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Step 1

Enter your **email address** and **ZIP code** @^ select [] ^ **subscriber type checkbox**.

Step 2 Customize your subscription by selecting subject areas for **NewsFlash** announcements, **Medi-Cal Update Bulletins** and/or **System Status Alerts**.

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Email Address:

Zip Code:

Subscriber Type (choose one):

Healthcare Provider Provider Staff Third-Party Biller Clearinghouse Staff State Employee
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	<i>NewsFlash</i>	<i>Medi-Cal Update Bulletins</i>
Allied Health		
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>
Audiology and Hearing Aids	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>
Durable Medical Equipment and Medical Supplies	<input type="checkbox"/>	<input type="checkbox"/>
Medical Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics and Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Services	<input type="checkbox"/>	<input type="checkbox"/>
Therapies	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Services		
	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care		
	<input type="checkbox"/>	<input type="checkbox"/>
Medical Services		
General Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy		
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use Review	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Programs		
CHDP Gateway to Health Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Family PACT Update	<input type="checkbox"/>	<input type="checkbox"/>
Vision Care		
	<input type="checkbox"/>	<input type="checkbox"/>

	<i>NewsFlash</i>	<i>Medi-Cal Update Bulletins</i>
Outpatient Services		
AIDS Waiver Program	<input type="checkbox"/>	<input type="checkbox"/>
Clinics and Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Dialysis Clinics	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Adult Services	<input type="checkbox"/>	<input type="checkbox"/>
Expanded Access to Primary Care Program	<input type="checkbox"/>	<input type="checkbox"/>
Heroin Detoxification	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Agencies/Home & Community-Based Services	<input type="checkbox"/>	<input type="checkbox"/>
Hospice Care Program	<input type="checkbox"/>	<input type="checkbox"/>
Local Educational Agency	<input type="checkbox"/>	<input type="checkbox"/>
Multipurpose Senior Services Program	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Clinics	<input type="checkbox"/>	<input type="checkbox"/>
Additional Subject Areas		
California Children's Services	<input type="checkbox"/>	
Computer Media Claims/Electronic Data Interchange	<input type="checkbox"/>	
Federally Qualified Health Centers/Rural Health Clinics	<input type="checkbox"/>	
Indian Health Services/Memorandum of Agreement	<input type="checkbox"/>	
System Status Alerts	<input type="checkbox"/>	

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