

## Iowa Medicaid 340B Rebate Validation Request

To request a review of Iowa Medicaid Drug Rebate invoicing of claims based on a Covered Entity's (CE) NPI, please verify that the CE followed the billing processes for 340B drugs in accordance with Iowa Medicaid instructions as referenced in the Prescribed Drugs Provider Manual, Payer Sheet(s) and all Informational Letters to providers relative to 340B for the time period of inquiry.

If processes were not followed, claims would have been included for rebate invoicing. There is no need to submit this form.

If processes were followed, please complete this form and submit as indicated below.

**Please Note: CE NPI is required to be listed on the quarterly Medicaid Exclusion Files for the range of quarters requested.**

Name of CE: \_\_\_\_\_

Address of CE: \_\_\_\_\_

NPI of CE: \_\_\_\_\_

CE Contact Name: \_\_\_\_\_

CE Email: \_\_\_\_\_

CE Phone #: \_\_\_\_\_

Time Period of Inquiry: \_\_\_\_\_

Verified CE NPI listed on HRSA Medicaid Exclusion File for inquiry time period and claims were submitted with the required codes:  Yes

Submit completed form to [PBA\\_iarebate@changehealthcare.com](mailto:PBA_iarebate@changehealthcare.com)

**Once completed form is received allow 60 days for review. If additional information is required by Iowa Medicaid Drug Rebate the CE will be contacted.**