



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

## INFORMATIONAL LETTER NO. 392

**To:** Iowa Medicaid Participating Providers  
**From:** Iowa Department of Human Services  
**Date:** November 8, 2004  
**Subject:** **Provider Fax Number Request**

House File 619, enacted by the 80<sup>th</sup> Iowa General Assembly, mandates the Iowa Department of Human Services (DHS) establish and implement a Preferred Drug List (PDL) under the Iowa Medicaid Program. **The PDL will be implemented on January 15, 2005.**

Beginning January 15, 2005, all prior authorizations will be requested by the prescriber via fax only. The Iowa Medicaid Drug Prior Authorization Unit will fax-back the decision on the prior authorization to both the prescriber and the pharmacy. These decisions will be given to providers by fax only. In order to expedite this process, we need to have your current and correct fax information. This information will be used to establish a database of all fax numbers for Iowa Medicaid Providers.

Please carefully review, complete, and return the attached **Fax Confidentiality Certificate** by December 15, 2004. The completed form can either be sent via fax to (515) 222-2432 or by mail to :

IME Pharmacy Services  
C/O Iowa Foundation for Medical Care  
6000 Westown Parkway  
West Des Moines, Iowa 50266

Contact Sandy Pranger at [spranger@ghsinc.com](mailto:spranger@ghsinc.com) or (515) 267- 6233 if you have any questions regarding this process.

## Fax Confidentiality Certificate

The fax operation is designed to send information to the fax number as assigned to the requested provider/business.

It is also understood that Protected Health Information (PHI) is considered confidential and is thus protected from public view or from view of those individuals who are not directly related to patient/member care. This certificate is designed to :

1. Verify that the fax request is going to an intended provider/business.
2. Verify that methods are in place to protect PHI at the receiving end of the fax.
3. Standardize our service with respect to fax utilities.

Responsibilities as a fax provider/business of PHI are:

1. Protect faxed PHI from public view
2. Protect faxed PHI from view of those who are not directly related to patient/member care or transactions associated with patient/member care.
3. Notify the Iowa Medicaid Drug Prior Authorization Unit within 24 (twenty-four) hours of a fax number change.
4. Have available a properly operating and well maintained fax machine in a secure area.

In addition to the party signing below, the Iowa Medicaid Drug Prior Authorization Unit also agrees to abide by the responsibilities outlined within this confidentiality statement.

This certificate is valid until either party withdraws it in writing. *Please fill out the following information, sign and fax to (515) 222-2432 attention Sandy Pranger.* This signed statement will be filed on-site at the Iowa Medicaid Drug Prior Authorization Unit and is considered an element of verification of privacy and fax policy.

**Iowa Medicaid Provider Number:**

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**Provider/Group Name:**

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**Organization/Department:**

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**FAX Number:**

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**NABP Number (Pharmacies only):**

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**Address:**

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**City:**

**State**

**Zip**

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**Phone Number:**

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**Contact Name:**

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**Signature:**

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**Date:**

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**Sandy Pranger R.Ph.  
Clinical Pharmacy Manager  
IME Medical Pharmacy Services  
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(515)-267-6233  
Fax (515)-222-2432**