



10181 Scripps Gateway Court, San Diego, CA 92131

**TO:** Third Party/Pharmacy  
**FROM:** Pharmacy Network Management      **PHONE:** 800-819-5532  
MedImpact Healthcare Systems  
**Subject: CalOptima Health OneCare**

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MedImpact Healthcare Systems, Inc. will begin processing for CalOptima Health OneCare as of 1/1/2016.

Since you have already agreed to participate with MedImpact, there will be no information for you to return. Enclosed please find the following information to assist you in processing claims:

- Sample ID Card(s)
- Profile Sheet

If you have any questions, please feel free to contact our Pharmacy Help Desk at 800-819-5532.

Thank you.

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# Medi**Impact**

10181 Scripps Gateway Court, San Diego, CA 92131



**OneCare**  
CalOptima Health

**MedicareRx**  
Prescription Drug Coverage

OneCare (HMO D-SNP), a Medicare Medi-Cal Plan,  
CalOptima Health, A Public Agency

**Member Name:** <Cardholder Name>

**Member ID:** <Cardholder ID#>

**Personal care coordinator Phone:** <PCC Phone>

**Health Network:** <HN Name>

**Health Network Phone:** <HN Phone>

**PCP Group/Name:** <PCP Name>

**PCP Phone:** <PCP Phone>

H5433-001

**RxBIN:** 015574

**RxPCN:** ASPROD1

**RxGroup:** CAT04

**If you have a life-threatening emergency, call 911 or go to the nearest emergency room. Contact your health network to find out how to access your health network's urgent care services.**

**Customer Service:** 1-877-412-2734      **TTY:** 711

**Behavioral Health:** 1-855-877-3885

**24-Hour Nurse Advice:** 1-844-447-8441

**Non-Medical Transportation:** 1-866-612-1256

**Vision Services:** 1-800-877-7195

**Medi-Cal Dental Program:** 1-800-322-6384

**Website:** [caloptima.org/OneCare](http://caloptima.org/OneCare)

**Send Claims to:**

**Medical:** OneCare  
PO Box 11065  
Orange, CA 92856

**Pharmacy:** MediImpact Health Care Systems  
PO Box 509108  
San Diego, CA 92150-9108

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### PLAN PROFILE SHEET

|                                 |  |                                |                    |
|---------------------------------|--|--------------------------------|--------------------|
| <b>PLAN NAME</b>                | CalOptima Health OneCare   |                                |                    |
| <b>Number of Lives</b>          | 12,909   | <b>Location</b>                | CA                 |
| <b>Plan Type</b>                | <input type="checkbox"/> Commercial <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Cash Discount Card |                                |                    |
| <b>Effective Date</b>           | 01/01/2016   |                                |                    |
| <b>RX BIN</b>                   | 015574   |                                |                    |
| <b>RX PCN</b>                   | ASPROD1  |                                |                    |
| <b>RX Group</b>                 | CAT04  |                                |                    |
| <b>ID Number Format</b>         | Nine-digit alphanumeric  |                                |                    |
| <b>Person Code</b>              | Not Required   |                                |                    |
| <b>Are ID numbers changing?</b> | No   |                                |                    |
| <b>Incumbent Processor</b>      | PerformRX/Argus  |                                |                    |
| <b>Sample ID Card(s)</b>        | Attached   |                                |                    |
| <b>Retail</b>                   | Max Day Supply: 90   |                                |                    |
| <b>Member Reimbursement</b>     | <input type="checkbox"/> MediImpact <input checked="" type="checkbox"/> Plan <input type="checkbox"/> Does Not Apply   |                                |                    |
| <b>Prior Authorizations</b>     | <input checked="" type="checkbox"/> MediImpact <input type="checkbox"/> Plan <input type="checkbox"/> Does Not Apply   |                                |                    |
| <b>Date of Birth Validation</b> | Yes  | <b>Twin/Triplet Validation</b> | Patient First Name |
| <b>Prescriber Id</b>            | NPI  |                                |                    |
| <b>eCOB Method</b>              | For claims where previous payers approved: OCC 2,4<br>For claims where previous payers rejected: OCC 3   |                                |                    |

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