

December 1, 2008

IMPORTANT ANNOUNCEMENT
Please Read Carefully - Keep This Letter for Your Records

New Pharmacy Benefits Manager (PBM) for
Health Plan of San Mateo (HPSM) Members and San Mateo ACE Participants
Beginning **January 1, 2009**

Dear Pharmacy Providers,

We wish to announce that beginning **January 1, 2009**, HPSM will employ a new PBM – **InformedRx (IRX)** – to process pharmacy claims. This letter contains details of helpful information to assist you through this PBM transition, and other information on operational changes for 2009 and beyond.

InformedRx (IRX) will start accepting online pharmacy claims beginning **January 1, 2009** for all HPSM members - CareAdvantage, HPSM-Medi-Cal, Healthy Families, Healthy Kids, HealthWorx and San Mateo ACE participants. Please be sure to program into your system the new processing information for IRX before the year is over.

PCN# = IRX, Group = 090002, BIN# = 610011

If you encounter claim submission related problems in 2009, please do not hesitate to contact IRX Pharmacy Call Center at **866-441-2422**.

It is important to know that IRX will **NOT** process pharmacy claim transactions that occurred in 2008. Claims from 2008 should be submitted online to the current PBM – **MedImpact**. Please note the processing information for MedImpact is: PCN = 11220, Carrier = 11220, BIN = 003585. MedImpact's pharmacy help desk at **800-788-2949** is available to handle claim inquiries from 2008.

With regard to information on the formularies for 2009, the drug lists of 2009 remain essentially the same as 2008 for all three formularies – **CareAdvantage Formulary, HPSM-Medi-Cal Formulary and the ACE Formulary**. New formulary changes in 2009 will be updated as changes are made. We remind you that our formularies and recent updates are posted on our plan website, www.hpsm.org. The CareAdvantage and HPSM-Medi-Cal formularies are also available for free download at www.epocrates.com. To speak with a HPSM clinical pharmacist about formulary and prior authorization questions, please call the HPSM pharmacy help line at **650-616-2088**, or email to pharmacyunit@hpsm.org.



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Another important change is that the **Prior Authorization (PA)** process for medications and **Part D Formulary Exceptions (FE)** process will be administered by HPSM Pharmacy Services in 2009. To submit a request, please complete a **Medication Request Form (MRF)** and fax to **650-829-2045**. New and retroactive requests should be submitted to HPSM. Please do NOT submit PA and FE to MedImpact **after December 31, 2008**. The new MRF form is available at www.hpsm.org. For PA and FE related questions, please call **650-616-2088**.

Attached is a handy quick reference guide filled with new contact numbers, and other useful information to assist you through this transition. As always, HPSM appreciates you providing pharmacy needs to all our members.

Thank you and Happy Holidays!

HPSM Pharmacy Services

Pharmacy Quick Reference Guide
Effective January 1, 2009

The information in this table applies to all HPSM members – CareAdvantage, HPSM-Medi-Cal, Healthy Families, Healthy Kids, HealthWorx, and SM ACE Participants.

Services	Contact Information
InformedRx (IRX) (2009 claims only)	For online claim submission in 2009 and beyond, please program the following processing information: Group: 090002 PCN: IRX BIN: 610011 For claim problems and inquiries, phone number: 866-441-2422 For manual claim submission, InformedRx Attn: Manual Claims 9343 Tech Center Drive, Suite 200 Sacramento, CA 95826
MedImpact (2008 claims only)	For online claim submission in 2008, please use Group = 11220; PCN = 11220; -BIN = 003585 For claims problems and inquiries, phone number: 800-788-2949 For manual claim submission, MedImpact Attn: Manual Claims 10680 Treena Street San Diego, CA 92131
Other Claims Processing Information Regarding IRX System Utilization Management (UM) Edits - Code 1 Restriction - Step Therapy - Quantity Limit	<ul style="list-style-type: none"> ▪ To override a Code 1 restriction, confirm with MD that Code 1 criteria are met, document on prescription, and then enter appropriate type code to override system (“000000000008’ or “01” depending on pharmacy). ▪ To comply with drugs with Step Therapy requirement, please use recommended Step 1 agents shown on POS message. ▪ For drugs with quantity limits (QL), a PA or formulary exception is required if the QL is exceeded.
HPSM Pharmacy Services	For Formulary and Prior Authorizations (PA) questions, phone number: 650-616-2088 (Email: pharmacyunit@hpsm.org) For PA submission (new or retro requests), fax to: 650-829-2045 Websites: www.hpsm.org , www.epocrates.com (for formulary info, MRF form)
HPSM Grievance and Appeals	For submission of an appeal or a Redetermination after a denied PA or a Part D PA adverse determination, fax to: 650-829-2002 (attn: Appeals Coordinator)
HPSM Medi-Cal, Healthy Kids, Healthy Families, HealthWorx and ACE (Eligibility)	For member eligibility issues, phone number: 800-750-4776 (for member use only) - Do <u>not</u> call for CareAdvantage eligibility For HPSM Automated Telephone Service (ATEVS) 24hrs, phone number: 800-696-4776 (for provider use)
HPSM CareAdvantage (Eligibility)	For CareAdvantage member eligibility issues, phone number: 866-880-0606 (for member use only) For HPSM Automated Telephone Service (ATEVS) 24hrs, phone number: 800-696-4776 (for provider use)