



A Public Entity

Inland Empire Health Plan



To: IEHP Medi-Cal PCPs and Specialists
From: IEHP – Provider Relations/Pharmacy
Date: February 14, 2022
Subject: **Medi-Cal Rx Transition Survey – Your Response is Important!**

Inland Empire Health Plan (IEHP) appreciates our partnership with Providers during the transition to Medi-Cal Rx (Magellan).

To better understand how the Medi-Cal Rx transition is impacting our Provider offices and ensure that our Members can access their pharmacy benefits without barriers, please take a few minutes to complete our brief survey.

Please access the survey either via this link:

https://iehpresearchcorehr.co1.qualtrics.com/jfe/form/SV_2nsYvkCA39koNOC

or via QR code from a mobile device:



We appreciate your feedback so we may further assist you in providing optimal care to all IEHP Members.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at www.iehp.org > For Providers > Plan Updates > Correspondences

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347.



Medi-Cal Rx Transition Survey

Provider Information

Provider:

Clinic Name:

Clinic Address:

Survey Questions

1. When calling Magellan (Medi-Cal Rx), what is your average wait time before speaking with a representative?
 - a. 0-30 minutes
 - b. 30-60 minutes
 - c. 1-2 hours
 - d. 2-3 hours
 - e. 3-4 hours
 - f. >4 hours
2. What is the average turnaround time for receiving a decision on a Prior Authorization submission to Magellan?
 - a. Less than 24 hours
 - b. 1-2 days
 - c. 2-3 days
 - d. 3-4 days
 - e. >4 days
3. What has been your experience with utilizing the available Medi-Cal RX communication channels (customer service phone number, interactive chat, email, website, portal, newsletter updates, etc.)?

Response:
4. Are there prescription drugs, over the counter drugs, vitamins, or durable medical equipment (DME) that Medi-Cal Rx (Magellan) does NOT cover, that used to be covered by IEHP? If Yes, please list Medication NAME and STRENGTH (example, acetaminophen 325mg Tablets)
 - a. No
 - b. Yes. If yes, please name medication/strength:

5. What barriers have you experienced that prevent you from providing optimal care to IEHP Members now that pharmacy benefits are managed by Medi-Cal Rx?

Response:

6. What successes have you experienced in your efforts to provide optimal care to IEHP members since the transition of pharmacy benefits to Medi-Cal Rx?

Response:

7. What suggestions can you offer to improve Medi-Cal Rx?

Response:

8. Please provide any additional comments or concerns you have regarding Medi-Cal Rx.

Response:

We thank you for your time spent taking this survey. Please return the survey to
DGProviderCommunication@iehp.org