx, county offices may experience increased call volume related to requests for replacement BICs from MCP beneficiaries who may have lost or misplaced their BICs, or general questions related to Medi-Cal Rx when reaching out to the county on other program related matters.

Accordingly, to assist counties in navigating and responding to these calls, DHCS is providing the attached call script, which provides comprehensive information and should enable counties to answer any Medi-Cal Rx-related questions they may receive. We

Medi-Cal Eligibility Division Information Letter No.: I 21-32
Page 4
November 4, 2021

strongly encourage distribution of this information broadly to any entities that counties believe would benefit from having this information in their respective call centers, such as community based organizations.

Please note that to the extent counties receive questions that are not addressed by the enclosed call script, DHCS recommends that such calls be referred as follows:

- Medi-Cal Member Help Line (1- 800-541-5555, TTY 1-800-430- 7077), Monday thru Friday, 8am to 5pm.
- Medi-Cal Rx Customer Service Center line (1-800-977-2273 twenty-four hours a day, seven days a week or 711 for TTY, Monday thru Friday, 8am to 5pm).

Note: Until January 1, 2022, the Medi-Cal Rx Customer Service Center line will forward to the Medi-Cal Member Helpline. Starting in January 1, 2022, the Medi-Cal Rx Customer Service Center will be fully staffed and ready to take calls.

For general project information, please visit the DHCS Medi-Cal Rx Transition [website](#). In addition, DHCS encourages stakeholders to review the Medi-Cal Rx [Frequently Asked Questions \(FAQ\) document](#), which continues to be updated as the project advances.

If you have any questions, or if we can provide further information, please contact Josie Her by phone at (916) 345-8071, or by email at Joua.Her@dhcs.ca.gov.

Sincerely,

Original Signed by

Yingjia Huang, Assistant Deputy Director
Health Care Benefits and Eligibility

Enclosures:
Medi-Cal Rx Call Center Script

Call Center Script Medi-Cal Rx Transition

November 4, 2021

Background:

Pursuant to Governor Gavin Newsom’s January 7, 2019 Executive Order N-01-19 ([EO-N-01-19](#)), the Department of Health Care Services (DHCS) will transition all Medi-Cal pharmacy services billed on a pharmacy claim to managed care (MC) to fee for service (FFS) by January 1, 2021. Due to a delay, the transition time to full implementation was extended to January 1, 2022. The Medi-Cal pharmacy benefits and services administered by DHCS in the FFS delivery system will be identified collectively as “Medi-Cal Rx”.

Medi-Cal Rx will affect all Medi-Cal Managed Care Plans (MCPs), including AIDS Healthcare Foundation. Medi-Cal Rx will not apply to Programs of All-Inclusive Care for the Elderly (PACE), Senior Care Action Network (SCAN), Cal MediConnect health plans, and Major Risk Medical Insurance Program (MRMIP).

Effective January 1, 2022, DHCS will transition all administrative services related to Medi-Cal pharmacy benefits and services billed on pharmacy claims from the existing Medi-Cal FFS Fiscal Intermediary (FI) to Magellan Medicaid Administration, Inc. (Magellan). For claims administration, the chart below represents claims processing and adjudication responsibilities pre- and post-transition, depending on who is submitting the claim (i.e., MCP and FFS) and how the claim is being billed, (i.e., on a pharmacy versus medical/institutional claim).

The Department of Health Care Services (DHCS) has announced the new Go Live date of January 1, 2022 for Medi-Cal Rx.

Please note that DHCS will be working to update any guidance and/or associated notices and/or articles to reflect this change upon implementation of Medi-Cal Rx.

Delivery System	Claim Type (Pharmacy vs. Medical/Institutional)	Adjudication Responsibility	
		Pre-Transition	Post-Transition
MCP Delivery System	Pharmacy services billed on a medical /institutional claim	MCPs	MCPs
	Pharmacy services billed on a pharmacy claim	MCPs	Medi-Cal Rx
FFS Delivery System	Pharmacy services billed on a medical /institutional claim	FFS FI	FFS FI
	Pharmacy services billed on a pharmacy claim	FFS FI	Medi-Cal Rx

**Call Center Script
Medi-Cal Rx Transition**

Caller: Beneficiary	Agent
What is changing?	<p>Starting on January 1, 2022, the Department of Health care Services (DHCS) will manage your pharmacy benefits with a new pharmacy benefit contractor, Magellan Medicaid Administration, Inc. (Magellan). The new approach is called “Medi-Cal Rx”. Your health plan will no longer manage the pharmacy part of your Medi-Cal benefit.</p> <p>Starting January 1, 2022, bring your Medi-Cal Benefits Identification Card (BIC) when you go to the pharmacy. The pharmacy will use your card to look up your information and give you your medications.</p>
How can I get a new Benefits Identification Card?	<p>If you did not receive your Benefits Identification Card (BIC) or it is lost or stolen, you may ask for a BIC from your county social services office. If your BIC is stolen, you must tell your local police and your county social services office. You should give as much information about the theft as possible. If you are issued a new card, your old card will no longer be valid. Please contact your local county office.</p>
Do I need to do anything different than I do today?	<p>Most people will not need to do anything. DHCS will automatically transition from the existing administrator to Magellan on January 1, 2022.</p> <p>Your doctors and pharmacies, if enrolled in a plan, will know about the change and know what to do.</p> <p>There is no change in your Medi-Cal eligibility or benefits.</p> <p>Starting January 1, 2022, bring your BIC, when you go to the pharmacy. The pharmacy will use your card to look up your information and give you your medications.</p>
Will I have to change my medications?	<p>Most people will not have any change in their medications. The list of medications that Medi-Cal Rx allows without a prior approval may be different from the list your health plan uses. If you are on a medication that needs a prior approval, your doctor or pharmacy will have to fill out a form and get approval when you renew your prescription. Your doctor might also talk to you about changing to a medication that is similar that does not need prior approval. Your doctor and pharmacy will know about this change.</p>
Will I have to find a new pharmacy?	<p>You will probably be able to use the same pharmacy you do now starting January 1, 2022. But there may be pharmacies that are not enrolled with Medi-Cal Rx.</p>

**Call Center Script
Medi-Cal Rx Transition**

	<ul style="list-style-type: none"> • If you use a mail order pharmacy that is based outside of California, you may need to change to another one that is in the Medi-Cal Rx system. • If you need help finding a pharmacy near you starting January 1, 2022, use the Medi-Cal Rx Pharmacy Locator online at www.Medi-CalRx.dhcs.ca.gov or call Medi-Cal Rx Customer Service at 1-800-977-2273 twenty-four hours a day, seven days a week, or 711 for TTY Monday thru Friday, 8am to 5pm. • If you need help finding a pharmacy for Medi-Cal Rx prior to January 1, 2022, contact the Medi-Cal Member Help Line (1-800-541-5555, TTY 1-800-430-7077), Monday thru Friday, 8am to 5pm.
<p>I am eligible for both Medicare and Medicaid (Medi-Cal). How does this change affect me?</p>	<p>If you are eligible for both Medicare and Medi-Cal, the Medi-Cal Rx transition does not change your current Medicare Part D pharmacy coverage. Medi-Cal Rx may cover things Medicare does not, so you should talk to your doctor or pharmacy if you have questions.</p> <p>You should take your health plan ID Card and Medi-Cal Benefits Identification Card (BIC) when you go to the pharmacy. The pharmacy will use the information on your cards to look up your information and give you your medications.</p>
<p>Is the California Children’s Services (CCS) program impacted?</p>	<p>Yes, the CCS program is included in the transition to Medi-Cal Rx. The DHCS Pharmacy benefits service provider, Magellan, will manage your authorizations and pharmacy claims payment. Your provider and pharmacy will be trained and knowledgeable of the new program. We have implemented policies to eliminate or minimize impacts to CCS beneficiaries.</p> <p>For additional information, contact your managed care plan; or, contact your county CCS Office.</p>
<p>I am a member of Senior Care Action Network (SCAN) plan. How does this change affect me?</p>	<p>This change does not affect you. Prescription drug benefits for SCAN members are provided by Medicare Part D and Over the Counter Drugs (OTCD) are covered by the SCAN plan. This will continue after January 1, 2022.</p>
<p>I am a member in a Cal MediConnect Plan. How does this change affect me?</p>	<p>This change does not affect you. Prescription drug benefits for Cal MediConnect members are primarily provided by Medicare Part D. This will continue after January 1, 2022.</p>
<p>I am a member in a Programs of All-Inclusive Care for the Elderly (PACE)</p>	<p>This change does not affect you. Prescription drug benefits for PACE plan members are not managed by Medi-Cal. This will continue after January 1, 2022.</p>

**Call Center Script
Medi-Cal Rx Transition**

<p>Plan. How does this change affect me?</p>	
<p>I am a member in a Major Risk Medical Insurance Program (MRMIP) Plan. How does this change affect me?</p>	<p>This change does not affect you. Prescription drug benefits, to the extent covered, will continue to be covered by your Major Risk Medical Insurance Program health plan. This will continue after January 1, 2022.</p>
<p>I am a Managed Care Plan (MCP) member. Who can I contact for more information?</p>	<p>The Medi-Cal Rx Customer Service Center is staffed and ready to take calls at 1-800-977-2273 or 711 for TTY, Monday thru Friday, 8am to 5pm. Beginning November 1, 2021, hours will return to 24 hours a day, seven days a week.</p> <ul style="list-style-type: none"> • If you receive your care from a health plan and have questions about your medication or other pharmacy services prior to January 1, 2022, please call your MCP. • If you have questions about the beneficiary notice letter or have Medi-Cal Rx general questions, please contact the Medi-Cal Member Help Line (1-800-541-5555, TTY 1-800-430-7077), Monday thru Friday, 8am to 5pm.
<p>I am a Fee-for-Service (FFS) Beneficiary. Who can I contact for more information?</p>	<p>The Medi-Cal Rx Customer Service Center is staffed and ready to take calls at 1-800-977-2273 or 711 for TTY, Monday thru Friday, 8am to 5pm. Beginning November 1, 2021, hours will return to 24 hours a day, seven days a week.</p> <ul style="list-style-type: none"> • If you receive your care through FFS Medi-Cal and you have any questions about this change, please contact the Medi-Cal Member Help Line (1-800-541-5555 TTY 1-800-430-7077), Monday thru Friday, 8am to 5pm.

<p>Caller: Provider</p>	<p>Agent</p>
<p>What is changing with the new Medi-Cal Rx?</p>	<p>Effective January 1, 2022, DHCS will transition all administrative services related to Medi-Cal pharmacy benefits billed on pharmacy claims from the existing Medi-Cal Fee-for-Service (FFS) Fiscal Intermediary (FI) or the member's Managed Care Plan (MCP) to DHCS' new Medi-Cal Rx vendor/FI, Magellan Medicaid Administration, Inc. (Magellan).</p> <p>All pharmacy services billed as a pharmacy claim, including outpatient drugs (prescription and over the counter), Physician Administered Drugs (PADs), Medical Supplies and Enteral</p>

**Call Center Script
Medi-Cal Rx Transition**

	<p>Nutritional Products (and their electronic equivalents) are <i>in scope for</i> Medi-Cal Rx.</p> <p>Pharmacy services billed as a medical (professional) or institutional claim (or their electronic equivalents) are <i>not in scope for Medi-Cal Rx.</i></p>
<p>Who can I contact for more information?</p>	<p>The Medi-Cal Rx Customer Service Center is staffed and ready to take calls at 1-800-977-2273 or 711 for TTY, Monday thru Friday, 8am to 5pm. Beginning November 1, 2021, hours will return to 24 hours a day, seven days a week.</p> <p>Medi-Cal Rx Customer Service Center Representatives (CSRs) will provide general information and education related to Medi-Cal Rx, coverage policies, how to find pharmacies, and other similar transitional services and supports.</p>
<p>How can I get training on the new Medi-Cal Rx Portal?</p>	<p>The Medi-Cal Rx Customer Service Center is staffed and ready to take calls at 1-800-977-2273 or 711 for TTY, Monday thru Friday, 8am to 5pm. Beginning November 1, 2021, hours will return to 24 hours a day, seven days a week.</p> <p>Medi-Cal Rx CSRs can provide additional information regarding training, how to navigate Medi-Cal Rx website and access to provider portals and functions.</p>
<p>What can I do to prepare my patients for this transition to Medi-Cal Rx?</p>	<p>With the transition to Medi-Cal Rx, Medi-Cal beneficiaries should not experience a significant difference in how they receive Medi-Cal pharmacy benefits.</p> <p>You can remind your patients to always bring both their health plan ID Card (if they are a member of an MCP) and their Medi-Cal Benefits Identification Card (BIC) with them to all medical and pharmacy visits.</p> <p>While most pharmacies in the state are enrolled as Medi-Cal FFS providers and the network is larger than individual MCP networks, the pharmacy frequented by some MCP beneficiaries may not be enrolled in FFS.</p> <p>The difference will be more pronounced for mail order pharmacies. If your patient uses a mail order pharmacy based outside of California, it may not be part of the Medi-Cal Rx system.</p> <ul style="list-style-type: none"> • To find a pharmacy enrolled in FFS, you can visit the pharmacy locator tool online at www.Medi-CalRx.dhcs.ca.gov or call Customer Service at 1-800-977-2273.

**Call Center Script
Medi-Cal Rx Transition**

	<p>Check the <i>draft</i> FFS Contract Drug List (CDL) to determine if your patient’s current medication is on the list. Refer to questions below for next steps.</p>
<p>Will the Drug Formulary be different in Medi-Cal Rx?</p>	<p>Medi-Cal FFS covers all FDA approved drugs but uses a Contract Drugs List (CDL) to determine what drugs are subject to Prior Authorization.</p> <p>The CDL gets updated monthly and is available in the current FFS Medi-Cal website https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual?community=pharmacyl</p> <p>Path: www.medi-cal.ca.gov - References - Contract Drugs List</p> <p>The draft CDL also is available in the Medi-Cal Rx website www.Medi-CalRx.dhcs.ca.gov. <u>CDLs as of January 1, 2022 will no longer be drafts on the Medi-CalRx website.</u></p>
<p>What is required to transition from MCPs’ drug formularies to FFS CDL?</p>	<p>DHCS has established a Medi-Cal Rx Pharmacy Transition Policy to help support the transition from MCP formularies to FFS CDL-based requirements for Prior Authorizations.</p> <p>The policy includes “grandfathering” previously approved Prior Authorizations (PAs) from MCPs and FFS, as well as a 180-day period with no PA requirements for existing prescriptions.</p> <p>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.</p> <p>For more information on the transition policy, visit the new Medi-Cal Rx website www.Medi-CalRx.dhcs.ca.gov [link to be updated with direct link closer to publication and script use]</p>
<p>Will I have to request new PA’s for my patients?</p>	<p>DHCS’ pharmacy transition policy will use strategies such as “grandfathering” previously approved PAs through their stated duration, a 180-day period where DHCS will not require PAs for existing prescriptions, for drugs not on the Medi-Cal Contract Drug List (CDL) or that otherwise have PA requirements under Medi-Cal Rx. This policy does not apply to new prescriptions or drugs that do not otherwise have PA requirements under Medi-Cal Rx.</p>

**Call Center Script
Medi-Cal Rx Transition**

	<p>Refer to the transition policy for more details. Visit the new Medi-Cal Rx website www.Medi-CalRx.dhcs.ca.gov [link to be updated with direct link closer to publication and script use]</p>
<p>Will all Pharmacy claims be billed to Medi-Cal Rx?</p>	<p>In general, all pharmacy services billed as a pharmacy claim, including outpatient drugs (prescription and over the counter), Physician Administered Drugs (PADs), Medical Supplies and Enteral Nutritional Products (and their electronic equivalents) are included with Medi-Cal Rx. Only pharmacy services billed as a medical (professional) or institutional claim (or their electronic equivalents) are not included.</p>
<p>I am a Medicare provider for patients who are dual eligible for Medicare and Medicaid (Medi-Cal). How does this change affect me?</p>	<p>The Medi-Cal Rx transition does not change beneficiaries' Medicare Part D pharmacy coverage.</p>
<p>What do I need to do if I'm involved with the CCS program?</p>	<p>The CCS Program is transitioning to Medi-Cal Rx. Visit the new Medi-Cal Rx website www.Medi-CalRx.dhcs.ca.gov for general information, including Frequently Asked Questions (FAQs) and the Medi-Cal Rx Pharmacy Transition Policy. Sign up for the Medi-Cal Rx subscription service for notices and links to important information. View the training calendar and sign up for training on the Medi-Cal Rx resources and tools.</p>
<p>I am a Medicare provider for patients in Senior Care Action Network (SCAN) plan. How does this change affect me?</p>	<p>This change does not affect you. Prescription drug benefits for SCAN members are provided by Medicare Part D and Over the Counter (OTC) drugs are covered by the SCAN plan. This will continue after January 1, 2022.</p> <p>Continue to prescribe and submit prior authorizations, as necessary, using the same processes as you use now.</p>
<p>I am a prescriber for patients in a Cal MediConnect Plan. How does this change affect me?</p>	<p>This change does not affect you. Prescription drug benefits for Cal MediConnect members are primarily provided by Medicare Part D. This will continue after January 1, 2022.</p> <p>Continue to prescribe and submit prior authorizations, as necessary, using the same processes as you use now.</p>
<p>I am a prescriber for patients in Programs of All-Inclusive Care for the Elderly (PACE) Plan. How</p>	<p>This change does not affect you. Prescription drug benefits for PACE plan members are not managed by Medi-Cal. This will continue after January 1, 2022.</p>

**Call Center Script
Medi-Cal Rx Transition**

<p>does this change affect me?</p>	<p>Continue to prescribe and submit prior authorizations, as necessary, using the same processes as you use now.</p>
<p>I am a prescriber for patients in a Major Risk Medical Insurance Program (MRMIP) Plan. How does this change affect me?</p>	<p>This change does not affect you. This will continue after January 1, 2022. Continue to prescribe and submit Prior Authorizations (PAs), as necessary, using the same processes as you use now.</p>
<p>What do I need to do if I am an enrolled FFS Medi-Cal pharmacy provider?</p>	<p>You do not need to do anything to continue providing services in Medi-Cal Rx.</p> <p>FFS Medi-Cal enrolled pharmacies will be able to submit claims and prior authorizations in Medi-Cal Rx as of January 1, 2022.</p> <p>To look up your claims and PAs via the online web portal, you will need to register to get credentials to access the secure portion of the web portal.</p> <p>Please visit the new Medi-Cal Rx website www.Medi-CalRx.dhcs.ca.gov for more information about registering for secure portal access and for information on training and instructions to submit claims and PAs.</p>
<p>What do I need to do if I am not an enrolled FFS Medi-Cal pharmacy provider?</p>	<p>You will need to be an enrolled FFS Medi-Cal pharmacy provider to be able to submit and be paid for claims in Medi-Cal Rx.</p> <p>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</p>
<p>Where can I find information throughout the new transition?</p>	<p>Visit the new Medi-Cal Rx website www.Medi-CalRx.dhcs.ca.gov for general information, including Frequently Asked Questions (FAQs) and the Medi-Cal Rx Pharmacy Transition Policy.</p> <p>Sign up for the Medi-Cal Rx subscription service for notices and links to important information.</p> <p>The Medi-Cal Rx website www.Medi-CalRx.dhcs.ca.gov will include a training calendar and the ability to sign up for training on the Medi-Cal Rx resources and tools.</p> <p>For additional and ongoing updates regarding this transition, please visit the DHCS Medi-Cal Rx website.</p>

**Call Center Script
Medi-Cal Rx Transition**

<p>What if I am out-of-state provider when do we move to Medi-Cal Rx?</p>	<p>Providers in Oregon, Nevada, and Arizona are known as border providers and are not considered Out of State. If a border provider is enrolled as a Medi-Cal Provider, they can perform the same services as if the beneficiary was receiving services in California. Please go to the Medi-Cal Rx Website at www.Medi-CalRx.dhcs.ca.gov</p>
<p>Who can I call for more information?</p>	<p>Until implementation of Medi-Cal Rx on January 1, 2022, you can call the Medi-Cal Call Center (1-800-541-5555, TTY 1-800-430-7077) Monday thru Friday, 8am to 5pm.</p> <p>The Medi-Cal Rx Customer Service Center is staffed and ready to take calls at 1-800-977-2273 or 711 for TTY, Monday thru Friday, 8am to 5pm. Beginning November 1, 2021, hours will return to 24 hours a day, seven days a week.</p>