

Managed care organization pharmacy benefits transitioning to the Medi-Cal Rx program

Effective January 1, 2022, Department of Health Care Services (DHCS) will transition all administrative services related to Medi-Cal Managed Care (Medi-Cal) pharmacy benefits billed on pharmacy claims from the existing Medi-Cal fee-for-service (FFS) fiscal intermediary (FI) or the member's managed care plan (MCP) to DHCS' new Medi-Cal Rx vendor/FI, Magellan Medicaid Administration, Inc. (Magellan).

All pharmacy services billed as a **pharmacy claim** (and their electronic equivalents), including outpatient drugs (prescription and over the counter), physician administered drugs (PADs), medical supplies, and enteral nutritional products are **in scope** for Medi-Cal Rx.

Pharmacy services billed as a medical (professional) or institutional claim (or their electronic equivalents) are **not in scope**.

What can I do to prepare my patients for this transition to Medi-Cal Rx?

With the transition to Medi-Cal Rx, Medi-Cal beneficiaries should not experience a significant difference in how they receive Medi-Cal pharmacy benefits.

You can remind your patients to always keep both their health plan ID card (if they are a member of an MCP) and their Medi-Cal benefits identification card (BIC) with them to all medical and pharmacy visits.

While most pharmacies in the state are enrolled as Medi-Cal FFS providers and the network is larger than individual MCP networks, the pharmacy frequented by some MCP beneficiaries may not be enrolled in FFS.

The difference will be more pronounced for mail order pharmacies. If your patient uses a mail order pharmacy based outside of California, it may not be part of the Medi-Cal Rx system.

To find a pharmacy enrolled in FFS, you can visit the pharmacy locator tool online at www.Medi-CalRx.dhcs.ca.gov starting in **December 2021** or call Customer Service at **800-977-2273** on or after January 1, 2022.

Check the FFS *Contract Drug List (CDL)* to determine if your patient's current medication is on the list. Refer to questions below for next steps.

Will the drug formulary be different in Medi-Cal Rx?

Medi-Cal FFS covers all FDA approved drugs but uses a *CDL* to determine what drugs are subject to prior authorization.

The *CDL* gets updated monthly and is available in the current FFS Medi-Cal website https://files.medi-cal.ca.gov/pubsdoco/manual/man_query.aspx?wSearch=drugsmdl*&wFLogo=Part2+%23+Contract+Drugs+List&wPath=N (website path: www.medi-cal.ca.gov > Resource > References > Pharmacy > Contract Drug List).

Starting in **November 2021**, the *CDL* will be available from the Medi-Cal Rx website (www.Medi-CalRx.dhcs.ca.gov).

<https://providers.anthem.com/ca>

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What is required to transition from the MCP’s drug formularies to the fee for service CDL?

DHCS has established a Medi-Cal Rx *Pharmacy Transition Policy* to help support the transition from managed care plan formularies to fee-for service contract drug-based requirements for prior authorizations.

The policy includes *grandfathering* previously approved prior authorizations from managed care and fee-for-service, as well as a 180-day period with no prior authorizations requirements for existing prescriptions.

For new prescriptions (in other words, drugs/therapies not previously prescribed to the Medi-Cal beneficiary in either Medi-Cal managed care or fee-for-service) requiring prior authorization under Medi-Cal Rx, the *grandfather* component would not apply, and the submitting prescriber or pharmacist would need to submit a prior authorization for review/approval consistent with Medi-Cal Rx policy and based on medical necessity for each individual patient.

For more information on the transition policy, visit the new Medi-Cal Rx **website**.

Will I have to request new prior authorizations for my patients?

DHCS’ *Pharmacy Transition Policy* will use strategies such as *grandfathering* previously approved prior authorizations through their stated duration, a 180-day period where DHCS will not require prior authorization for existing prescriptions, for drugs not on the Medi-Cal *CDL* or that otherwise have prior authorization requirements under Medi-Cal Rx. This policy does not apply to new prescriptions or drugs that do not otherwise have prior authorization requirements under Medi-Cal Rx.

Visit the new **Medi-Cal Rx** website to refer to the transition policy for more details.

Will all pharmacy claims be billed to Medi-Cal Rx?

In general, all pharmacy services billed as a pharmacy claim, including outpatient drugs (prescription and over the counter), PADs, medical supplies and enteral nutritional products (and their electronic equivalents) are in scope for Medi-Cal Rx.

Only pharmacy services billed as a medical (professional) or institutional claim (or their electronic equivalents) are not in scope.

Who can I call for more information? (Prior to January 1, 2022)

You can contact the Medi-Cal call center (800-541-5555, TTY 800-430-7077) Monday thru Friday, 8 a.m. to 5 p.m.

Who can I call for more information? (On or after January 1, 2022)

You can contact DHCS’ contractor Magellan at the Medi-Cal Rx call center (800-977-2273 or 711 for TTY), 24/7.



Email is the quickest and most direct way to receive important information from Anthem Blue Cross.



To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3ILgko8>).