



State of California—Health and Human Services Agency
Department of Health Care Services



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GOVERNOR

******PROVIDER NOTICE******

TO: State of California Pharmacy Provider Community
DATE: October 1, 2020
SUBJECT: Medi-Cal Rx - Transition of Medi-Cal Pharmacy Administration Services to Magellan Medicaid Administration, Inc.

On January 1, 2021, Magellan Medicaid Administration, Inc. (MMA) will assume operations for Medi-Cal Rx on behalf of the State of California Department of Health Care Services.

NCPDP Transactions:

All pharmacy claims must be processed using the new Medi-Cal Bank Identification Number (BIN), Process Control Number (PCN), and Group ID which are included in the table below.

The following submission fields and requirements are being highlighted to assist in your success during this transition. All claims must be submitted under the National Council for Prescription Drug Program (NCPDP) Telecommunication Standard Version/Release D.0, effective **January 1, 2021**.

The table below references the Transaction Type, Transaction Code, BIN, PCN and Group ID values.

Transaction Header Segment			
Transaction Type	Transaction Code 103-A3	BIN 101-A1	PCN 104-A4
Claim Billing Request	B1	022659	6334225
Claim Billing Reversal Request	B2	022659	6334225
Claim Rebill	B3	022659	6334225
Eligibility Verification Request	E1	022659	6334225
Prior Authorization Reversal	P2	022659	6334225
Prior Authorization Inquiry	P3	022659	6334225
Prior Authorization Request Only	P4	022659	6334225

Insurance Segment		
Field ID	NCPDP Field Name	Value
3Ø1-C1	GROUP ID	MEDICALRX

Payer Sheets

Payer sheets will be available online at www.medi-calrx.dhcs.ca.gov by late October 2020. The payer sheet will include the claim submission fields and requirements to assist in claim filing. We encourage you to contact your software vendor to make them aware of the upcoming transition.

Pharmacy Testing

MMA encourages pharmacies to submit test transactions prior to the transition. MMA is offering a testing window **October 5, 2020 through November 20, 2020**. If you would like to submit test claims, please email MRxPharmacyTesting@magellanhealth.com with your Contact Name, Phone Number, Pharmacy NPI, and Switch information.

Batch and Paper Submitters

If you are currently submitting batch or paper pharmacy claims and expect to continue to submit either batch or paper, please email MRxPharmacyTesting@magellanhealth.com to be contacted by MMA for further information.

Additional Information

Please refer to www.medi-calrx.dhcs.ca.gov for additional information and announcements.

Sincerely,

Harry Hendrix, Jr.
Contracting Officer
Department of Health Care Services
Pharmacy Benefits Division

Enclosure:

CC: Ivana Thompson