



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

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Below is how **Medicare Part B Benefit (Coordination of Benefit)** should be processed for **IEHP DualChoice (HMO D-SNP) Members**:

<b>Benefit Type</b>	<b>Steps for Processing</b>
<b>Part B Drug Benefit</b> (i.e. transplant drugs, test strips, lancets, nebulizer solution, etc.)	<b>1. Primary: IEHP</b> <b>2. Secondary (Coinsurance): Medi-Cal Rx</b> Enter “444444” in the <b>Other Payer ID field</b> (NCPDP Field ID: 340-7C)

<b>Primary: IEHP (MedImpact)</b>	<b>Secondary: Medi-Cal Rx</b>
RxBin: <b>015574</b> RxPCN: <b>ASPROD1</b> RxGroup: <b>IEH01</b>	RxBin: <b>022659</b> RxPCN: <b>6334225</b> RxGroup: <b>MEDICALRX</b>

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

- Contact Medimpact at 1-888-495-3147
- Contact Medi-Cal Rx Customer Service at 1-800-977-2273

Sincerely,  
IEHP Pharmaceutical Services