



**To:** IEHP Dual Choice Pharmacy Providers  
**From:** IEHP Pharmaceutical Services Department  
**Date:** December 2022  
**Subject:** **PBM Change & Prior Authorization Submission Method – for DualChoice (HMO D-SNP) Members (Effective January 1, 2023)**

Starting on January 1, 2023, pharmacy claims for IEHP DualChoice (HMO D-SNP) members will **not** process through the current pharmacy benefit manager (PBM), SS&C. IEHP will be partnering with MedImpact as the new PBM. This change **DOES NOT** apply to IEHP Medi-Cal Members.

The following is a summary on how claims should be processed:

IEHP Plan	Claim Date of Service	Pharmacy Benefit Manager	Processing Information	Type of Drug
IEHP DualChoice	On or BEFORE 12/31/2022	SS&C	RxBin: 012353 RxPCN: 04110000 RxGroup: CMCMD	Part D, OTC and select non-part D drugs
IEHP DualChoice	On or AFTER 1/1/2023	MedImpact	RxBin: 015574 RxPCN: ASPROD1 RxGroup: IEH01	Part D
IEHP DualChoice	On or AFTER 1/1/2023	Magellan	RxBin: 022659 RxPCN: 6334225 RxGroup: MEDICALRX	OTC and select non-part D drugs

As a reminder, when a drug is needing a prior authorization, please encourage prescribers to use one of the options below when submitting:

- Sign up link to CoverMyMeds portal: <https://account.covermymeds.com/signup>
- CoverMyMeds vendor and support: 1-866-452-5017

If you have any additional questions on billing claims, please:

- Contact SS&C at 1-888-635-8361
- Contact MedImpact at 1-888-495-3147
- Contact Medi-Cal Rx Customer Service at 1-800-977-2273

Sincerely,  
IEHP Pharmaceutical Services