SECTION XVIII – MEDICATION, PHARMACY, LABORATORY AND MEDICARE PART D

Governor Gavin Newson issued an Executive Order N-01-19 (EO N-01-19) for achieving cost savings for drug purchases made by the state of California. It requires that all Medi-Cal Pharmacy benefits as of January 1, 2021 will now be administrated through the Fee-For-Service (FFS) delivery system for Medi-Cal beneficiaries (generally referred to as "Medi-Cal RX"). The California Department of Health Care Services (DHCS) has partnered with Magellan Medicaid Administration Inc.to provide a wide variety of administrative services and support for Medi-Cal RX and will utilize the Medi-Cal RX Provider Web Portal. All prescribers must be enrolled in the Medi-Cal RX Provider Portal to submit prior authorization treatment requests and view prescription history.

This will standardize the Medi-Cal Pharmacy benefit statewide under one delivery system, an enhancement for prescribers and patients, which will improve access to pharmacy services. It opens up the network to include all pharmacies and has a uniform, searchable Contract Drug List (CDL) for all beneficiaries. This system is designed to improve your experience with Medi-Cal. It has a 24 hour a day, 365 days a year customer service center available to assist prescribers, pharmacy providers, beneficiaries, and the managed care health plans.

The secure Medi-Cal RX Provider Portal includes key functions for providers and prescribers such as:

- Prior authorization information and submittal instructions
- Beneficiary eligibility Look Up
- Prescription history
- Web claims submission, activities and inquiries

To register for Medi-Cal RX Provider Portal access: https://medi-calrx.dhcs.ca.gov/provider/

If you need additional guidance and training to complete registration access the following: https://medi-calrx.dhcs.ca.gov/home/education

> **Note:** In order to register and obtain access to the Medi-Cal RX Provider Portal, all prescribers must first enroll in the DHCS PAVE (Provider Application and Validation for Enrollment) Portal. Refer to Section II: The Provider NetworK to register for DHCS PAVE Portal website access:
> https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx
> This link has access to PAVE Training Videos and other tutorials for providers on PAVE enrollment. There is additionally a help desk number (866) 252-1949 to assist providers with enrollment and updates as needed.

DRUG FORMULARIES

Many Medi-Cal beneficiaries have their physical health care needs met by one of the participating plan partners of L.A. Care or Health Net while other Medi-Cal beneficiaries receive their physical care directly through other physical health care providers.

If a Medi-Cal beneficiary is enrolled in a plan partner of L.A. Care or Health Net, medications are handled in one of two ways. Carved out medications, specifically psychotropic medications and mainly anti-psychotic and anti-manic medications are paid by the DHCS. All medications not specifically carved out, including psychotropic medications, are the responsibility of the plan partners of L.A. Care and Health Net.

The DHCS is responsible for all medications for Medi-Cal beneficiaries who are not enrolled in a participating plan partner of L.A. Care or Health Net.

The DHCS Drug Formulary and the drug formularies of the participating plan partners of L.A Care and Health Net are available online.

The DHCS Drug Formulary is located at the following website:

1. http://www.dhcs.ca.gov
2. Scroll down to bottom left column on this page and select “DHCS A-Z Index.”
3. Scroll down and select “Formulary File”

The “A Link to Health Plan Formularies” website contains information on drug formularies for the State of California only and will allow network providers to:

1. Search formularies based on the drug name. Upon entering the drug name, this website will provide a listing and classification of the drug coverage for each formulary in the State of California.
2. Determine carve out drugs. These are the responsibility of the California Department of Health Care Services Fee-for-Service Medi-Cal program. Carve out drugs will be reimbursed by any pharmacy which accepts Medi-Cal as payment for medications.
3. Determine non-carve out drugs. For Medi-Cal beneficiaries enrolled in a Medi-Cal physical health care plan, select medications on the formularies of the various plan partners of L.A. Care or Health Net. The procedures will show the medication selected and which plan partner will reimburse for those drugs. You may use only those medications indicated for the plan partner to which the Medi-Cal beneficiary belongs. Remember, for non-carve out drugs, clients must use the pharmacies designated by the plan partner.

Refer to *Section XIV: Care Coordination Between Physical Health and Mental Health Providers, Attachment I* as a quick reference guide to obtain the authorization phone numbers of the participating plan partners of L.A. Care and Health Net.

LOCAL MENTAL HEALTH PLAN CONTRACTED PHARMACIES

Pharmacies contracted with the Local Mental Health Plan that accept Medi-Cal are located at the following website:

1. http://dmh.lacounty.gov
2. Select “For Providers”.
3. Select “Clinical Tools”.
4. Select “Pharmacy.”

5. Click on link under.
   http://file.lacounty.gov/SDSInter/dmh/1063887_201909_MagellansLACDMHPharmacyNetwork.pdf
6. The information will be displayed alphabetically by city.

   Note: Prescriptions will be filled by any pharmacy that accepts Medi-Cal payment. As of January 1, 2021 all Medi-Cal Pharmacy benefits will be administrated through the DHCS Medi-Cal RX system.

LABORATORY

All laboratory services are included as part of the pre-paid health plan benefit and therefore, Medi-Cal beneficiaries should be directed to a laboratory contracted with their Medi-Cal health plan. Network providers can continue to direct Medi-Cal beneficiaries to laboratory services that accept Medi-Cal.

MEDICARE PART D

The Medicare Part D drug benefit, which was effective January 1, 2006, offers voluntary coverage of outpatient Prescription Drug Plans (PDPs) and Medicare Advantage (MA) drug plans. Individuals dually eligible for both Medicare and Medi-Cal are required to enroll in Medicare Part D. Dually eligible beneficiaries formally called Medi-Medi, who did not enroll on their own prior to December 31, 2005, were “auto-enrolled” in a drug plan.

Dually eligible beneficiaries were also “auto-enrolled” into the “Extra Help” Low Income Subsidy (LIS) to help offset the costs of the new prescription drug plans. Applications can be obtained at any Social Security Office, completed online at the following website address: www.ssa.gov or mailed upon request by calling the Social Security Administration at (800) 772-1213. The applications are also available at any County of Los Angeles Department of Public Social Services office, or by calling (866) 613-3777.

The most important change for dually eligible beneficiaries is that they began receiving their prescription drug coverage through Medicare, not Medi-Cal. To obtain access to drug coverage they must be enrolled in a PDP or MA-PD. As a network provider, it is beneficial to know what plan your client is enrolled in to determine which prescribed medications are covered by their health plan. Dually eligible beneficiaries or the network provider should also contact the pharmacy of choice to determine if the pharmacy is enrolled in the client’s health plan.

For more information:

1. Visit www.medicare.gov or call (800) MEDICARE (633-4227) for:

   - Medicare prescription drug coverage information;
   - Plan choices under Medicare, including Medicare Advantage Plans;
   - Plan formularies, requirements including required drugs and excluded drugs; and
   - To order Medicare publications

2. Contact the following advocacy resources:

    - www.healthconsumer.org
    - www.cahealthadvocates.org
    - www.calmedicare.org
    - www.wclp.org
    - www.healthlaw.org
    - www.nsclc.org

3. Contact the Center for Health Care Rights also, known as the State Health Insurance Assistance Program for California at (800) 434-0222.

You may contact Pharmacy Services at (213) 738-4725 for questions or assistance with any information provided in this section.

Listed below are the telephone numbers of the two health care plans: L.A. Care and Health Net and their Plan Partners. Most Los Angeles County Medi-Cal beneficiaries are enrolled in L.A. Care or Health Net.

L.A. CARE AND L.A. CARE PLAN PARTNERS		
• L.A. Care	Medi-Cal Referral Information: Fax: Pharmacy Prior Authorization:	(877) 431-2273 (213) 438-5777 (800) 788-2949
• Anthem Blue Cross	Member Services:	(888) 285-7801
• Kaiser Permanente	Member Services: Fax: Email: pharmacy-care-coordination@kp.org	(800) 464-4000 (877) 770-0292
• Blue Shield	Member Services: Pharmacy Prior Authorization: Questions Re: Prior Authorization:	(800) 605-2556 (866) 712-2731 (877) 792-2731
HEALTH AND HEALTH NET PLAN PARTNERS		
• Health Net for Medi-Cal Members • Health Net Pharmacy for Medicare Members (including CMC)	Pharmacy Prior Authorization Fax: Medical Pharmacy Prior Authorization Fax: Pharmacy and Medical Pharmacy Prior Authorization Fax:	(866) 399-0929 (833) 953-3436 (800) 977-8226
• Molina Medical	Main number: Fax: Prior Authorization: Fax:	(800) 526-8196 Ext. 127854 (866) 508-6445 (800) 526-8196 Ext. 126400 (800) 811-4804