



INFORMATIONAL LETTER NO. 617

To: Iowa Medicaid Pharmacy Providers
From: Iowa Department of Human Services, Iowa Medicaid Enterprise
Date: May 30, 2007
Subject: Addendum to Informational Letter No. 543: Ending of "Pay and Chase"
Effective Date: June 1, 2007

****This Informational Letter is an addendum to Informational Letter 543 regarding the ending of "Pay and Chase. Iowa Medicaid Enterprise will continue to "Pay and Chase" for children under age 21 and pregnant women beginning June 1, 2007. ****

The Iowa Medicaid Enterprise eliminated the procedure of paying pharmacy claims and billing the primary insurance company on behalf of the members (pay and chase) effective January 16, 2007.

For children under age 21, pharmacy claims may again be processed through Iowa Medicaid Pharmacy Point of Sale System as the primary insurer beginning June 1, 2007.

For members who are pregnant and are in need of prescription medications, pharmacies should bill claims through the Pharmacy Point of Sale System with Iowa Medicaid as the primary insurer and then enter a "2" in the medical certification field (NCPDP field 461-EU) and a "4" in the Prior Authorization Number Submitted (NCPDP field 462-EV) resulting in a \$0.00 co-pay.

The Department makes every attempt to keep current data regarding other insurance Medicaid members may have. However if the primary insurance is no longer valid or has changed, the Department's records need to be corrected. The information can be transmitted to the Department in one of three ways:

1. Instruct the client to notify the Department.
2. The pharmacy may complete the Supplemental Insurance Questionnaire (470-2826) available on the IME website (www.ime.state.ia.us), under Providers/Forms. After this form is filled out, please FAX it to Revenue Collections at (515) 725-1352.
3. The pharmacy may notify the Department by emailing Revcol@dhs.state.ia.us or by calling 515-725-1006 (local) or 1-866-810-1206. The minimum necessary information that insurance carriers require, in order to verify the other insurance is the following: Last Name; First Name; State ID number or Social Security Number; Date of Birth; Full Insurance Company Name (for example, if it's Blue Cross/Blue Shield, they need to know which State the policy is from, as most every State has a BC/BS carrier - in Iowa it's Wellmark) and Policy Number.

If you have any questions regarding this issue, please call the IME Pharmacy POS Helpdesk at 515-725-1107 (local) or 1-877-463-7671. Also, please watch our website, www.iowamedicaidpos.com, for frequently asked questions (FAQ).