

# MedImpact

10181 Scripps Gateway Court, San Diego, CA 92131

**DATE:** 11/18/2016  
**TO:** Third Party/Pharmacy  
**FROM:** Pharmacy Network Management      **PHONE:** 844-542-9126  
MedImpact Healthcare Systems  
**Subject: Mohawk Fine Papers, Inc.**

---

MedImpact Healthcare Systems, Inc. will begin processing for Mohawk Fine Papers, Inc. as of 1/1/2017.



Since you have already agreed to participate with MedImpact, there will be no information for you to return. Enclosed please find the following information to assist you in processing claims:

---

- Sample ID Card(s)
- Profile Sheet

If you have any questions, please feel free to contact our Pharmacy Help Desk at 844-542-9126 on or after 1/1/2017.

Thank you.

|   |           |   |                   |
|---|-----------|---|-------------------|
|  |           |  |                   |
| <hr/>   |           |   |                   |
| RxBIN   | 003585    | Issued  |                   |
| RePCN   | ASPROD1   | 11/14/16  |                   |
| RxGrp   | MFP01     |   |                   |
| Issuer (80840)  |           |   |                   |
| ID  | 123456789 |   |                   |
| <b>SAMMY SAMPLE</b>   |           |   |                   |
| SAMMY S   | 00        | SAMANTHA  | 01    SUSIE    02 |
| SEAN  | 03        |   |                   |
| <small>Administered by MedImpact Healthcare Systems, Inc.</small>                   |           |   |                   |

|  |                |
|--|----------------|
| This membership card is for identification purposes only.<br>It does not confirm eligibility.                                |                |
| Help Desk:   | (844) 542-9126 |
| Submit Claims to:<br>MedImpact Healthcare Systems, Inc.<br>P.O. Box 509098<br>San Diego, CA 92150-9098<br>Fax (858) 549-1569 |                |

**Proprietary and Confidential**

The contents of this document are confidential and proprietary to MedImpact and may not be reproduced, transmitted, published, or disclosed to others without prior authorization.



10181 Scripps Gateway Court, San Diego, CA 92131

PLAN PROFILE SHEET

|                                 |  |                                |                    |
|---------------------------------|--|--------------------------------|--------------------|
| <b>PLAN NAME</b>                | Mohawk Fine Papers, Inc.   |                                |                    |
| <b>Number of Lives</b>          | 1,500  | <b>Location</b>                | NY                 |
| <b>Plan Type</b>                | <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Cash Discount Card |                                |                    |
| <b>Effective Date</b>           | 01/01/2017   |                                |                    |
| <b>RX BIN</b>                   | 003585   |                                |                    |
| <b>RX PCN</b>                   | ASPROD1  |                                |                    |
| <b>RX Group</b>                 | MFP01  |                                |                    |
| <b>ID Number Format</b>         | 8-digit numeric  |                                |                    |
| <b>Person Code</b>              | Not Required   |                                |                    |
| <b>Are ID numbers changing?</b> | No   |                                |                    |
| <b>Incumbent Processor</b>      | Optum Rx   |                                |                    |
| <b>Sample ID Card(s)</b>        | Attached   |                                |                    |
| <b>Retail</b>                   | Max Day Supply: 83   |                                |                    |
| <b>Mail Order</b>               | Max Day Supply: 90   |                                |                    |
| <b>Choice90</b>                 | Max Day Supply: 90   |                                |                    |
| <b>Member Reimbursement</b>     | <input checked="" type="checkbox"/> MediImpact <input type="checkbox"/> Plan <input type="checkbox"/> Does Not Apply   |                                |                    |
| <b>Prior Authorizations</b>     | <input checked="" type="checkbox"/> MediImpact <input type="checkbox"/> Plan <input type="checkbox"/> Does Not Apply   |                                |                    |
| <b>Date of Birth Validation</b> | Yes  | <b>Twin/Triplet Validation</b> | Patient First Name |
| <b>Prescriber Id</b>            | NPI  |                                |                    |
| <b>eCOB Method</b>              | For claims where previous payers approved: OCC 2 or 4<br>For claims where previous payers rejected: OCC 3  |                                |                    |

Proprietary and Confidential

The contents of this document are confidential and proprietary to MediImpact and may not be reproduced, transmitted, published, or disclosed to others without prior authorization.