



# Coming Soon: Upcoming Changes to Remittance Advice

July 1, 2025

## What Pharmacy Providers Need to Know

Effective August 8, 2025, Medi-Cal Rx is implementing the following changes to Medi-Cal Rx paper remittance advices (RAs) and the HIPAA-compliant 835 Electronic Data Interchange (EDI) electronic RAs (ERAs):

- Updates to column names and the included data on paper RAs.
- Separation of general pharmacy claim activity and pharmacy claims reprocessed per mass adjustments (MAs) initiated by the Department of Health Care Services (DHCS) on paper RAs.
- Updates to display the data in a sorted manner on paper RAs.
- Inclusion of MA Notification Number(s) for pharmacy claims on paper RAs and ERAs.
- Updates to paper RAs and ERAs to include the submitted Gross Amount Due (GAD) and/or Usual and Customary (U&C) dollar amounts.
  - » **There is no change as to how pharmacy providers receive and access their RAs.**
  - » Reversed pharmacy claims that were originally adjudicated prior to July 18, 2025, will continue to reflect the information provided at the time of submission.
  - » RAs provided prior to August 8, 2025, will not be regenerated to reflect these changes.

Refer to the following detailed descriptions of the changes. Additional information regarding paper RAs and ERAs will be available in the [Medi-Cal Rx Provider Manual](#) on August 1, 2025.

## Updates to Paper RAs

Refer to the following table for detailed descriptions of the updates to paper RAs. *Figure 1* shows an example of what a paper RA could look like on or after August 8, 2025.

Current	Update
Separate <b>Last Name</b> and <b>First Name</b> columns.	Columns replaced with one <b>Last, First Name</b> column, and the displayed member's last name and first name are separated by a comma.
Column titled <b>Beneficiary ID Number</b> .	Column renamed to <b>Member ID Number</b> .
<b>Amount Billed (\$)</b> column contained the submitted GAD dollar amount from the pharmacy claim.	Column replaced with two new columns: <ul style="list-style-type: none"><li>• <b>U&amp;C Amt (\$)</b> – Contains the submitted U&amp;C dollar amount from the pharmacy claim.</li><li>• <b>GAD Amt (\$)</b> – Contains the submitted GAD dollar amount from the pharmacy claim.</li></ul>

Current	Update
<p>The <b>U&amp;C amount</b> is not currently used to determine the pharmacy claim's final price type.</p>	<p>Dollar amount(s) considered by Medi-Cal Rx during the pharmacy claim's final price type determination is indicated in the new <b>Considered Amt Ind</b> column with the following indicators:</p> <ul style="list-style-type: none"> <li>• <b>B</b> – Both the submitted GAD and U&amp;C dollar amounts were considered during the pharmacy claim's final price type determination.</li> <li>• <b>G</b> – Only the submitted GAD dollar amount was considered during the pharmacy claim's final price type determination.</li> <li>• <b>N</b> – Neither the submitted GAD nor the U&amp;C dollar amounts were considered during the pharmacy claim's final price type determination. This may be applicable to pharmacy claims that were denied or rejected.</li> </ul> <p>The <b>Considered Amt Ind</b> code and associated explanation are provided in the Legend section of the paper RA. Refer to <i>Figure 2</i>.</p>
<p><b>General pharmacy claim activity</b> and <b>MA pharmacy claim activity</b> are not separated within the RA.</p>	<p>Pharmacy claim activity is separated by type under new section headers:</p> <ul style="list-style-type: none"> <li>• <b>General Claim Activity</b> – Section header for activity related to pharmacy claims processed per provider-submitted claims and any current accounts receivable (AR) offset transactions.</li> <li>• <b>Mass Adjustment Notification Number: MCRX-#####-#</b> – Section header for pharmacy claims reprocessed per the DHCS-initiated MA referenced in the header. <ul style="list-style-type: none"> <li>– The section header will only appear if there were impacted pharmacy claims that were reprocessed on the provider's behalf.</li> <li>– Multiple MA section headers with different notification numbers may be present.</li> <li>– Refer to the <a href="#">Mass Adjustments</a> page on the <a href="#">Medi-Cal Rx Provider Portal</a> for MA notification descriptions.</li> </ul> </li> </ul> <p>Content within each section will be sorted in the following order:</p> <ul style="list-style-type: none"> <li>• Paid or Reversed Pharmacy Claim Activity</li> <li>• AR Activity</li> <li>• Denied or Rejected Pharmacy Claim Activity</li> </ul>

Payee: [REDACTED]	REMITTANCE ADVICE										Run Date: 23-Jun-2025					
Payee No: [REDACTED]	Medi-Cal Rx(FI) Administered By PO Box 610 Rancho Cordova, CA 95741-0610										Page: 1 of 9					
DHCS																
RX Number	Date Filled	Last, First Name	Member ID Number	National Drug Code	Drug Name	Refill	Qty	U&C Amt (\$)	GAD Considered Amt (\$)	GAD Considered Amt Ind	Amount Allowed (\$)	Amount Deducted (\$)	Amount Paid (\$)	Claim Type	PA Flag	Error Code
General Claim Activity																
								00 30	49.98	50.01 B	-11.00	0.00	-11.00	POS	N	
								00 4	0.00	99.99 G	-10.38	0.00	-10.38	POS	N	
								00 4	49.98	50.01 B	0.00	0.00	0.00	POS	N	70
								00 60	49.98	50.01 B	0.00	0.00	0.00	POS	N	75
								00 60	0.00	99.99 G	0.00	0.00	0.00	POS	N	75
Mass Adjustment Notification Number: MCRX-0210-A																
								02 100	49.98	50.01 B	15.43	0.00	15.43	MA		
								01 4	0.00	99.99 G	10.38	0.00	10.38	MA		
								02 100	0.00	99.99 G	0.00	0.00	0.00	MA		AF
								11 100	49.98	50.01 B	0.00	0.00	0.00	MA		85
								11 100	0.00	99.99 G	0.00	0.00	0.00	MA		85
								02 100	0.00	99.99 G	0.00	0.00	0.00	MA		AF
								02 100	49.98	50.01 B	0.00	0.00	0.00	MA		AF
Mass Adjustment Notification Number: MCRX-0211-A																
								10 100	49.98	50.01 B	25.24	0.00	25.24	MA		

Figure 1: Example of Paper RA on or after August 8, 2025

Considered Amt Ind	Description
B	Both the submitted GAD and U&C dollar amounts were considered during the pharmacy claim's final price type determination.
G	Only the submitted GAD dollar amount was considered during the pharmacy claim's final price type determination.
N	Neither the submitted GAD nor the U&C dollar amounts were considered during the pharmacy claim's final price type determination. This may be applicable to pharmacy claims that were denied or rejected.

Figure 2: Example of Paper RA Legend on or after August 8, 2025

## Updates to ERAs

Refer to the following table for detailed descriptions of the updates to ERAs. Note that ERAs can appear different depending on what software is used.

Current	Update
The <b>MA Notification Number</b> is not currently provided in the ERA.	<p>If the pharmacy claim was reprocessed per a DHCS-initiated MA, the DHCS-assigned <b>MA Notification Number</b> will be populated as follows:</p> <ul style="list-style-type: none"> <li><b>Loop:</b> 2100 Claim Payment Information</li> <li><b>Segment:</b> REF Other Claim Related Identification</li> <li><b>Reference Designator:</b> <ul style="list-style-type: none"> <li>REF01 – Code IG (Insurance Policy Number)</li> <li>REF02 – DHCS-assigned MA Notification Number</li> </ul> </li> </ul> <p>Refer to the <a href="#">Mass Adjustments</a> page on the <a href="#">Medi-Cal Rx Provider Portal</a> for MA notification descriptions.</p>

Current	Update
<p>The <b>submitted GAD dollar amount</b> is populated in:</p> <ul style="list-style-type: none"> <li>• <b>Loop:</b> 2100 Claim Payment Information</li> <li>• <b>Segment:</b> CLP Claim Payment Information</li> <li>• <b>Reference Designator:</b> CLP03 and:</li> <li>• <b>Loop:</b> 2110 Service Payment Information</li> <li>• <b>Segment:</b> SVC Service Payment Information</li> <li>• <b>Reference Designator:</b> SVC02</li> </ul>	<p>Depending on the pharmacy claim's final price type as determined by Medi-Cal Rx, the dollar amount populated will be either the <b>submitted GAD dollar amount</b> or the <b>submitted U&amp;C dollar amount</b> based on the following rules:</p> <ul style="list-style-type: none"> <li>• <b>If GAD was determined as the pharmacy claim's final price type</b> – The submitted GAD dollar amount is populated.</li> <li>• <b>If U&amp;C was determined as the pharmacy claim's final price type</b> – The submitted U&amp;C dollar amount is populated.</li> <li>• <b>If neither GAD nor U&amp;C was determined as the pharmacy claim's final price type</b> – The submitted GAD dollar amount is populated.</li> </ul>
<p>The submitted dollar amounts considered by Medi-Cal Rx during the pharmacy claim's final price type determination are not currently populated in:</p> <ul style="list-style-type: none"> <li>• <b>Loop:</b> 2110 Service Payment Information</li> <li>• <b>Segment:</b> AMT Service Supplemental Amount</li> <li>• <b>Reference Designator:</b> AMT01, AMT02</li> </ul>	<p>Additional code values and dollar amounts will be populated to convey which of the submitted dollar amounts were considered by Medi-Cal Rx during the pharmacy claim's final price type determination:</p> <ul style="list-style-type: none"> <li>• <b>AMT01</b> – Code ZK for GAD</li> <li>• <b>AMT01</b> – Code ZL for U&amp;C</li> <li>• <b>AMT02</b> – Submitted GAD or U&amp;C dollar amount</li> </ul> <p>Multiple segments may be present for reference purposes.</p>

## What Pharmacy Providers Need to Do

Pharmacy providers should be aware of the changes to their RAs to ensure proper and accurate reimbursement by completing the following tasks and reviewing the following resources:

- Review RA documents to reconcile records with the pharmacy claims that have been adjudicated (paid, reversed, or denied) by Medi-Cal Rx during a given time frame, as outlined in the *Checkwrite Schedule* section in the [Medi-Cal Rx Provider Manual](#).
  - Access and download Medi-Cal Rx ERAs or a PDF version of the Medi-Cal Rx paper RA by logging into [Medi-Cal Rx Secured Provider Portal](#) and navigating to the Finance Portal.
  - View the ERA using your preferred application or the free [Medicare Remit Easy Print \(MREP\)](#) software tool. The MREP tool can be downloaded from the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#).
  - Medi-Cal Rx RAs will continue to be delivered via mail.

- Consult the [\*Medi-Cal Rx NCPDP Payer Specification Sheet\*](#) and the [\*Medi-Cal Rx Provider Manual\*](#) for additional information regarding fields required for pharmacy claim submission.
- Consult the [\*Medi-Cal Rx Provider Manual\*](#) for additional information regarding RAs.
  - **Note:** The *Medi-Cal Rx Provider Manual* will be updated on August 1, 2025, to reflect the RA/ERA changes noted in this alert.
- Refer to the alert titled [\*30-Day Countdown: NCPDP Field 426-DQ Usual and Customary Charge Requirement\*](#) for more information about the U&C requirement.
- Refer to the [\*Remittance Advice \(RA\) – Frequently Asked Questions \(FAQs\)\*](#) for additional information regarding RAs.
  - **Note:** The *Remittance Advice (RA) – Frequently Asked Questions (FAQs)* will be updated at a date yet to be determined to reflect the RA/ERA changes noted in this alert.
- Refer to the [\*Mass Adjustments\*](#) page on the [\*Medi-Cal Rx Provider Portal\*](#) for MA notification descriptions.

## Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at [MediCalRxEducationOutreach@primetherapeutics.com](mailto:MediCalRxEducationOutreach@primetherapeutics.com).