



# STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

## INFORMATIONAL LETTER NO. 419

**To:** Iowa Medicaid Participating Pharmacies  
**From:** Iowa Department of Human Services  
**Date:** May 31, 2005  
**Subject:** Pharmacy Point-Of-Sale (POS) Information

**Effective Date:** June 25, 2005

**Purpose:** The purpose of this Information Letter is to inform you of the changes associated with Pharmacy Point-Of-Sale (POS).

- 1. Pharmacy Point-Of-Sale (POS) requests:** Beginning **June 25, 2005**, all point-of-sale transactions will be handled by the Iowa Medicaid Enterprise. POS will handle the overrides for pro-DUR edits such as high dose, therapeutic duplications, refill too soon, excessive days supply, dose consolidation, duplicate claim or immunosuppressant drugs.
- 2. NCPDP Version 5.1 Claims Submission Only:** Beginning **June 25, 2005**, all point-of-sale transactions must be submitted in NCPDP Version 5.1 only. Please contact your software vendor and arrange to upgrade to NCPDP version 5.1 to be HIPAA-compliant.
- 3. Bin / PCN Number Change:** The new bin number for processing claims is **011933**. The new PCN is IAPOP. Please refer to the attached payer sheet for further information. This document is also available on the website listed below. Please contact your software vendor for assistance with the bin number change.
- 4. POS Agreement:** You are required to update the Iowa DHS Point of Sale Agreement (see Attachment #2) you previously had completed. A completed agreement is required due to a new vendor, GHS Data Management, processing all the pharmacy claims on behalf of the Iowa Medicaid Enterprise.

You have two options to update this information: a) you can fill out Attachment #2 and return it to the address listed at the bottom of this page; or b) you can go to [www.iowamedicaidpos.com](http://www.iowamedicaidpos.com) (see "Provider Manual & Payer Sheet") and fill out an electronic acknowledgment that you will continue to abide by the previous agreement, albeit with GHS as the POS vendor. All you need to do is fill in your provider number, the date and check the box agreeing to the POS agreement.

- 5. Medically Needy:** Please contact the Pharmacy POS Helpdesk at 877-463-7671 and 725-1107 (local callers) if you have any pharmacy-related concerns or questions and we will attempt to help the Medically Needy member and you.
- 6. Paper Claims:** Attachment #3 is a copy of the Universal Claim Form that you need to use. Instructions on how to fill this form out will be included on the website referenced below.

7. **Website:** Information about the IME POS can be found at [www.iowamedicaidpos.com](http://www.iowamedicaidpos.com). A link to this website is also available at [www.ime.state.ia.us](http://www.ime.state.ia.us) (please see the provider link) and [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com).

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

**PHARMACY POS HELP DESK**

8:00 a.m. - 6:00 p.m. (after-hours on-call available)

877-463-7671

515-725-1107(local)

Fax: 515-725-1357

Email: [info@iowamedicaidpos.com](mailto:info@iowamedicaidpos.com)

Mailing Address: IME Pharmacy POS  
100 Army Post Road  
Des Moines, IA 50315

9. **Contact Information (available now):**

**PHARMACY PRIOR AUTHORIZATION PROVIDER PA HOTLINE**

8:00 a.m. – 6:00 p.m. (after-hour on-call available)

877-776-1567

515-725-1106

Fax: 800-574-2515 (PA Fax requests only)

Email: [info@iowamedicaidpdl.com](mailto:info@iowamedicaidpdl.com)

Mailing address: IME Pharmacy Services  
100 Army Post Road  
Des Moines, IA 50315

*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.*

Please call IME at (515) 725-1274 if you have any questions about this Informational Letter or if you need more information. Thank you.

**Attachments:**

1. **IAPOP 5.1 Payer Sheet (05-18-05)**
2. **Point of Sale Agreement**
3. **New Universal Claim Form (UCF)**