



4300 Cox Road • Glen Allen, Virginia 23060 • (804) 965-7400 • (804) 273-6961

**TO:** Pharmacy Providers

**FROM:** **First Health Services Corporation**

**DATE:** December 20, 2004

**SUBJECT:** *The Kentucky Medicaid Pharmacy Program – Voided Claim Procedures*

**PROVIDER NOTICE 12.20.04 - 007**

We would like to take this opportunity to review the procedures for voiding claims within the Kentucky Point-of-Sale Pharmacy System. Whenever possible, voided claims should be entered by the Pharmacy as a direct offset to a previously approved claim. This process is described in the Provider Manual that was issued by First Health Services Corporation. Both same cycle reversals and out-of-cycle reversals should be handled in this manner. This represents the preferred method of voiding claims by both the **Commonwealth of Kentucky** and **First Health Services Corporation**.

Whenever this process cannot be utilized, a detailed listing of all voided claims and a check payable to **First Health Services Corporation** should be mailed to the following address:

**First Health Services Corporation**  
Kentucky Finance Department  
P.O. Box C-85042  
Richmond, VA 23261-5042

If a street address is required (in the case of overnight mail):

**First Health Services Corporation**  
4300 Cox Road  
Glen Allen, VA 23060  
Attn: KY Finance  
(804) 965-7400

Please do not send voided claim correspondence to Unisys Corporation.