

MedImpact

10181 Scripps Gateway Court, San Diego, CA 92131

DATE: 11/09/2015
TO: Third Party/Pharmacy
FROM: Pharmacy Network Management **PHONE:** 800-819-5532
MedImpact Healthcare Systems
Subject: CalOptima OneCare


MedImpact Healthcare Systems, Inc. will begin processing for CalOptima 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 on or after 1/1/2016.

Thank you.

 <p>OneCare (HMO SNP) CalOptima A Public Agency Better Together.</p> <p>RxBIN:015574 RxPCN: ASPROD1 RxGroup: CAT04</p> <p>[MEMBER NAME] ID: [123456789]</p> <p>MedicareRx Prescription Drug Coverage H5433, PBP001</p> <p>Verify eligibility and co-payment responsibility at 1-714-246-8540</p>	<p>Submit Medical Claims to: OneCare PO Box 11065, Orange, CA 92856 1-714-246-8885</p> <p>Submit Prescription Claims to: MedImpact Healthcare Systems, Inc. PO Box 509108 San Diego, CA 92150-9108 1-800-819-5532; 24 hrs</p> <p>Group: [MEDICAL GROUP NAME] Group Phone: 0-000-000-0000 PCP: [PCP NAME] PCP Phone: 0-000-000-0000</p> <p>OneCare Customer Service 1-877-412-2734 TDD/TTY: 1-800-735-2929</p>
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PLAN PROFILE SHEET

PLAN NAME	CalOptima OneCare		
Number of Lives	12,909	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	CAT04		
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	<input type="checkbox"/> MedImpact <input checked="" type="checkbox"/> Plan <input type="checkbox"/> Does Not Apply		
Prior Authorizations	<input checked="" type="checkbox"/> MedImpact <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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