



Medi-Cal Rx

Mass Adjustment for Mpox Vaccine Reimbursement for Impacted Claims with a Date of Service August 17, 2022, through October 11, 2024 November 26, 2024

Background

The purpose of this alert is to inform pharmacy providers that Medi-Cal Rx initiated a mass adjustment related to mpox (JYNNEOS®) vaccine reimbursement for claims with a date of service (DOS) on or after August 17, 2022, through October 11, 2024.

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 August 17, 2022, through October 11, 2024, for mpox (JYNNEOS) vaccines with NDCs 50632000101, 50632000102, and 50632000103. For these claims, the Medi-Cal Rx reimbursement calculation used an incorrect ingredient cost, dispensing fee, and/or incentive fee which may have resulted in an incorrect pharmacy provider reimbursement. Medi-Cal Rx updated the claim reimbursement calculation to correctly calculate the mpox vaccine reimbursement 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.

Adjustments have been made for some of the impacted claims with a DOS on or after August 17, 2022, through October 11, 2024, and will appear on the December 10, 2024, remittance advice (RA). Adjustments for the remaining claims with a DOS on or after August 17, 2022, through October 11, 2024, 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 have been made for some of the impacted claims with a DOS on or after August 17, 2022, through October 11, 2024, and will appear on the December 10, 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.

If an impacted pharmacy provider disagrees with an adjustment, they may take one of the following actions:

- Submit a [Provider Claim Appeal Form \(DHCS 6571\)](#) within three months of the new Medi-Cal Rx RA date.
- Submit a [Provider Claim Inquiry Form \(CIF\) \(DHCS 6570\)](#) within six months of the new Medi-Cal Rx RA date.

The forms contain completion instructions and are located on the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#).

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

Contact Information

If you have any questions regarding the mass adjustment, 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.