



RICHARD FIGUEROA
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

**Medi-Cal Rx Advisory Workgroup
Participation Request Form**

Please complete this form and submit it to RxCarveOut@dhcs.ca.gov, **no later than 11:59 p.m. on Monday, November 18, 2019**, if you wish to be considered by DHCS for participation in the Medi-Cal Rx Advisory Workgroup.

To help facilitate a collaborative and productive discussion environment, DHCS will limit the workgroup size; however, DHCS will make every effort to ensure diverse stakeholder representation in the Medi-Cal Rx Advisory Workgroup. DHCS will let you know if you have been selected to participate the Medi-Cal Rx Advisory Workgroup **no later than Friday, December 13, 2019**.

Participant name:	
Position/Title:	
Organization/Entity:	
Phone number:	
Email address:	

Select entity type (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Health Plan/Health Plan Association | <input type="checkbox"/> Legislative Staff |
| <input type="checkbox"/> Tribal Health Program | <input type="checkbox"/> Organization/Trade Association |
| <input type="checkbox"/> Provider/Clinic/Provider Association | <input type="checkbox"/> Hospital/Hospital Association |
| <input type="checkbox"/> Stakeholder/Consumer Advocate | <input type="checkbox"/> Beneficiary/Legal Representative |
| <input type="checkbox"/> Other, please list: _____ | |

Please confirm your commitment to attend approximately seven (7) in-person Medi-Cal Rx Advisory Workgroup meetings in Sacramento between January 2020 and April 2021:

- Yes, I commit to attending the Medi-Cal Rx Advisory Workgroup meetings in-person.
- No, I cannot commit to attending the Medi-Cal Rx Advisory Workgroup meetings in-person.

Brief description of your background and knowledge regarding the Medi-Cal Pharmacy benefit, and how you would contribute to the Medi-Cal Rx Advisory Workgroup discussion (150 words or less):