# MedImpact

**TO:** Third Party/Pharmacy

**FROM:** Pharmacy Network Management      **PHONE:**     800-807-5705
MedImpact Healthcare Systems

**Subject:** CalOptima Health PACE

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MedImpact Healthcare Systems, Inc. will begin processing for CalOptima Health PACE.

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 800-807-5705.

Thank you.

# MedImpact

## PACE
CalOptima Health

## caloptima.org
CalOptima Health, A Public Agency

Participant Name:

Participant ID:

Effective Date:

BIN: 003585

RxPCN: ASPROD1   RxGroup: CAT06   H7501_002

### 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**

# MedImpact

## PLAN PROFILE SHEET

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|---|---|
| **PLAN NAME** | CalOptima Health PACE |
| **Number of Lives** | 50 **Location** CA |
| **Plan Type** | ☒ Commercial ☐ Medicaid ☐ Medicare ☐ Cash Discount Card |
| **Effective Date** | 01/01/2016 |
| **RX BIN** | 003585 |
| **RX PCN** | ASPROD1 |
| **RX Group** | CAT06 |
| **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** | ☐ 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<br>For claims where previous payers rejected: OCC 3 |