MedImpact

DATE: 11/09/2015

TO: Third Party/Pharmacy

FROM: Pharmacy Network Management   **PHONE:**   800-819-5480
Med**Impact** Healthcare Systems

Subject: CalOptima OneCare Connect (MMP)

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

Since you have already agreed to participate with Med**Impact**, 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 800-819-5480 on or after 1/1/2016.

Thank you.

MedImpact

10181 Scripps Gateway Court, San Diego, CA 92131

OneCare Connect

CalOptima
A Public Agency
Better. Together.

OneCare Connect Cal MediConnect
Plan (Medicare-Medicaid Plan)

MedicareRx
Prescription Drug Coverage

RxBIN: 015574
RxPCN: ASPROD1
RxGroup: CAT02

Member Name: <Cardholder Name>
Member ID: <Cardholder ID#>   **Health Plan (80840):** 7174526385
Date of Birth: <Member DOB>   **Effective Date:** <Date Card Issued>
PCP Name: <PCP Name>
PCP Phone: <PCP Phone>
Health Network: <HN Name>

H8016-001

In case of an emergency, call 911 or go to the nearest emergency
room. Please call your PCP or Personal Care Coordinator as soon
as possible.

Customer Service: 1-855-705-8823
Customer Service TDD/TTY: 1-800-735-2929

Behavioral Health: 1-800-577-4701
24-Hour Nurse Advice: 1-844-447-8441
Pharmacy Help Desk: 1-800-819-5480
Dental: 1-888-704-9838
Website: www.caloptima.org/OneCareConnect

Submit Medical Claims to: **Submit Prescription Claims to:**
CalOptima OneCare Connect   MedImpact Healthcare Systems, Inc.
PO Box 11065   PO Box 509108
Orange, CA 92856   San Diego, CA 92150-9108
Claim Inquiry: 1-714-246-8885   **Claim Inquiry:** 1-800-819-5480; 24 hrs

PLAN PROFILE SHEET

P L A N N A M E	CalOptima OneCare Connect
Number of Lives	2,372 **Location** CA
Plan Type	☐ Commercial ☐ Medicaid ☒ Medicare ☐ Cash Discount Card
Effective Date	01/01/2016
RX BIN	015574
RX PCN	ASPROD1
RX Group	CAT02
ID Number Format	9 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	☐ MedImpact ☒ Plan ☐ Does Not Apply
Prior Authorizations	☒ MedImpact ☐ Plan ☐ 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