



Medi-Cal Rx

Mass Adjustment for Mpox Vaccine Reimbursement for Impacted Claims with a Date of Service January 1, 2024, through June 6, 2025 October 3, 2025

Background

Medi-Cal Rx initiated a mass adjustment related to mpox (JYNNEOS®) vaccine reimbursement for claims with a date of service (DOS) on or after January 1, 2024, through June 6, 2025.

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, 2024, through June 6, 2025, for mpox (JYNNEOS) vaccines with NDCs 50632000101, 50632000102, and 50632000103. For these claims, the Medi-Cal Rx reimbursement calculation was modified to include an updated incentive fee based on the member's age and the pharmacy's Vaccines For Children (VFC) enrollment status. Medi-Cal Rx updated the reimbursement methodology for mpox vaccines on June 6, 2025, to correctly calculate the mpox vaccine for VFC and non-VFC pharmacy 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.

Adjustments have been made for some of the impacted claims with a DOS on or after January 1, 2024, through June 6, 2025, and will appear on the October 17, 2025, remittance advice (RA). Adjustments for the remaining claims with a DOS on or after January 1, 2024, through June 6, 2025, will be processed by Medi-Cal Rx at a later date and a separate notification will be provided 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 on or after January 1, 2024, through June 6, 2025, will appear on the October 17, 2025 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. The Mass Adjustment Notification Number, **MCRX 0214-A**, will appear on the RA for all reprocessed claims.

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

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