



DATE: 12/27/24
TO: Third Party/Pharmacy
FROM: Pharmacy Network Management
MedImpact Healthcare Systems
PHONE: 1-800-819-5532
Subject: CalOptima

MedImpact Healthcare Systems, Inc. will begin processing for **CalOptima's new plan, OneCare Flex Plus**, as of **01/01/2025**.

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 1-800-819-5532 on or after 01/01/2025.

Thank you.



PLAN PROFILE SHEET

PLAN NAME	CalOptima OneCare Flex Plus		
Number of Lives	CAT07 –1,000	Location:	Orange County, California
Plan Type	<input type="checkbox"/> Commercial Card <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Cash Discount		
Effective Date	01/01/2025		
RX BIN	015574		
RX PCN	ASPROD1		
RX Group	CAT07		
Person Code	Not Required		
Incumbent Processor	MedImpact Healthcare Systems, Inc.		
Sample ID Card(s)	Attached		
Retail	Max Day Supply: 100		
Mail Order	Max Day Supply: N/A		
Choice90	Max Day Supply: 100		
Member Reimbursement	<input type="checkbox"/> MedImpact <input checked="" type="checkbox"/> Plan <input type="checkbox"/> Does Not Apply		
Prior Authorizations	<input type="checkbox"/> MedImpact <input checked="" 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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	OneCare CalOptima Health	MedicareRx Prescription Drug Coverage
CalOptima Health OneCare Flex Plus (HMO D-SNP), a Medicare Medi-Cal Plan CalOptima Health, A Public Agency		
Member Name: <Cardholder Name>	RxBIN: 015574	
Member ID: <Cardholder ID#>	RxPCN: ASPROD1	
Personal Care Coordinator Phone: <CC Phone>	RxGroup: CAT07	
Health Network: <HN Name>		
Health Network Phone: <HN Phone>		
PCP Group/Name: <PCP Name>		
PCP Phone: <PCP Phone>		
H5433-003		

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