



DATE: December 28, 2023
TO: Commonwealth of Kentucky Medicaid Pharmacy Network
FROM: MedImpact Healthcare Systems

Subject: **Kentucky Fee-For-Service Pharmacy Benefit Manager (PBM) Change**

Status: The purpose of this communication is to notify providers of the upcoming change to a new Pharmacy Benefit Manager (PBM) for Kentucky Medicaid Fee-for-Service members. This notification includes important information for the pharmacy provider community including billing instructions, contact information, and scheduled informational sessions regarding the change to the new PBM.

Effective January 1, 2024 MedImpact Healthcare Systems, Inc. will begin processing pharmacy claims and prior authorizations for **all Kentucky Medicaid Fee-For-Service Members**.

MedImpact is the current PBM for Kentucky Managed Care and there are no changes to the billing procedures for Managed Care members.

For Fee-For-Service members, all pharmacy claims submitted with a date of service on or after January 1, 2024 will need to be submitted to MedImpact. All claims with a date of service prior to January 1, 2024 will be submitted to Magellan.

Claims with Date of Service (DOS)	PBM	Notes
Prior to January 1, 2024	Submit to Magellan	
On and after January 1, 2024	Submit to MedImpact	Any claim submitted to MedImpact with a DOS prior to 1/1/24 will be rejected with either a "Member Not Active" or "Benefit Not Active" message.

Please note: Starting January 1, 2024, all claims will need to be routed to MedImpact using the new BIN/PCN/Group information described below. Members will be issued new ID Cards by CHFS. While the members' Kentucky issued Medicaid ID number (which will be used as the Member ID for billing/claim submission) will not change, please confirm that the Member ID number you submit on or after January 1, 2024 is the members' current Medicaid ID.

Payer Sheets: Payer specifications are available on MedImpact’s informational website and the Provider Portal. Please visit: <https://pharmacy.MedImpact.com>

**REQUIRED BIN/PCN/GROUP for KY FFS Members:
NCPDP Transaction Header Segment**

Field #	NCPDP Field Name	Value	Payer Usage	Notes
101-A1	BIN #	026309	Mandatory	Same value for all KY FFS members
104-A4	PCN #	KYPROD1	Mandatory	Same value for all KY FFS members
301-C1	Group ID	KYF01	Mandatory	Same value for all KY FFS members

**REQUIRED BIN/PCN/GROUP for KY MCO Members:
NCPDP Transaction Header Segment FOR MCO**

Field #	NCPDP Field Name	Value	Payer Usage	Notes
101-A1	BIN #	023880	Mandatory	Same value for all KY MCO members
104-A4	PCN #	KYPROD1	Mandatory	Same value for all KY MCO members
301-C1	Group ID	KYM01	Mandatory	Same value for all KY MCO members

Provider Network: Since you are already enrolled in Kentucky Medicaid, there is nothing you need to do. MedImpact will use the Commonwealth’s existing pharmacy network for the Medicaid Fee-For-Service pharmacy program.

PBM Contact Information: If you have any questions about the transition of PBM services for Fee-For-Service, please contact the MedImpact team using the contact information below:

Team	Question Type	Contact Info
KY Account Team	Program questions	KYMFFS@medimpact.com

Important Contact Information:

Team	Question Type	Contact Info
MedImpact Pharmacy Provider Web Portal		http://pharmacy.medimpact.com
DMS Pharmacy Website		https://www.chfs.ky.gov/agencies/dms/dpo/ppb/Pages/default.aspx
Pharmacy Provider Network Questions	EFT, RA questions	Email: PharmacyOperationsSupps@MedImpact.com or Web: https://pharmacy.MedImpact.com
Technical Call Center Clinical Call Center	Claims processing, Eligibility Prior Authorization assistance.	Phone: 877-403-6034 Hours: 24 hours a day, 7 days a week Phone: 877-403-6034 Fax: 858-357-2612 Hours: 8:00AM-7:00PM EST, 7 days a week
Provider Enrollment	Enrollment questions – new enrollment, updates, i.e., change of ownership, bank account changes, etc.	Phone: 877-838-5085 Fax: 502-226-1898 Hours: 8:00am – 4:30pm EST, Monday –Friday https://www.chfs.ky.gov/agencies/dms/provider/Pages/default.aspx
Voice Response Eligibility Verification – Member Eligibility		Phone: 800-807-1301 Hours: 24 hours a day, 7 days a week

Other Important Documents (Links to portal will be active on 1/1/24):

Preferred Drug List (PDL): The Kentucky Medicaid Preferred Drug List will be found on the MedImpact/Kentucky Portal.

Universal PA Form: The Universal PA request form will be found on the MedImpact/Kentucky Portal.

MAC List: The Kentucky Medicaid MAC List will be found on the MedImpact/Kentucky Portal.

MAC Appeal form: The Kentucky Medicaid MAC Appeal form will be found on the MedImpact/Kentucky Portal.

Upcoming Informational Sessions

To facilitate information exchange and answer your questions, MedImpact will hold a series of web-based monthly informational meetings as outlined below.

Date	Topic	Audience
January	Status Updates Answer Questions	Date: TBD Notification/Invitations are emailed to pharmacy providers 15 days and 3 days prior to the webinar and will include Microsoft Teams Meeting link and login instructions.
