



## INFORMATIONAL LETTER NO. 2476-MC-FFS

**DATE:** June 14, 2023

**TO:** Iowa Medicaid Pharmacies

**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS)

**FROM:** Iowa Department of Health and Human Services (DHHS), Iowa Medicaid

**RE:** June 2023 Pharmacy Billing Reference

**EFFECTIVE:** Upon Receipt

\*\*\*This informational letter (IL) replaces [IL 2388-MC-FFS](#)<sup>1</sup>.\*\*\*

Pharmacy claims for Iowa Medicaid members should be billed to the appropriate entity. Medicaid FFS member claims should be submitted to Iowa Medicaid. Claims for members enrolled with a managed care organization (MCO) should be billed to the appropriate MCO or their corresponding pharmacy benefit manager (PBM) to which a member is assigned.

An updated FFS and MCO pharmacy billing reference sheet follows, including current and historical billing information. Note the addition of Molina Healthcare of Iowa, who will begin providing services July 1, 2023.

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<sup>1</sup> <https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=02567e96-ae5a-4388-8a83-a9b447ee61a6>

**FFS Pharmacy Billing Reference**

<b>Plan/Group</b>	<b>Processor</b>	<b>BIN</b>	<b>PCN</b>	<b>Effective Date Range</b>
Iowa Medicaid	IME POS Unit (CHC)	011933	IAPOP	04/06/2020 – current
Iowa Medicaid	IME POS Unit (GHS)	011933	IAPOP	06/25/2005 – 04/05/2020

**Current MCO Pharmacy Billing Reference**

<b>MCO Plan</b>	<b>PBM</b>	<b>BIN</b>	<b>PCN</b>	<b>RxGRP</b>	<b>Effective Date Range</b>
Amerigroup Iowa, Inc.	CarelonRx	020107	FM	WKYA	01/01/2023 forward
Amerigroup Iowa, Inc.	IngenioRx	020107	FM	WKYA	10/01/2019 – 12/31/2022
Amerigroup Iowa, Inc.	Express Scripts	003858	MA	WKYA	04/01/2016 – 09/30/2019
Iowa Total Care	CVS	004336	MCAIDADV	RX5477	09/01/2022 forward
Iowa Total Care	Envolve Pharmacy Solutions	004336	MCAIDADV	RX5477	07/01/2021 – 08/31/2022
Iowa Total Care	Envolve Pharmacy Solutions	020545	RXA377	RXGMIA01	07/01/2019 – 06/30/2021
Molina Healthcare of Iowa	CVS	004336	MCAIDADV	RX51BW	07/01/2023 forward

Historical MCO Pharmacy Billing Reference					
MCO Plan	PBM	BIN	PCN	RxGRP	Effective Date Range
AmeriHealth Caritas Iowa, Inc.	Perform Rx	600428	07390000	N/A	04/01/2016 – 12/01/2017
UnitedHealthcare Plan of the River Valley, Inc.	Optum Rx	610494	4401	ACUIA	12/01/2018 – 07/01/2019
UnitedHealthcare Plan of the River Valley, Inc.	Optum Rx	610494	4444	ACUIA	04/01/2016 – 11/30/2018

If you have questions, please contact Iowa Medicaid Provider Services or the appropriate MCO:

**Iowa Medicaid Provider Services:**

- Telephone: 1-800-338-7909
- Email: [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)

**Amerigroup Iowa, Inc.:**

- Telephone: 1-800-454-3730
- Email: [iowamedicaid@amerigroup.com](mailto:iowamedicaid@amerigroup.com)
- Website: <https://providers.amerigroup.com/ia>

**Iowa Total Care:**

- Telephone: 1-833-404-1061
- Email: [providerrelations@iowatotalcare.com](mailto:providerrelations@iowatotalcare.com)
- Website: <https://www.iowatotalcare.com>

**Molina Healthcare of Iowa**

- Telephone: 1-844-236-1464
- Email: [iproviderrelations@molinahealthcare.com](mailto:iproviderrelations@molinahealthcare.com)
- Website: <https://www.molinahealthcare.com/ia>
- Provider portal: [provider.molinahealthcare.com](http://provider.molinahealthcare.com)