IMPORTANT INFORMATION REGARDING
Emergency Network Addition to fill for Kaiser Permanente Members due to Southern California Fires

Kaiser Permanente – Southern California Region Medicare Part-D (MMA)

- PBM = OptumRx
- BIN = 011172
- PCN = SCCMS
- Group = SC
- Cardholder ID # = 12 digits with leading zeroes

Due to the current wildfires in Southern California - Ventura, Los Angeles and surrounding counties, Kaiser Permanente has implemented a temporary emergency pharmacy addition allowing the following chains to fill for Kaiser Medicare Part-D members between 12/05/2017 and 01/04/2018.

- Walgreens
- CVS
- Ralphs
- Walmart
- Rite Aid

The attached form is provided for pharmacists to submit a transfer request of prescriptions for impacted members.

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 OptumRx Help Desk:
Pharmacy Help Desk: (877) 645-1282
(24 hours a day, 7 days a week)

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

Please distribute immediately.
Retail Pharmacies: To transfer Kaiser Permanente prescriptions, we encourage FAX requests using this template and FAXING to the appropriate number listed below according to Service Area.

**TRANSFER REQUEST: Kaiser Permanente Prescriptions to a Retail Pharmacy**

**FAX Coversheet**

<table>
<thead>
<tr>
<th>Retail Pharmacy:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Pharmacist:</td>
<td>DEA:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KP Pharmacy FAX #:**

<table>
<thead>
<tr>
<th>Service Area:</th>
<th>Fax Number</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>West LA</td>
<td>866-558-5098</td>
<td>855-287-9464</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>866-558-5098</td>
<td>855-253-6018</td>
</tr>
<tr>
<td>Woodland Hills</td>
<td>866-287-0806</td>
<td>866-391-2710</td>
</tr>
<tr>
<td>Panorama City</td>
<td>866-445-7145</td>
<td>866-362-4939</td>
</tr>
</tbody>
</table>

**Note:** For current Kaiser members: Rx(s) w/o refill(s) or expired: refill request(s) will be sent to member’s prescriber. Please allow up to 72 business hours for office to call any approvals to your pharmacy at the above contact information.

**WARNING:** This fax contains CONFIDENTIAL MEDICAL INFORMATION. The medical information in this FAX message is confidential and privileged. It is unlawful for unauthorized persons to review, copy, disclose, or disseminate confidential medical information. If the reader of this warning is not the intended FAX recipient or the intended recipient’s agent, you are hereby notified that you have received this FAX message in error and that review or further disclosure of the information contained herein is strictly prohibited. If you received the FAX in error, please notify us immediately by telephone or return the original message to us by mail or FAX.