



EMERGENCY PREPAREDNESS PHARMACY COMMUNICATION

Effective: **December 11, 2021**

Payer: Kentucky Medicaid MCO PBM

Emergency: Emergency Declaration declared in Western Kentucky due to

tornadoes.

BIN	PCN	Group
023880	KYPROD1	KYM01

Kentucky Medicaid has activated the emergency service to allow the appropriate submission clarification code to override certain denials for members impacted by the tornadoes on December 10, 2021 for the following counties: Fulton, Hickman, Graves, Marshall, Lyon, Caldwell, Hopkins, Muhlenberg, Ohio and Hancock.

MedImpact will follow the guidelines recommended by the National Council for Prescription Drug Programs (NCPDP) in the NCPDP EMERGENCY PREPAREDNESS INFORMATION Version 1.5 published July 2018.

If an impacted member presents at a pharmacy for a refill and identifies him/herself as an affected member, the pharmacist will have the capability to use the Submission Clarification Code (420-DK) = 13 to indicate Payer-Recognized Emergency/Disaster Assistance Request - The pharmacist is indicating that an override is needed based on an emergency/disaster situation recognized by the payer.

This override will allow pharmacy providers to override claims denials for early refill and accumulated quantity edits only. All other edits will remain in place including prior authorization and eligibility.







Detailed information is included within our Payer Sheet and defined below:

Patient Segment

Enter demographic information (optional) <u>from where the patient has been displaced</u>. This may/may not be where the patient is residing during the emergency.

322-CM	Patient Street Address	The street address of patient's home.
323-CN	Patient City Address	The city of patient's home.
324-CO	Patient State/Province Address	The state of patient's home.
325-CP	Patient Zip/Postal Zone	The zip/postal code of patient's home.

Claim Segment

Submission Clarification Code (420-DK) = 13

Prescriber Segment

Prescriber Id (411-DB) may be used to submit the pharmacist NPI in situations when the pharmacist may prescribe. In this case only a qualifier of 01 is valid. For any questions regarding these procedures please call our Pharmacy Help Desk at (800) 210-7628.

