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Remittance Advice (RA) Message

Title: **Federal Covered Outpatient Drug Rule Policy Clarification**

Issue Date: 04/05/2017

Run Length: 8 weeks

Provider Type(s): 001, 005, 008, 020, 021, 033, 034, 051, 056, 080

Message: Alaska Medicaid has issued a clarification and guidance letter regarding federal covered outpatient drug rule, CMS-2345-FC, effective April 1, 2017. The guidance letter, *CMS-2345-FC Final Rule Effective April 1, 2017*, is available at <http://manuals.medicaidalaska.com/docs/updates.htm>.