



MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

\*\*\*\*45-DAY PHARMACY PROVIDER NOTICE\*\*\*\*

**TO: State of California Pharmacy Provider Community**

**DATE: November 17, 2021**

**SUBJECT: Medi-Cal Rx – Transition of Medi-Cal Pharmacy Administration Services to Magellan Medicaid Administration, Inc.**

On January 1, 2022, Magellan Medicaid Administration, Inc. (MMA) will assume operations for Medi-Cal Rx on behalf of the State of California Department of Health Care Services (DHCS).

**National Council for Prescription Drug Program (NCPDP) Transactions**

All pharmacy claims must be processed using the new Medi-Cal Rx Bank Identification Number (BIN), Process Control Number (PCN), and Group ID, which are included in the table below.

The following submission fields and requirements are listed to assist in your success during this transition. All transactions must be submitted under the NCPDP Telecommunication Standard Version/Release D.0, effective **January 1, 2022**.

Transaction Header Segment			
Transaction Type	Transaction Code	BIN	PCN
	103-A3	101-A1	104-A4
Claim Billing Request	B1	022659	6334225
Claim Billing Reversal Request	B2	022659	6334225
Claim Rebill	B3	022659	6334225
Eligibility Verification Request	E1	022659	6334225
Prior Authorization Reversal	P2	022659	6334225
Prior Authorization Inquiry	P3	022659	6334225

---

Medi-Cal Rx Customer Service Center  
P.O. Box 730  
Rancho Cordova, CA 95741-0730  
Phone: 800-977-2273  
[www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)

Transaction Header Segment			
Transaction Type	Transaction Code	BIN	PCN
	103-A3	101-A1	104-A4
Prior Authorization Request Only	P4	022659	6334225
Drug Pricing Inquiry (SB 393 Price Inquiry)	B1	022667	393

Insurance Segment		
Field ID	NCPDP Field Name	Value
301-C1	GROUP ID	MEDICALRX

### Medi-Cal Rx Payer Sheet

The payer sheet is available online at [www.medi-calrx.dhcs.ca.gov/provider/forms/](http://www.medi-calrx.dhcs.ca.gov/provider/forms/). The payer sheet includes the claim submission, prior authorization submission, eligibility verification request, and drug inquiry pricing request fields and requirements. MMA encourages you to contact your software vendor to make them aware of the upcoming transition.

### Pharmacy Testing

MMA encourages pharmacies to submit test transactions prior to the transition. MMA is offering a testing window **October 11, 2021 through November 30, 2021**.

If you would like to submit test claims, please email [MRxPharmacyTesting@magellanhealth.com](mailto:MRxPharmacyTesting@magellanhealth.com) with your Contact Name, Phone Number, Pharmacy National Provider Identifier (NPI), and Switch Information. Pharmacies that have already sent in test claim(s) to MMA for Medi-Cal Rx have an option to send in test claims again or skip this round of testing. If changes have been made to the pharmacy or vendor software since you last tested with Medi-Cal Rx, it is advised that you participate in this round of testing.

An MMA testing representative will respond with a “Test Packet” that contains Test Beneficiary information and a list of transaction types that can be submitted.

Testing is considered complete **only** when you receive, at a minimum, a “Paid” (B1 claim) response and process a successful “Reversal” (B2 claim). This completion criteria is tracked by MMA (by the pharmacy NPI) and is shared with DHCS.

---

Medi-Cal Rx Customer Service Center  
P.O. Box 730  
Rancho Cordova, CA 95741-0730  
Phone: 800-977-2273  
[www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)

### **Batch and Paper Submitters**

For pharmacies that submit batch pharmacy claims or that are currently submitting paper pharmacy claims, please email [MRxPharmacyTesting@magellanhealth.com](mailto:MRxPharmacyTesting@magellanhealth.com) to be contacted by MMA for further information. Please mention “**Batch/Paper Claim**” in the subject line of the email.

### **Additional Information**

Please refer to [www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov) for additional information and announcements.

---

Medi-Cal Rx Customer Service Center  
P.O. Box 730  
Rancho Cordova, CA 95741-0730  
Phone: 800-977-2273  
[www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)