

## Iowa Medicaid Enterprise

### **A. Point-of-Sale (POS) Changes**

Please see the Iowa Medicaid Enterprise Informational Letter #419, the “fax blast” we sent to you last week or visit [www.iowamedicaidpos.com](http://www.iowamedicaidpos.com) for more information.

- **Transition to new vendor:**

**Effective Friday, June 24, 2005 at 10:00 pm CDT**, ACS will no longer process claims for Iowa Medicaid. ACS will transition claims processing from ACS to the new IME POS vendor (GHS.) In order to facilitate this transition, **claims processing will cease at 10:00 p.m. CDT on Friday, June 24, 2005. Claims processing with GHS will resume at 8:00 a.m. CDT on Saturday, June 25, 2005.**

During this outage, ACS will be converting the claims history to GHS. ACS will not be able to verify eligibility or drug coverage. Please follow any internal policies you may have for dispensing medications during downtime situations.

Once this transition has been completed, all claims – past and present – should be submitted to GHS.

**New BIN: 011933**

**New PCN: IAPOP**

- **Updated Payer Sheet:**

You will find an **up-to-date payer sheet** for the new vendor on the [www.iowamedicaidpos.com](http://www.iowamedicaidpos.com) website.

- **Iowa Medicaid will only accept NCPDP 5.1 claims as of 06/25/2005**

- **Updated Preferred Drug List (PDL):**

A reminder that the Iowa Medicaid PDL is in effect. Please review all of the necessary information found on [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) as these edits will be in effect for POS claims processing.

- A reminder that **only those OTCs listed in State policy will be covered.** For example, OTC Ranitidine is not a covered product since it is not on the OTC payable list. Please refer to [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) or the Iowa Provider Manual for a complete listing of the covered products.

- **State MAC pricing has been updated and will be in effect for 06/25/2005.**

- **Unit Dose Indicators** should only be submitted for oral solids dispensed for Plan 300 members in Nursing Facilities. Some previously reviewed claims show the unit dose indicator incorrectly for plan 100 members that should not have this designation.

- If any pharmacy would like to **participate in a June 24, 2005 test of the new POS system**, please call 1-800-832-9672 ext. 1116.

- **Compounds:**

**Compound Claim Information:**

Iowa will process claims for compound prescriptions in the NCPDP 5.1 format, using the multiple ingredient functionality. All edits, including PDL rules, apply to each NDC. Providers must submit the NDCs for the actual drugs dispensed to create the compound.

**Data Expected in the Claim Segment:**

NCPDP Field #	Description	Comments
420-DK	Submission Clarification Code	Submit "8" = Process Compound for Approved Ingredients indicator to allow claim to continue processing if at least one ingredient is covered.
407-D7	Product Code / NDC	Submit as zero on claim segment to identify the claim as a multi-ingredient compound.
406-D6	Compound Code	Submit "2" to denote claim is a compound
442-E7	Quantity Dispensed	Submit the quantity dispensed of the entire product.
409-D9	Ingredient Cost Submitted	Submitted sum of all individual ingredient costs. Field found in pricing segment.

**Data Expected in the Compound Segment:**

NCPDP Field #	Description	Comments
111-AM	Segment Identification	Submit "10" = Compound
450-EF	Compound Dosage Form Description Code	Dosage form of the complete compound mixture.
451-EG	Compound Dispensing Unit Form Indicator	Enter NCPDP standard product billing codes
452-EH	Compound Route of Administration	Enter the code for the route of administration of the complete compound mixture.
447-EC	Compound Ingredient Component Count	Enter the count of compound product ID's (both active and inactive) in the compound mixture submitted.

**Data Expected for each Line item:**

NCPDP Field #	Description	Comments
488-RE	Compound Product ID Qualifier	Enter the code qualifying the type of product dispensed.
489-TE	Compound Product ID	Enter the NDC of an ingredient used in the compound.
448-ED	Compound Ingredient Quantity	Enter amount expressed in metric decimal units to represent the quantity of each ingredient.

**B. Point-of-Sale (POS) Contact Information**

● **Contact Information (as of June 25, 2005):**

**PHARMACY POS HELP DESK:** 877-463-7671  
515-725-1107 (local)

**PHARMACY POS FAX NUMBER:** 515-725-1357

**PHARMACY POS EMAIL:** [info@iowamedicaidpos.com](mailto:info@iowamedicaidpos.com)

**PHARMACY POS MAILING ADDRESS:** IME Pharmacy POS  
100 Army Post Road  
Des Moines, IA 50315

● **Member Services Help Desk:** 800-338-8366  
**(as of June 30th, 2005)** 515-725-1003 (local)

*Note: After June 30, 2005, toll free numbers for the Pharmacy POS Help Desk and the Pharmacy PA Help Desk will not be available to callers in the Des Moines local calling area. All local callers will need to call (515) 725-1107 for the Pharmacy POS Help Desk and (515) 725-1106 for the Pharmacy PA Help Desk.*