



## INFORMATIONAL LETTER NO. 2388-MC-FFS

**DATE:** October 17, 2022

**TO:** Iowa Medicaid Pharmacies

**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS)

**FROM:** Iowa Department of Health and Human Services (DHHS), Iowa Medicaid

**RE:** October 2022 Pharmacy Billing Reference

**EFFECTIVE:** Upon Receipt

\*\*\*\*This informational letter (IL) replaces IL 2228-MC-FFS.\*\*\*\*

Pharmacy claims for Iowa Medicaid members should be billed to the appropriate entity. Medicaid FFS member claims should be submitted to Iowa Medicaid. Claims for members enrolled with a managed care organization (MCO) should be billed to the appropriate MCO or their corresponding pharmacy benefit manager (PBM) to which a member is assigned.

An updated FFS and MCO pharmacy billing reference sheet follows, including current and historical billing information. Note the changes to PBMs for both Iowa Total Care and Amerigroup with effective dates. Please contact the appropriate entity with any questions.

FFS Pharmacy Billing Reference				
Plan/Group	Processor	BIN	PCN	Effective Date Range
Iowa Medicaid	IME POS Unit (CHC)	011933	IAPOP	04/06/2020 – current
Iowa Medicaid	IME POS Unit (GHS)	011933	IAPOP	06/25/2005 – 04/05/2020

Current MCO Pharmacy Billing Reference					
MCO Plan	PBM	BIN	PCN	RxGRP	Effective Date Range
Amerigroup Iowa, Inc.	CarelonRx	020107	FM	WKYA	01/01/2023 forward
Amerigroup Iowa, Inc.	IngenioRx	020107	FM	WKYA	10/01/2019 – 12/31/2022
Amerigroup Iowa, Inc.	Express Scripts	003858	MA	WKYA	04/01/2016 – 09/30/2019
Iowa Total Care	CVS	004336	MCAIDADV	RX5477	09/01/2022 – current
Iowa Total Care	Envolve Pharmacy Solutions	004336	MCAIDADV	RX5477	07/01/2021 – 08/31/2022
Iowa Total Care	Envolve Pharmacy Solutions	020545	RXA377	RXGMIA01	07/01/2019 – 06/30/2021

<b>Historical MCO Pharmacy Billing Reference</b>					
<b>MCO Plan</b>	<b>PBM</b>	<b>BIN</b>	<b>PCN</b>	<b>RxGRP</b>	<b>Effective Date Range</b>
AmeriHealth Caritas Iowa, Inc.	Perform Rx	600428	07390000	N/A	04/01/2016 – 12/01/2017
UnitedHealthcare Plan of the River Valley, Inc.	Optum Rx	610494	4401	ACUIA	12/01/2018 – 07/01/2019
UnitedHealthcare Plan of the River Valley, Inc.	Optum Rx	610494	4444	ACUIA	04/01/2016 – 11/30/2018