



10181 Scripps Gateway Court, San Diego, CA 92131

TO: Third Party/Pharmacy

FROM: Pharmacy Network Management
MedImpact Healthcare Systems

PHONE: 800-810-0554

Subject: CalOptima PACE Part D

MedImpact Healthcare Systems, Inc. will begin processing for CalOptima Health PACE Part D 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 800-810-0554.

Thank you.

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Medi**Impact**

10181 Scripps Gateway Court, San Diego, CA 92131



PACE
CalOptima Health

caloptima.org

CalOptima Health, A Public Agency

Participant Name:

Participant ID:

Effective Date:

BIN: 015574

RxPCN: ASPROD1 RxGroup: CAT05 H7501_001

PACE Center Location

13300 Garden Grove Blvd., Garden Grove, CA 92843

This person is a participant in CalOptima Health PACE. **All services must be authorized prior to being rendered.** CalOptima Health PACE is not liable for payment of any unauthorized services except in the case of a life-threatening emergency.

From 8 a.m. to 4:30 p.m., Monday through Friday, please call:

CalOptima Health PACE: 1-714-468-1100

Toll-free: 1-855-785-2584

TTY: 1-714-468-1063

After hours, please call: 1-714-468-1100

Pharmacy Help Desk: 1-800-810-0554

For life-threatening emergencies, call: 911

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PLAN PROFILE SHEET

PLAN NAME	CalOptima Health PACE Part D		
Number of Lives	60	Location	CA
Plan Type	<input type="checkbox"/> Commercial <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Cash Discount Card		
Effective Date	01/01/2016		
RX BIN	015574		
RX PCN	ASPROD1		
RX Group	CAT05		
ID Number Format	Nine-digit alphanumeric		
Person Code	Not Required		
Are ID numbers changing?	No		
Incumbent Processor	PerformRX/Argus		
Sample ID Card(s)	Attached		
Retail	Max Day Supply: 90		
Member Reimbursement	<input type="checkbox"/> MediImpact <input checked="" type="checkbox"/> Plan <input type="checkbox"/> Does Not Apply		
Prior Authorizations	<input checked="" type="checkbox"/> MediImpact <input type="checkbox"/> Plan <input type="checkbox"/> Does Not Apply		
Date of Birth Validation	Yes	Twin/Triplet Validation	Patient First Name
Prescriber Id	NPI		
eCOB Method	For claims where previous payers approved: OCC 2,4 For claims where previous payers rejected: OCC 3		

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