



Date: August 7, 2007

Dear Kentucky Medicaid Provider:

**SUBJ: Pharmacy License Update Reminder**

This notice serves as a reminder for Kentucky Medicaid Pharmacy Providers to submit a copy of their current pharmacy license prior to August 30, 2007.

Our records show that all *KyHealth Choices* Pharmacy Providers have a scheduled end date of August 30, 2007. In order to continue to participate as a *KyHealth Choices* provider, please submit a copy of the pharmacy's current license as soon as possible. Please include the pharmacy's *KyHealth Choices* provider number, NPI and physical address. Mail or fax to:

*KyHealth Choices*  
P.O. Box 2110  
Frankfort, KY 40602-2110  
Fax: (502) 607-8404

If *KyHealth Choices* does not receive a copy of the pharmacy's license renewal before August 30, 2007, the pharmacy's provider participation will be end dated in accordance with 907 KAR 1:671, Section (6) 4. **Without an updated pharmacy license, pharmacy claims will not pay at point of sale.**

If you have any questions, please contact the *KyHealth Choices* Provider Enrollment Department toll free at (800) 639-5195. A provider enrollment specialist will be available to help you between the hours of 8 am and 6 pm, ET, Monday through Friday.

To be the first to know about changes like these, be sure to register for email updates. If you have never signed up to receive this free service, visit the Kentucky pharmacy website: <http://kentucky.fhsc.com/pharmacy/default.asp>. Choose the "Providers" tab, and click on "Email Update Registration".

Sincerely,

Maria Martin, MHA  
Pharmacy Interim Account Manager