**IMPORTANT INFORMATION REGARDING**

*Kaiser Permanente Processing Information*

**Effective 01/01/2016**

Catamaran, an Optum Rx Company would like to provide some helpful information for processing claims for Kaiser Permanente members in 2016:

Point-of-Service Processing Issues contact the Technical Help Desk

- **Northern California**: 877-645-1282
- **Southern California**: 888-791-7213
- **Colorado**: 888-791-7255
- **Georgia**: 888-277-3914
- **Hawaii**: 888-277-3917
- **Mid-Atlantic**: 888-791-7229
- **Northwest**: 877-791-7245

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<thead>
<tr>
<th>BIN</th>
<th>Processor Control # Field 104-A4</th>
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| Northern California | 011842  
   Kaiser Northern California CMS Medicare Part D – Position 1–5 NCCMS          |
| Southern California | 011172  
   Kaiser Southern California CMS Medicare Part D – Position 1–5 SCCMS          |
| Colorado     | 011255  
   - Kaiser Colorado (Denver / Boulder) CMS Medicare Part D – Position 1–5 COCMSS  
   - Kaiser Colorado (Southern Colorado CMS Medicare Part D – Position 1-6 COCMSS  
   - Kaiser Colorado (Northern Colorado) CMS Medicare Part D – Position 1-6 COCMMSN |
| Georgia      | 011222  
   Kaiser Georgia CMS Medicare Part D – Position 1-5 GACMS          |
| Hawaii       | 011214  
   Kaiser Hawaii CMS Medicare Part D – Position 1-5 HICMS          |
| MidAtlantic  | 011859  
   Kaiser Mid-Atlantic CMS Medicare Part D – Position 1–5 MACMS          |
| Northwest    | 011230  
   Kaiser Northwest CMS Medicare Part D – Position 1–5 NWCMS          |

Payer sheets can be found on the Catamaran website at [www.catamaranrx.com/pharmacies](http://www.catamaranrx.com/pharmacies) under Pharmacy information.
- **Patient Residence Code, Field 384-4X**: A required field for correct reimbursement based on the patient’s residence. For all Medicare Part D claims, submit valid values as defined by CMS. Home Infusion claims require a Patient Residence Code "01" (home). Medicare Part D claims require Patient Residence Code "03" (nursing facility/LTC) when sent from pharmacies that are dispensing to Long Term Care Facilities.

- **Prescriber ID Qualifier, Field 466–EZ and Prescriber ID, Field 411-DB**: Medicare Part D claims must contain an active and valid Type I NPI prescriber ID. Medicare Part D claims for controlled substances must be associated with an active and valid DEA number and be within the prescriber’s prescriptive authority.

- **Pharmacy Service Type, Field 147-U7**: The type of services being performed by the pharmacy. For all Medicare Part D claims, submit valid values as defined by CMS.

- **Other Coverage Code, Field 308-C8**: For Other Coverage Code, the Other Payer Information is required to be present in the COB/Other Payments segment. Payer accepts 0-4.

- **DUR Edits**: Payer has edits to ensure dosage accuracy and to promote patient safety and prevent overutilization. Some of these edits may be overridden by the pharmacy at the Point of Sale. Contact the Pharmacy Technical Help Desk for assistance with entering overrides.

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**TO REDUCE PROCESSING ERRORS, PLEASE CONFIRM THE INFORMATION ON MEMBER’S ID CARD PRIOR TO SUBMITTING PRESCRIPTION CLAIMS.**

Should you have any questions or require assistance, please contact the Catamaran/OptumRx Help Desk, 24 hours a day, 7 days a week:

**Help Desk phone numbers:**

For questions regarding this communication or other pharmacy related claims processing issues call:
Provider Relations (877)-633-4701 or e-mail provider.relations@optum.com

**Thank you for your continued support. Please distribute immediately.**