

To: IEHP DualChoice Pharmacy Providers
From: IEHP Pharmaceutical Services Department
Date: January 2, 2023
Subject: **DualChoice (HMO D-SNP): PBM Update & Medicare Part B Coinsurance**

Starting on January 1, 2023, below are changes for IEHP **DualChoice (HMO D-SNP)** Members. (These changes **DO NOT** apply to IEHP Medi-Cal Members.)

1. The Pharmacy claims should process through the new pharmacy benefit manager (PBM), MedImpact.
2. With the transition from Cal MediConnect (CMC) to Medi-Cal Rx and IEHP DualChoice (HMO D-SNP), Medi-Cal Rx now covers the Part B coinsurance as the secondary payor.

The following is a summary on how claims should be processed for IEHP **DualChoice (HMO D-SNP)** Members:

Claim Date of Service	PBM	Processing Information	Type of Drug and/or Product
On or BEFORE 12/31/2022	SS&C	RxBin: 012353 RxPCN: 04110000 RxGroup: CMCMD	Part D, OTC and select non-part D drugs
On or AFTER 1/1/2023	MedImpact	RxBin: 015574 RxPCN: ASPROD1 RxGroup: IEH01	Part D <u>prescription</u> drugs
	Magellan	RxBin: 022659 RxPCN: 6334225 RxGroup: MEDICALRX	Non-part D drugs, including <u>OTC</u>
		Enter " 44444 " in the Other Payer ID field (NCPDP Field ID: 340-7C)	Part B coinsurance on drugs and supplies (i.e. transplant drugs, test strips, lancets, nebulizer solution, etc.)

As a reminder, when a drug is needing a prior authorization, please encourage prescribers to:

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