



The monthly bulletin consists of alerts and notices posted to the [Bulletin & News](#) page on the Medi-Cal Rx Web Portal. Sign up for the [Medi-Cal Rx Subscription Service](#) to be notified when new information is posted.

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1. Changes to the Medi-Cal Rx Contract Drugs List

The below changes have been made to the [Medi-Cal Rx Contract Drugs List](#) and the [Medi-Cal Rx Diagnosis Crosswalk](#) posted to the Medi-Cal Rx Web Portal, effective July 1, 2024.

Drug Name	Description	Effective Date
Baricitinib	Added to the <i>Medi-Cal Rx Contract Drugs List</i> (CDL) with diagnosis and labeler restriction.	July 1, 2024
Bismuth Subcitrate Potassium/Metronidazole/Tetracycline HCL	Labeler restriction removed.	July 1, 2024
Contraceptives	Quantity limit (QL) updated on tablets, vaginal ring, and transdermal patches.	July 1, 2024
Insulin Lispro Protamine 50% and Insulin Lispro 50%	Vial end-dated.	July 1, 2024
Loteprednol Etabonate/Tobramycin	Labeler restriction added.	July 1, 2024
Methadone HCL	Added to the CDL.	July 1, 2024
Nitazoxanide	Added to the CDL.	July 1, 2024
Quetiapine Fumarate	Additional strength (150 mg) added to the CDL.	July 1, 2024
Tovorafenib	Added to the CDL with prior authorization (PA) required.	July 1, 2024
Vortioxetine hydrobromide	Labeler restriction added.	July 1, 2024

2. Changes to the Medi-Cal Rx Contract Drugs List – Authorized Drug Manufacturer Labeler Codes

The below changes have been made to the [Medi-Cal Rx Contract Drugs List – Authorized Drug Manufacturer Labeler Codes](#) with their respective effective dates and posted to the Medi-Cal Rx Web Portal.

Labeler Code Additions		
NDC Labeler Code	Contracting Company's Name	Effective Date
81481	ALTOR BIOSCIENCE, LLC	July 1, 2024
71511	ATHENA BIOSCIENCE LLC	July 1, 2024
83634	AVENACY INC.	July 1, 2024

Labeler Code Additions		
NDC Labeler Code	Contracting Company's Name	Effective Date
83831	AVYXA PHARMACEUTICALS, LLC	July 1, 2024
72990	CORMEDIX, INC.	July 1, 2024
82950	DAY ONE BIOPHARMACEUTICALS, INC.	July 1, 2024
75907	DR. REDDY'S LABORATORIES, INC.	July 1, 2024
82576	MADRIGAL PHARMACEUTICALS INC.	July 1, 2024
83368	OYSTER POINT PHARMA, INC.	July 1, 2024
83474	PURO PHARMA INC.	July 1, 2024
29273	SALERNO PHARMACEUTICALS LP	July 1, 2024

Labeler Code Terminations		
NDC Labeler Code	Contracting Company's Name	Effective Date
54932	BIORAMO, LLC	July 1, 2024
51293	ECI PHARMACEUTICALS LLC	July 1, 2024
73320	KARTHA PHARMACEUTICALS, INC.	July 1, 2024
70156	NOBLE PHARMACEUTICALS, LLC.	July 1, 2024
72647	OAKRUM PHARMA, LLC.	July 1, 2024
59316	RB HEALTH (US) LLC	July 1, 2024
63824	RB HEALTH (US) LLC	July 1, 2024
72854	RB HEALTH (US) LLC	July 1, 2024
54295	TRINITY PHARMACEUTICALS LLC	July 1, 2024
69413	VYERA PHARMACEUTICALS, LLC	July 1, 2024

3. Updates to the Medi-Cal Rx Provider Manual

The updates/additions below have been made to the [Medi-Cal Rx Provider Manual](#) version 20.0.

Updates

Section	Update Description	Effective Date
<i>Section 14.1 – PA Request Overview</i>	<ul style="list-style-type: none"> Refined language regarding the submission of prior authorization (PA) requests. 	July 1, 2024

Section	Update Description	Effective Date
<i>Section 14.2.3 – P4 Transaction – PA Request Only</i>	<ul style="list-style-type: none"> Added language regarding the submission of supporting documentation. Added note pertaining to PA request status information. 	July 1, 2024
<i>Section 14.3 – Medi-Cal Rx Provider Portal for ePA Requests</i>	<ul style="list-style-type: none"> Refined section. Added table outlining PA displayed status. 	July 1, 2024
<i>Section 14.4 – CoverMyMeds for ePA Requests</i>	<ul style="list-style-type: none"> Refined and added language regarding submissions to CoverMyMeds. Added note pertaining to the submission of supporting documentation. Added note pertaining to PA request status information. 	July 1, 2024
<i>Section 14.5 – Fax PA Submissions</i>	<ul style="list-style-type: none"> Refined language. Added detailed language pertaining to the submission of PA requests. 	July 1, 2024
<i>Section 14.6 – U.S. Mail</i>	<ul style="list-style-type: none"> Refined language. Added detailed language pertaining to the submission of PA requests. 	July 1, 2024
<i>Section 14.7 – PA Adjudication</i>	<ul style="list-style-type: none"> Refined language. 	July 1, 2024
<i>Section 14.8 – PA Appeal Requests (NEW!)</i>	<ul style="list-style-type: none"> Added language regarding appeals process for denied PA requests. 	July 1, 2024
<i>Section 15.9 – Pharmacy Administered Immunizations/Vaccines</i>	<ul style="list-style-type: none"> Refined language. Added language pertaining to Ordering, Referring, and Prescribing (ORP) providers. Refined language regarding coverage and reimbursement. 	July 1, 2024
<i>Section 20.2 – What are FWA and Overpayment?</i>	<ul style="list-style-type: none"> Refined descriptions. Added "..., including 42 CFR Section 455.2 and W&I Code, Section 14043.1" to Fraud description. 	July 1, 2024
<i>Section 20.3 – Difference Between and Indicators of Potential FWA</i>	<ul style="list-style-type: none"> Added "Refer to the following examples of how to identify FWA." Refined last paragraph. 	July 1, 2024
<i>Appendix C – Aid Codes</i>	<ul style="list-style-type: none"> Added and updated aid codes and descriptions. 	July 1, 2024

4. Code I Diagnosis Requirement for Chronic Weight Management

Background

The purpose of this alert is to inform pharmacy providers and prescribers that Medi-Cal Rx will now accept International Classification of Disease – 10th Revision (ICD-10) codes for body mass index (BMI) to satisfy the Code I diagnosis requirement (**Reject Code 80 – Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria**) for chronic weight management.

What Pharmacy Providers and Prescribers Need to Know

Medi-Cal Rx will accept ICD-10 codes for BMI for drugs impacted with a Code I diagnosis requirement for chronic weight management for claims with date of service (DOS) on or after April 30, 2024.

Additional Diagnosis Codes	
ICD-10 Code	ICD-10 Description
Z68.27	Body mass index [BMI] 27.0-27.9, adult
Z68.28	Body mass index [BMI] 28.0-28.9, adult
Z68.29	Body mass index [BMI] 29.0-29.9, adult
Z68.30	Body mass index [BMI] 30.0-30.9, adult
Z68.31	Body mass index [BMI] 31.0-31.9, adult
Z68.32	Body mass index [BMI] 32.0-32.9, adult
Z68.33	Body mass index [BMI] 33.0-33.9, adult
Z68.34	Body mass index [BMI] 34.0-34.9, adult
Z68.35	Body mass index [BMI] 35.0-35.9, adult
Z68.36	Body mass index [BMI] 36.0-36.9, adult
Z68.37	Body mass index [BMI] 37.0-37.9, adult
Z68.38	Body mass index [BMI] 38.0-38.9, adult
Z68.39	Body mass index [BMI] 39.0-39.9, adult
Z68.41	Body mass index [BMI] 40.0-44.9, adult
Z68.42	Body mass index [BMI] 45.0-49.9, adult
Z68.43	Body mass index [BMI] 50.0-59.9, adult
Z68.44	Body mass index [BMI] 60.0-69.9, adult
Z68.45	Body mass index [BMI] 70 or greater, adult

Additional Diagnosis Codes	
ICD-10 Code	ICD-10 Description
Z68.54	Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age

What Pharmacy Providers Need to Do

Pharmacy providers can resubmit eligible claims for reimbursement with a DOS on or after April 30, 2024.

Resources

- [Medi-Cal Rx Diagnosis Crosswalk](#)
- [How to Address Reject Code 80 – Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria](#)

5. Billing Tips for Diabetic Test Strips and Lancets and Dual Eligible Beneficiaries

Background

The purpose of this alert is to provide guidance on how to address dual eligible Medicare and Medi-Cal beneficiary claims denying with **Reject Code 76 – Plan Limitations Exceeded** for diabetic test strips and/or lancets exceeding the maximum quantity per day limit.

What Pharmacy Providers Need to Know

On April 30, 2024, the Medi-Cal Rx system was updated to capture recent insulin use from Medi-Cal Rx historical claims data. Insulin use history is used to determine the quantity limit (QL) restrictions for diabetic test strips and lancets. Refer to the alert titled [Diabetic Test Strips and Lancets: Updates to the Code I Diagnosis and Quantity Limit Restrictions](#) for additional information. For dual eligible beneficiaries whose claim data history is not in the Medi-Cal Rx system, coordination of benefit (COB) claims submitted to Medi-Cal Rx will currently deny with Reject Code 76 when the QL of one per day is exceeded.

What Pharmacy Providers Need to Do

Pharmacy providers should complete the following steps:

1. Submit the COB claim to Medicare Part B with Medi-Cal Rx as the secondary payer utilizing the appropriate other coverage codes (OCCs). Refer to the [Medi-Cal Rx Billing Tips](#) for information about submitting COB claims to Medicare Part B and Medi-Cal Rx.

2. When the claim denies with Reject Code 76 for exceeding the QL of one per day of each product type, pharmacy providers should do one of the following:
 - a. Contact the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273 for override consideration; **OR**
 - b. Submit a prior authorization (PA) request to Medi-Cal Rx. Review the alert titled [Prior Authorization Submission Reminders](#).

6. Enteral Nutrition Updates to the List of Contracted Enteral Nutrition Products, Effective September 1, 2024

The [List of Contracted Enteral Nutrition Products](#) has been updated on the [Medi-Cal Rx Web Portal](#). The effective date of the changes is September 1, 2024. The following products will be deleted from the *List*:

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Nutricia North America	Neocate® Junior with Prebiotics, unflavored 400 g powder	49735012912
Nutricia North America	Neocate Junior with Prebiotics, tropical flavor, 400 g powder	49735012124

Members affected by deletions from the *List* should seek new prescriptions from their licensed prescriber, and new prior authorization (PA) requests from their pharmacy provider, if applicable, for a comparable item that is listed. Continuing care does not apply.

Medi-Cal Rx members denied coverage of a requested Medi-Cal Rx product have the right to a fair hearing. A state hearing may be requested by contacting the California Department of Social Services, State Hearings Division, at the following address:

[State Hearings](#)

P.O. Box 944243, MS 21-37
Sacramento, CA 94244-2430

Toll Free: 1-800-743-8525 or 1-855-795-0634

Fax: 1-833-281-0905

Medi-Cal Rx members have the right and are encouraged to consult their primary care provider or prescriber to determine if an appropriate substitute product is available and covered by Medi-Cal Rx.

7. Updates to Continuous Glucose Monitoring and Disposable Insulin Delivery Devices Quantity Limits, Effective June 7, 2024

Effective June 7, 2024, the Quantity Limits (QLs) for Medi-Cal Rx contracted continuous glucose monitoring (CGM) sensors and disposable insulin delivery devices (DIDDs) have been updated to change from a 30-day and 90-day limitation to a quantity per day limitation. These changes will reduce override requirements by providers and improve access for members.

These changes are reflected in the updated [List of Contracted Continuous Glucose Monitoring \(CGM\) Systems](#), the [List of Covered Disposable Insulin Delivery Devices](#), and within the *Diabetic Supplies – Disposable Insulin Delivery Devices and Diabetic Supplies – CGM Systems* sections in the [Medi-Cal Rx Provider Manual](#) on the [Medi-Cal Rx Web Portal](#).

Note: A prior authorization (PA) request is always required for coverage; quantity and frequency limits apply.

Contractors have guaranteed that Medi-Cal Rx providers may purchase, upon request, for dispensing to eligible Medi-Cal Rx members, covered products at or below the Maximum Acquisition Cost (MAC). Providers can locate MAC price suppliers by calling manufacturer phone numbers referenced in the *Lists* on the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#).

Medi-Cal Rx members denied coverage of a requested Medi-Cal Rx product have the right to a fair hearing. A state hearing may be requested by contacting the California Department of Social Services, State Hearings Division, at the following address:

[State Hearings](#)

P.O. Box 944243, MS 21-37
Sacramento, CA 94244-2430

Toll Free: 1-800-743-8525 or 1-855-795-0634
Fax: 1-833-281-0905

Medi-Cal Rx members have the right and are encouraged to consult their primary care provider or prescriber to determine if an appropriate substitute product is available and covered by Medi-Cal Rx.

8. Mass Adjustment for Diabetic Lancets for Impacted Claims with a Date of Service January 1, 2022, through December 31, 2022

Background

The purpose of this alert is to inform pharmacy providers that Medi-Cal Rx initiated a mass adjustment related to diabetic lancet products for claims with a date of service (DOS) on or after January 1, 2022.

What Pharmacy Providers Need to Know

Medi-Cal Rx identified a claims processing issue affecting a select number of claims with a DOS on or after January 1, 2022, for diabetic lancets with NDCs 98302000160 and 98302014071. For these diabetic lancet claims, the Medi-Cal Rx reimbursement calculation used an incorrect price type which may have resulted in an incorrect pharmacy provider reimbursement. The Medi-Cal Rx claim reimbursement calculation was updated on February 9, 2024, to utilize the Maximum Allowable Product Cost (MAPC) price type for diabetic lancet claims per the Department of Health Care Services' (DHCS) policy.

Medi-Cal Rx has identified the impacted net paid claims and will be adjusting these claims on behalf of pharmacy providers which may result in an amount owed to you or no net change to the amount you were already reimbursed. Medi-Cal Rx will complete the claim adjustments in stages over the next several months.

Adjustments have been made for some of the impacted claims with a DOS January 1, 2022, through December 31, 2022, and appeared on the June 14, 2024, remittance advice (RA). Adjustments for the remaining claims with a DOS January 1, 2022, through December 31, 2022, and for claims with a DOS on or after January 1, 2023, will be processed at a later date and a separate alert will be published when the next adjustment commences.

What Pharmacy Providers Need to Do

No action is required by pharmacy providers at this time.

Adjustments for the impacted claims with a DOS January 1, 2022, through December 31, 2022, appeared on the June 14, 2024 RA. On the RA, impacted pharmacy providers will see a reversal of the original claim and a new claim processed (same member, Rx number, DOS, NDC, etc.) to reflect the adjustment.

For more information about this and other mass adjustment activities, refer to the [Mass Adjustments](#) page located on the [Medi-Cal Rx Provider Portal](#) or send a secured email to MediCalRxEducationOutreach@primetherapeutics.com and include, if appropriate, any claim-specific information with the correspondence.

9. Mass Adjustment for Disposable Insulin Delivery Devices for Impacted Claims Submitted April 1, 2022, through April 28, 2022

Background

The purpose of this alert is to inform pharmacy providers that Medi-Cal Rx initiated a subsequent mass adjustment related to disposable insulin delivery devices (DIDDs) for claims submitted on or after January 1, 2022. This mass adjustment includes claims submitted from April 1, 2022, through April 28, 2022. For additional information about the previous mass adjustment for impacted claims, refer to the alert titled [Mass Adjustment for Disposable Insulin Delivery Devices for Impacted Claims Submitted January 1, 2022, through March 31, 2022.](#)

What Pharmacy Providers Need to Know

Medi-Cal Rx identified a claims processing issue affecting a select number of claims submitted on or after January 1, 2022, for DIDDs with NDCs 08508112005, 08508200005, 08560940001, 08560940002, and 08560940003. For these DIDD claims, the Medi-Cal Rx reimbursement calculation used an incorrect Maximum Allowable Product Cost (MAPC) price which may have resulted in an incorrect pharmacy provider reimbursement. Medi-Cal Rx MAPC prices for these DIDDs were updated on April 28, 2022, to correctly calculate DIDD claims per the Department of Health Care Services' (DHCS) policy.

Medi-Cal Rx has identified the impacted net paid claims and will be adjusting these claims on behalf of pharmacy providers which may result in an amount owed to you, an amount you owe DHCS, or no net change to the amount you were already reimbursed. Medi-Cal Rx will complete the claim adjustments in stages over the next several months.

Adjustments have been made for some of the impacted claims submitted April 1, 2022, through April 28, 2022, and appeared on the June 14, 2024, remittance advice (RA).

Adjustments for the remaining claims submitted January 1, 2022, through March 31, 2022, and for the remaining claims submitted April 1, 2022, through April 28, 2022, will be processed at a later date and a separate alert will be published when the next adjustment commences.

What Pharmacy Providers Need to Do

No action is required by pharmacy providers at this time.

Adjustments for the impacted claims submitted April 1, 2022, through April 28, 2022, appeared on the June 14, 2024, RA. On the RA, impacted pharmacy providers will see a reversal of the original claim and a new claim processed (same member, Rx number, date of service, NDC, etc.) to reflect the adjustment.

For more information about this and other mass adjustment activities, refer to the [Mass Adjustments](#) page located on the [Medi-Cal Rx Provider Portal](#) or send a secured email to MediCalRxEducationOutreach@primetherapeutics.com and include, if appropriate, any claim-specific information with the correspondence.

10. New Medi-Cal Rx Web Portal Resource Pages: FDA Drug Recall Notifications

Background

Medi-Cal Rx will now provide notifications to prescribers and members impacted by Class I and Class II U.S. Food and Drug Administration (FDA) Drug Recalls. Each Class I and Class II FDA Drug Recall will be announced via an alert published on the [Bulletins & News](#) page of the [Medi-Cal Rx Web Portal](#). Additionally, impacted prescribers and members will receive letters by U.S. mail for Class I drug recalls. As of June 10, 2024, there are no current recalls to report. The purpose of this alert is to announce the new resource pages for future drug recalls.

What Prescribers and Members Need to Know

On June 8, 2024, Medi-Cal Rx added two new FDA Drug Recall Notifications pages on the [Medi-Cal Rx Web Portal](#) (one page for prescribers, one page for members) that host informational notifications about each Class I and Class II FDA drug recall.

- Prescribers may access the [FDA Drug Recall Notifications](#) page by selecting **Drug Recall** on the [Medi-Cal Rx Provider Portal](#).
- Members may access the [FDA Drug Recall Notifications](#) page by selecting **Drug Recall** on the [Medi-Cal Rx Member Portal](#).

Notifications will provide applicable details about the recall including the recall date, drug and manufacturer details, the reason for the recall, and any required prescriber and/or member actions.

11. New Medi-Cal Rx Web Portal Resource Page: Mass Adjustment Notifications

Background

Beginning in March 2024, Medi-Cal Rx began processing pharmacy claim mass adjustments for pharmacy claims that require reprocessing to reflect the Department of Health Care Services (DHCS) policies. Each pharmacy claim mass adjustment initiative will be announced via an alert published on the [Bulletins & News](#) page of the [Medi-Cal Rx Web Portal](#) prior to the commencement of the adjustment.

What Pharmacy Providers Need to Know

On June 8, 2024, Medi-Cal Rx created a new [Mass Adjustments](#) page on the [Medi-Cal Rx Web Portal](#) that hosts informational notifications about each mass adjustment initiative. This page replaces the Mass Adjustments tab on the Forms & Information page that hosted mass adjustment information. Pharmacy providers may access the new [Mass Adjustments](#) page by navigating to the [Medi-Cal Rx Provider Portal](#) and selecting **Mass Adjustments**. It is recommended that pharmacy providers bookmark this new page for ease of access.

12. Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2024-25 Available

What Pharmacy Providers Need to Know

The purpose of this alert is to notify pharmacy providers that the [Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2024-25](#) is available and can be found on the Medi-Cal Rx Provider Portal's [Forms & Information](#) page under **Finance** on the **Reference Materials** tab.

The schedule reflects the pharmacy provider pay dates (warrant release and Electronic Fund Transfer [EFT]) by Medi-Cal Rx for Medi-Cal, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), Abortion, and other Department of Health Care Services (DHCS) programs for claims adjudicated by Medi-Cal Rx.

13. Reminder: State Fiscal Year Two-Week Fee-for-Service Hold for Specific Provider Payments

Background

The purpose of this alert is to remind pharmacy providers of the checkwrite holds originally published in the alert titled [Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2023-24 Available](#). Specific payments scheduled in June for State Fiscal Year 2023-24 will be delayed until the start of State Fiscal Year 2024-25. The [Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2024-25](#) was published on May 29, 2024.

What Pharmacy Providers and Prescribers Need to Know

Medi-Cal funded fee-for-service payments scheduled with a Medi-Cal Rx Payment Release Date of **June 25, 2024**, will be held until **July 10, 2024**. Payments to the following programs will be impacted:

- Abortion
- Family Planning, Access, Care, and Treatment (Family PACT)
- Medi-Cal
- State Children's Health Insurance Program (SCHIP)

Medi-Cal and State funded fee-for-service payments with a Medi-Cal Rx Payment Release Date of **June 28, 2024**, will be held until **July 10, 2024**. Payments to the following programs will be impacted:

- Abortion
- California Children's Services (CCS) State-Only
- Family PACT
- Genetically Handicapped Persons Program (GHPP) State-Only
- Medi-Cal
- SCHIP

Note: Payments for claims adjudicated from June 13, 2024, through June 26, 2024, will be released on **July 16, 2024**.

14. Maximum Allowable Ingredient Cost 30-Day Pharmacy Provider Notice

What Pharmacy Providers Need to Know

The Department of Health Care Services (DHCS) has contracted with Magellan Medicaid Administration, LLC (MMA), who contracts with Mercer Government Human Services Consulting (Mercer), part of Mercer Health and Benefits, LLC, to establish and maintain a Maximum Allowable Ingredient Cost (MAIC) program for generic pharmaceutical drugs.

Rates are effective July 1, 2024, and were posted to the Mercer Medi-Cal Rx website on June 1, 2024.

What Pharmacy Providers Need to Do

- Refer to the [Mercer Medi-Cal Rx website](#) for MAIC rate lists, MAIC program information, Frequently Asked Questions (FAQs), and contact information.
- To request a review of a MAIC rate for a specific drug, submit a request using the [Medi-Cal Rx Maximum Allowable Ingredient Cost \(MAIC\) Price Research Request Form](#) found on the [Mercer Medi-Cal Rx website](#) and the [Forms & Information](#) page on the [Medi-Cal Rx Web Portal](#).

Note: All required fields on the form must be completed. Providers will be contacted for supporting documentation or other information, as necessary.

Reminder: It is important to keep your pharmacy's contact information up to date.

The primary method for pharmacy provider notifications for the MAIC and Annual Attestation Survey is via email and/or fax. It is recommended that pharmacy providers maintain accurate and consistent contact information across all organizations involved in pharmacy administration, including but not limited to, NCPDP and Medi-Cal.

15. Member Eligibility Lookup Tool – Enhanced Functionality

Background

The purpose of this alert is to inform pharmacy providers and prescribers about the improved functionality of the Member Eligibility Lookup Tool found on the [Medi-Cal Rx Secured Provider Portal](#). Refinement of this tool reflects Medi-Cal Rx’s commitment to better meet the needs of pharmacy providers, prescribers, and members.

Note: Registered Medi-Cal Rx providers can refer to the [Member Eligibility Lookup Tool Job Aid](#) for additional details.

What Pharmacy Providers and Prescribers Need to Know

The Member Eligibility Lookup Tool allows registered Medi-Cal Rx providers to review the following information:

- Member eligibility data for prior authorization (PA) requests and/or claims processing
- Share of Cost (SOC) remaining information
- Member eligibility history
- Member claims history

Information contained within this tool does not guarantee PA request approval or claim payment and is subject to change.

What Pharmacy Providers and Prescribers Need to Do

How to Access

The Member Eligibility Lookup Tool can be accessed by logging in to the [Medi-Cal Rx Secured Provider Portal](#) and selecting **Member Eligibility Lookup** from the list of tabs or from the Tools & Resources drop-down menu. Refer to *Figure 1*.

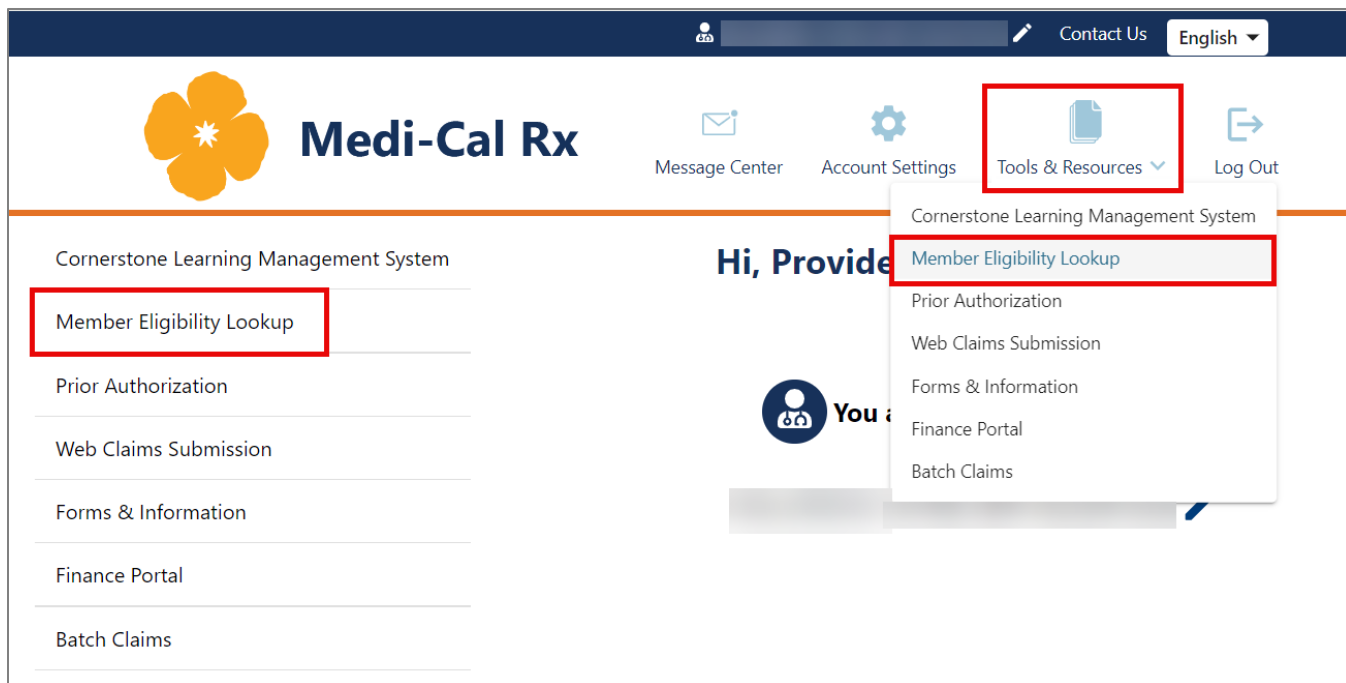


Figure 1: Accessing the Member Eligibility Lookup Tool

Enhanced Features

The **Search By** field now defaults to "Member ID Number." Refer to *Figure 2*.

The screenshot shows the 'Member Eligibility Lookup' search form. The title is 'Member Eligibility Lookup' in bold blue text. Below the title is a subtitle: 'Member eligibility data for Medi-Cal Rx Pharmacy Prior Authorizations and Claims only.' followed by a note '* Indicates required field'. The form contains several input fields: 'Last Name: *' with a text input field containing the placeholder 'Enter last name here'; 'Birth Date: *' with a date input field containing the placeholder 'Enter as mm/dd/yyyy' and a calendar icon; 'Service Date: *' with a date input field containing '04/02/2024' and a calendar icon; 'Search By: *' with a dropdown menu currently set to 'Member ID Number'; and 'Enter Member ID or Client Index Number here: *' with a text input field containing the placeholder 'Enter Member ID or Client Index Number here'. Below the input fields is a note: 'Please enter the Member ID Number or Client Index Number only.' At the bottom of the form are two buttons: 'CLEAR' and 'SEARCH'.

Figure 2: Member Eligibility Lookup Tool – Search By Field

Real-time member eligibility data is now the default data source and is current as of the time of the inquiry. The Member Eligibility Lookup Tool now displays the following information:

- SOC remaining expressed as a dollar amount
- California Children’s Services (CCS) eligibility
- Genetically Handicapped Persons Program (GHPP) eligibility
- Family Planning, Access, Care, and Treatment (Family PACT) eligibility

In situations when real-time eligibility data is not available, batch eligibility data is displayed and is current as of the previous day.

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.