

DATE: 12/27/24

TO: Third Party/Pharmacy

FROM: Pharmacy Network Management **PHONE:**

MedImpact Healthcare Systems

Subject: CalOptima

MedImpact Healthcare Systems, Inc. will begin processing for CalOptima OneCare Complete, as of 01/01/2025.

1-800-819-5532

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 Complete			
Number of Lives	CAT04 –17,058	Ora	cation: ange County, lifornia	
Plan Type	☐ Commercial Card	☐ Medic	aid 🛚 Medi	care Cash Discount
Effective Date	01/01/2025			
RX BIN	015574			
RX PCN	ASPROD1			
RX Group	CAT04			
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	☐ MedImpact	⊠ Plan	☐ Does No	ot Apply
Prior Authorizations	☐ MedImpact	⊠ Plan	☐ Does No	t Apply
Date of Birth Validation	Yes 1	「win/Triple	t 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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