



A Public Entity

Inland Empire Health Plan

# PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

April 1, 2020

## IMPORTANT NOTICE: Group ID Requirement on Submission of All Medicare Prescription Claims

Dear IEHP Pharmacy Provider,

Effective **April 1, 2020**, Group ID “CMCMD” is required on all claims submitted (both new and refill claims) for IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) Members. Pharmacies will receive **reject responses** on any claim NOT submitted with the new Group ID starting **April 1, 2020**.

### Action Required:

When processing claims, please provide the following information for each claim submitted:

<b>Rx BIN:</b>	<b>012353</b>
<b>Rx PCN:</b>	<b>04110000</b>
<b>Rx GROUP:</b>	<b>CMCMD</b>
<b>Cardholder ID:</b>	<b>As printed on the card</b>

An example of the newly printed insurance card with the Group ID included is provided below:



**Highlighted section will be populated with “CMCMD” on all IEHP DualChoice cards. Please make sure the new Group ID is submitted on all prescription claims for IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) Members.**

For assistance processing claims, please contact the DST Pharmacy Solutions Help Desk at 1-888-635-8361, available 24 hours a day and 7 days a week.

Thank you for your attention to this matter.

Sincerely,  
IEHP Pharmaceutical Services

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