



Health Net®

COMMUNITY SOLUTIONS

PHARMACY UPDATE

October 26, 2016

UPDATE #16-014

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This update applies to:

State:

California

Line of business:

Medi-Cal

**PHARMACY
INQUIRIES ONLY:**

**Caremark
Claims Processing**

Medi-Cal

1-800-600-0180

*For optimal service,
this telephone number
is for pharmacy use
only.

MEMBER INQUIRIES:

Refer all member
inquiries to the
Customer Service
1-800-675-6110.

Health Net Medi-Cal Claims Processing Migrates from MedImpact to CVS Caremark effective November 1

Effective November 1, 2016, Health Net Medi-Cal members assigned to the Brand New Day health plan in Los Angeles County will have their pharmacy claims processed through Health Net and CVS Caremark.

Current members will receive new ID cards. If your pharmacy experiences rejects, ensure that you are using the ID number as printed on the member's ID card.

What this means to you:

- Always submit claims with the member ID number and insurance information shown on the member's ID card.
- If a claim rejects, ensure that you are using the information as printed on the member's ID card. See illustrations below.

Claims Processor Information:

- The BIN and PCN for Medi-Cal claims:
 - RxBIN is 004336
 - RxPCN is HNMC

Additional Information:

- If you experience difficulties call the Caremark Pharmacy Help Desk at 1-800-600-0180.
- If you have questions regarding the information contained in this update call Health Net Pharmacy Services at 1-800-867-6564.
- For eligibility questions call Health Net at 1-800-675-6110.
- For prior authorization requests call Health Net Pharmacy Services at 1-800-867-6564.
- The Health Net Medi-Cal formulary is available on the Health Net provider website at <https://www.healthnet.com/portal/provider/home.ndo>.

The information below will help you set up patient profiles for Health Net Medi-Cal members.

Confidentiality Note for Fax Transmission: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments.

RXBIN	For all claims use the Caremark RxBIN 004336.
Member ID cards	<p>Members may have an ID card that shows the provider assignment as Brand New Day, and claims processing information for MedImpact. Use the pharmacy claims processing information for CVS Caremark instead of MedImpact starting November 1, 2016. If a member does not have an ID card, call Health Net at 1-800-675-6110 to verify member eligibility.</p> <p>OLD ID CARD</p> <div data-bbox="448 466 1247 987" style="border: 1px solid black; padding: 10px;"> <p>Health Net California Medi-Cal</p> <p style="text-align: right;"> Health Net COMMUNITY SOLUTIONS</p> <hr/> <p>Name: [FIRST MI LAST NAME] Issue Date: [MM/DD/YY] CIN: [XXXXXXXXXX] Enrollment Date: [MM/DD/YY]</p> <p>You have selected the following medical group. In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by: [PPG NAME] PCP Name: [FIRST MI LAST NAME] PCP Address: [STREET ADDRESS] [CITY STATE ZIP + 4] PCP PHONE: [X-XXX-XXX-XXXX] Effective date with PCP: [MM/DD/YY] Office Copay: \$0</p> <hr/> <p>Rx BIN 003585 Rx PCN 'ASPROD1' MedImpact RxGRP 'UNV04' HPC 352</p> <p style="text-align: right;">brand new day Health Maintenance Organization Special Needs Plan</p> </div> <p>NEW ID CARD</p> <div data-bbox="448 1087 1276 1587" style="border: 1px solid black; padding: 10px;"> <p>Health Net California Medi-Cal</p> <p style="text-align: right;"> Health Net COMMUNITY SOLUTIONS</p> <hr/> <p>Name: [FIRST MI LAST NAME] Issue Date: [MM/DD/YY] CIN: [XXXXXXXXXX] Enrollment Date: [MM/DD/YY]</p> <p>You have selected the following medical group. In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by: [PPG NAME] PCP Name: [FIRST MI LAST NAME] PCP Address: [STREET ADDRESS] [CITY STATE ZIP + 4] PCP PHONE: [X-XXX-XXX-XXXX] Effective date with PCP: [MM/DD/YY] Office Copay: \$0</p> <hr/> <p>Rx BIN 004336 Rx PCN 'HNMC' CVS Caremark HPC 352</p> </div>
Quantity and copayments	Up to a 30-day supply is covered. Members do not have pharmacy copays.
Prior authorization (PA)	Certain medications will require PA by the prescriber. A reject message will be received for these medications. Call Health Net Pharmacy Services at 1-800-867-6564 to inquire about the status of a PA.