

MedImpact

10181 Scripps Gateway Court, San Diego, CA 92131

DATE: 11/09/2015
TO: Third Party/Pharmacy
FROM: Pharmacy Network Management **PHONE:** 800-810-0554
MedImpact Healthcare Systems
Subject: CalOptima PACE Part D

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

Thank you.



www.caloptima.org

Participant Name:

Participant ID:

Effective Date:

BIN: 015574 PCN: ASPROD1 GROUP: CAT05

PACE Center Location
13300 Garden Grove Blvd., Garden Grove, CA 92843

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

From 8:00 am to 4:30 pm., Monday through Friday, please call:

CalOptima PACE: 1-714-468-1100

Toll Free: 1-855-785-2584

TDD/TTY: 1-714-468-1063

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

For life-threatening emergencies, call: 911

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PLAN PROFILE SHEET

PLAN NAME	CalOptima 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	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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