



Operational update:

Kentucky Medicaid
Pharmacy Benefit Manager

Pharmacy Provider Webinar
Forum

WEDNESDAY JANUARY 31, 2024

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Introduction

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Roles

Kentucky Department for Medicaid Services



Roles

1	CHFS	Determine pharmacy benefit design Manage the network Establish reimbursement methodology Fund FFS Claims Payment
2	MCOs	Fund MCO Claims Payment Manage lock-in program Care management activities Manage drugs filled under medical benefit Third party liability (TPL) data
3	Gainwell	Provide MI with eligibility, TPL and provider network files Medical Claims Processor Encounter Files
4	MedImpact	Claims Adjudication including Prior Authorizations Pharmacy Fiscal Agent Appeals and Grievances, Reporting PDL eff. 1/1/2024 MAC Management, eff. 1/1/24



Pharmacy Benefit Manager Change

Kentucky Department for Medicaid Services



KY Fee-for-Service (FFS) Pharmacy Benefit Manager Change

- **Effective January 1, 2024**, MedImpact Healthcare Systems, Inc. began processing pharmacy claims and prior authorizations for **all Kentucky Medicaid Fee- for- Service Members**.
- MedImpact remains the 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, should be submitted to MedImpact. MedImpact and the Commonwealth are working together to resolve the processing or reprocessing of claims with a DOS prior to 1/1/24.



KY Fee-for-Service (FFS) Pharmacy Benefit Manager Change

Please note: Effective January 1, 2024, all **FFS claims with dates of service 1/1/2024 and beyond** will need to be routed to MedImpact using the **BIN/PCN/Group*** information described below.

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

- There are **no changes** to the billing procedures for **Managed Care** 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



Reversal and Rebill of Claims prior to 1/1/2024

Kentucky Department for Medicaid Services



Reversal and Rebill of Claims prior to 1/1/2024

- MedImpact and The Commonwealth of KY are working on this issue.
- A future communication will be distributed as soon as we have updates. If a previous claim reversal is required to assist with a member access issue, such as refill too soon, we will handle them on a case-by-case basis.
- You may contact our Call Center at 877-403-6034 or email to the Account team at KYMFFS@medimpact.com.



MedImpact Provider Portal

Kentucky Department for Medicaid Services



MedImpact Provider Portal

The KY Provider Portal has been updated in order to accommodate both MCO and FFS information. Some features, such as the drug lookup tool, folder names and where things are stored have been enhanced.

Additional materials on billing procedures for KY FFS and MCO members is available on the Provider Portal under the Provider Information drop down.

Website: <https://kyportal.medimpact.com/>

- **Kentucky Medicaid D.0 Payer Specs:**
https://kyportal.medimpact.com/sites/default/files/2024-11/medimpact_ky_medicaid_payer_sheet_v1.3.pdf
- **Kentucky Provider Billing Manual*:**
MCO – https://kyportal.medimpact.com/sites/default/files/2024-01/mco_provider_billing_manual_01012024_final.pdf
FFS – https://kyportal.medimpact.com/sites/default/files/2024-12/provider_billing_manual_fee_for_service_final.pdf



MedImpact Provider Portal

Pharmacy Memos and Newsletters

- Important pharmacy notifications distributed via email

Provider Information

- Documents such as PHE unwinding, provider directory, payer specs, manuals, notices, newsletters

Prior Authorization

- Prior Authorizations (ePA, Fax/Telephonic PA), Denials, Appeals

Links

- Helpful resources (CDC, CMS, DMS, NCPDP, ADA)

Tools

- Drug lookup and pharmacy locator



MedImpact Portal

<https://kyportal.medimpact.com>



MEMBER PORTAL

PROVIDER PORTAL

CLIENT PORTAL

CONTACT

WELCOME

Department for Medicaid Services

Welcome to the Kentucky Cabinet for Health and Family Services,
Department for Medicaid Services Managed Care Organizations
Pharmacy Program portal, administered and maintained in conjunction
with MedImpact.



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MedImpact Provider Portal

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WELCOME

Medicaid Provider Portal

Welcome to the Kentucky Cabinet for Health and Family Services, Department for Medicaid Services Managed Care provider portal, administered and maintained in conjunction with MedImpact.

Sign in to the Pharmacy Portal

PHARMACIES ONLY: Access your claims and payment information, and other pharmacy support features

SIGN IN

R_X Pharmacy

RX 123456



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MedImpact Provider Portal

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Drug Information

Information related to covered products and services.

[<< Back to Client Home](#)

[<< Back to Member Home](#)

Preferred Drug List (PDL)

DATE ADDED

 [Preferred Drug List \(PDL\) - Effective 1/16/2024](#)

01/16/2024

Prior Authorization (PA) Criteria

DATE ADDED

 [Prior Authorization \(PA\) Criteria - Effective 1/6/2024](#)

01/06/2024

Quantity Limits

 [Maximum Quantity Limits - Effective 1/6/2024](#)

01/06/2024



DATE ADDED



MedImpact Provider Portal

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Provider Forms

Prior authorizations and other forms.

Prior Authorization (PA)

DATE ADDED

 [Universal Prior Authorization \(PA\) Form - All Drugs](#)

12/08/2023

 [Prior Authorization \(PA\) Form - Benzodiazepines](#)

04/12/2022

 [Prior Authorization \(PA\) Form - Stimulants](#)

04/12/2022

Electronic Prior Authorization (ePA)

Electronic Prior Authorization (ePA) offers a streamlined solution for PA request initiation that improves prescriber and patient experience. For information regarding how to submit requests using ePA, click [here](#).

Fax Prior Authorizations

Please fax prior authorization requests to the following number:

Prior Authorization Fax Line
(858) 357-2612



MedImpact Provider Portal



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Provider Information

Manuals, payer specs, and more!

[<< Back to Client Home](#)

NCPDP Telecommunication Standard

[Click here for NCPDP membership and standards information.](#)

Payer Specs

DATE ADDED

 [Kentucky Medicaid D.O Payer Specs \(Managed Medicaid & FFS\)](#)

12/01/2023

Manuals

DATE ADDED

 [Provider Billing Manual \(Managed Medicaid\)](#)

01/11/2024

 [Provider Billing Manual \(Fee For Service\)](#)

12/20/2023



Member ID Cards

Kentucky Department for Medicaid Services



TEAM KENTUCKY[®]



CABINET FOR HEALTH
AND FAMILY SERVICES



FFS Member ID Card Reminder

While the members' Kentucky issued Medicaid ID number (which will be used as the Member ID for billing/claim submission) has not changed, please confirm that the Member ID number you submit on or after January 1, 2024 is the members' **current** Medicaid ID.

FFS members might be using an old Medicaid ID at the pharmacy.

- Magellan linked multiple old Medicaid IDs to the most up-to-date member ID.
- Beginning 1/1/24, some old Medicaid IDs may not link to the most up-to-date Medicaid ID.

Please update your system with the current Medicaid ID.

Providers are responsible for verifying the identity and eligibility status of the card holder. Eligibility information may be obtained at

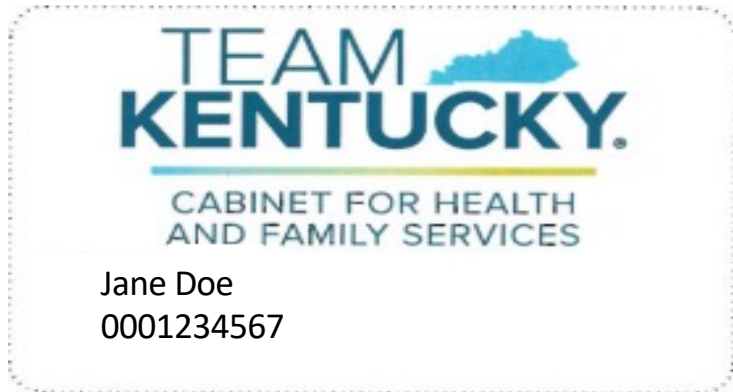
<http://www.chfs.ky.gov/DMS> or by calling (800) 807-1301. For general questions, members may contact the CHFS Helpdesk at 1-800-635-2570.



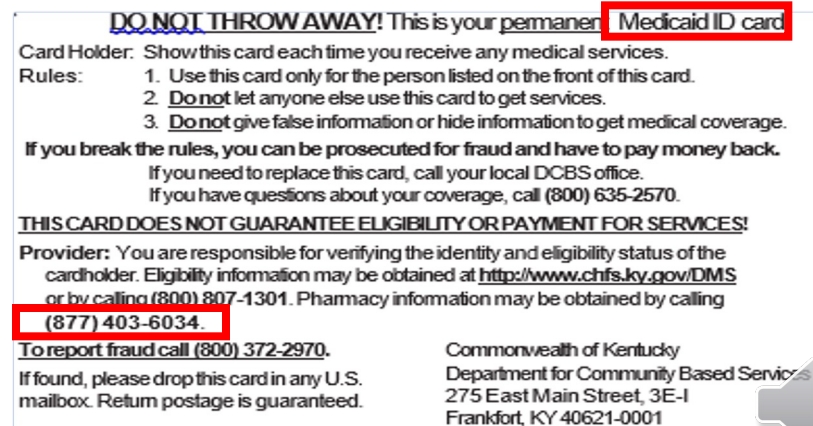
FFS Member ID Card Example

- Cards were mailed in mid-November.
 - Members should have received a new card by early December.
- The new card contains important updates to contact information for members and providers.
- Medicaid IDs **WILL NOT** change.
- The MedImpact FFS pharmacy call center started taking calls on 1/1/24.

Member Card
Front



Member Card Back



FFS Member Letter Example



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services

Andy Beshear
Governor

275 East Main Street, 6W-A
Frankfort, KY 40621
www.chfs.ky.gov

Eric C. Friedlander
Secretary

Lisa D. Lee
Commissioner

Dear Medicaid Member,

We want to let you know of a change to our pharmacy program. Your drug benefits are provided by a Pharmacy Benefits Manager or PBM. On January 1, 2024, your benefit will be provided by a new PBM, MedImpact. A **new card** is below with MedImpact's contact information. You must use this new card for your drugs starting on January 1, 2024.

There are three things you should know:

1. There will be **no change** in the drugs that are covered at this time.
2. You can use the same pharmacy but can also use any other enrolled pharmacy.
3. If your drugs required prior approval, a new prior approval is not needed until your current prior approval runs out.

What you should know about your new card:

- This new card replaces any previous card(s) you may have. Keep it with you at all times.
- You must show it every time you go to the doctor or drug store.
- Keep this card even if your Medicaid ends. If you are approved for Medicaid again, you will use this same card.
- If your card is lost, damaged, or stolen, call your local DCBS office.

For any questions, please call 1-800-635-2570.

Kentucky.gov

TEAM
KENTUCKY

An Equal Opportunity Employer M/F/D

- Member cards **AND** letters will be mailed separately.



FFS Member ID Issues

- FFS members might be using an old Medicaid ID at the pharmacy.
 - Currently, Magellan links multiple old Medicaid IDs to the most up-to-date member ID .
 - Beginning 1/1/24, some old Medicaid IDs may not link to the most up-to-date Medicaid ID.
- Where can **members call** to get help with an up-to-date member ID?
 - Members should call Member Services at **800-635-2570**.
 - This number is on the back of the card.
 - MedImpact will not answer members calls.
 - MedImpact will ONLY answer calls from KY Medicaid enrolled providers.



Eligibility Verification

- Enrolled Kentucky Medicaid providers can do one of the following to verify a member's Medicaid ID:
 - Call electronic eligibility verification at 800-807-1307 or
 - Call the Conduent Help Desk at 800-635-2570 or
 - Log into the provider portal: www.kymmis.com

The screenshot shows the login page for the Kentucky MEUPS provider portal. The header includes the Kentucky Cabinet for Health and Family Services logo and the text 'TEAM KENTUCKY'. The main content area is divided into three sections: a left sidebar with contact information, a central sign-in area, and a right sidebar with a sign-in form. The sign-in form includes fields for 'User name' (labeled 'Provider Name') and 'Password', a 'Sign In' button, and a 'Reset your password' link. The footer contains links for 'Privacy', 'Disclaimer', and 'Individuals with Disabilities', along with a copyright notice for 2020.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Kentucky Medicaid Site

For assistance, email us at KY_EDL_HelpDesk or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Sign in to the Kentucky MEUPS

- Manage your contact information
- Change your password
- Providers: Manage your agent's access

Kentucky Medicaid Billing Agents:

To set up a Billing Agent account, please contact your Provider Administrator. This will ensure that your account is setup properly to access claims submission, eligibility, etc.

Sign in to Kentucky MEUPS [Help](#)

User name: [x](#)

Password:

Kentucky MEUPS
[Reset your password](#)

Privacy Disclaimer Individuals with Disabilities

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FFS Member Card Summary

- Members will receive a new card, but their Medicaid ID will **not** change.
- Members will receive the card and letter in late November or early December.
- Magellan will process claims for FFS members until 12/31/23. Please continue to use the current BIN and PCN to process prescription claims.
- MedImpact will process claims for FFS members beginning 1/1/24. There will be a new BIN number, the PCN will remain the same.
- If members have Medicaid ID concerns, they can call 800-635-2570.



CHFS Provider Enrollment

Kentucky Department for Medicaid Services



CHFS Provider Enrollment

- 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 FFS pharmacy program.

Provider Enrollment

Kentucky Cabinet for Health and Family Services Provider Management/Enrollment Unit

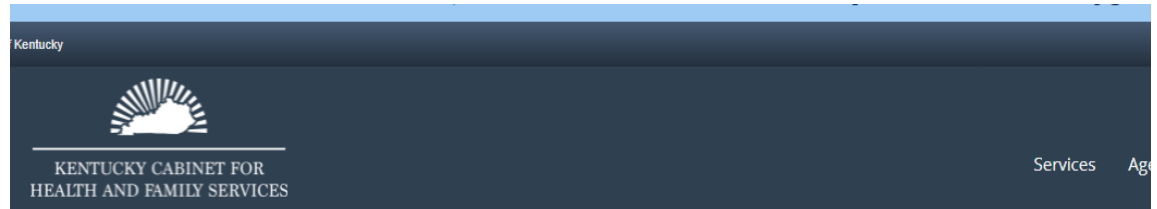
Phone: 877-838-5085

Fax: 502-226-1898

Hours: 8:00am – 4:30pm EST

Monday - Friday

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx>



[CHFS](#) > [Agencies](#) > [Department for Medicaid Services](#) > [Division of Program Integrity](#) > [Provider Enrollment](#) > Medicaid Partner Portal Application

PROVIDER ENROLLMENT

Medicaid Partner Portal Application

KY MPPA Web Address Changed

The KY MPPA web address (URL) changed Sept. 7, 2019.

Users who access the new KY MPPA site through KOG will be directed to the new location. Users who access KY MPPA through the Let's Get Started link will need to update their bookmark/favorite/shortcut.

Access the [KY MPPA website](#)

To get started and learn more about KY MPPA, visit the [KY MPPA Training Resources web page](#).

- Access the Training Resources Topic Map for an overview of training materials available. Use the topics menu to locate training materials in the Training Media and Training Document areas.
- Follow the link in the Upcoming Training Webinars section to register to attend the live webinar training series. A registration link is also available under Helpful Links.
- Access the self-paced training plans to learn about KY MPPA on your own schedule.

Helpful Links

[Register for KY MPPA](#)

[Subscribe to CHFS e](#)
Provider Enrollment

KY MPPA Web I

[Newsletters and Rel](#)

[Training Resources \](#)



Additional Info

- Authorized Delega
- Organization Admi



CHFS Pharmacy Enrollment Process

- Pharmacy Enrollment and any changes to provider information must be made through the [Medicaid Partner Portal Application \(MPPA\)](#)
- MedImpact receives provider enrollment and payment method information from The Commonwealth daily (Monday-Friday). This information is loaded into the system nightly.
- Per KY Regulations, The Commonwealth has sixty (60) days to complete a “clean” application. Clean means no corrections. The Commonwealth doesn’t typically take the full 60 days, but it is dependent on the volume of applications and could take on average from 5-30 days.
- All new enrollees will be set up to receive checks, via US mail until their EFT information is processed by The Commonwealth and sent to MedImpact. This process takes up to 21 days.



CHFS Pharmacy Enrollment Process

- Pharmacy information updates, such as change of ownership, changing banks or bank accounts that may affect the EFT information can also take up to 21 days to be processed by The Commonwealth and sent to MedImpact. During this 21-day period, payment method is reverted to check payments sent via US mail.
- Until MedImpact receives the final, approved information, we cannot make any manual updates to the payment method during this processing time.
- Due to the timing of the data received from The Commonwealth, pharmacies could potentially get a manual check and an EFT payment for a single EOB cycle.
- Pharmacies may check the portal for application and change updates and call The Commonwealth Provider Enrollment at 877-838-5085 **M-F 8:00 am – 4:30 pm EST.**



Pharmacy Financial Payment Cycle

Kentucky Department for Medicaid Services



Pharmacy Financial Payment Cycle

- Fee-For-Service will be on a 7-day weekly EOB Cycle
- MCO will remain on the 7-day weekly EOB cycle.
- The first EOB cycle for KY Fee-For-Service started 1/1/24.
- Pharmacies received payments from Magellan for any claims processed prior to 1/1/24.



Pharmacy Financial Payment Cycle

- 7-Day payment cycle:

EOB Calendar 2024		
7-DAY		
EOB	Start Date	End Date
23582	12/29/2024	1/4/2024
23583	1/5/2024	1/11/2024
23584	1/12/2024	1/18/2024
23585	1/19/2024	1/25/2024
23586	1/26/2024	2/1/2024
23587	2/2/2024	2/8/2024
23588	2/9/2024	2/15/2024
23589	2/16/2024	2/22/2024
23590	2/23/2024	2/29/2024
23591	3/1/2024	3/7/2024
23592	3/8/2024	3/14/2024
23593	3/15/2024	3/21/2024
23594	3/22/2024	3/28/2024
23595	3/29/2024	4/4/2024
23596	4/5/2024	4/11/2024
23597	4/12/2024	4/18/2024
23598	4/19/2024	4/25/2024
23599	4/26/2024	5/2/2024
23600	5/3/2024	5/9/2024
23601	5/10/2024	5/16/2024
23602	5/17/2024	5/23/2024
23603	5/24/2024	5/30/2024
23604	5/31/2024	6/6/2024
23605	6/7/2024	6/13/2024
23606	6/14/2024	6/20/2024
23607	6/21/2024	6/27/2024
23608	6/28/2024	7/4/2024

EOB Calendar 2024		
7-DAY		
EOB	Start Date	End Date
23609	7/5/2024	7/11/2024
23610	7/12/2024	7/18/2024
23611	7/19/2024	7/25/2024
23612	7/26/2024	8/1/2024
23613	8/2/2024	8/8/2024
23614	8/9/2024	8/15/2024
23615	8/16/2024	8/22/2024
23616	8/23/2024	8/29/2024
23617	8/30/2024	9/5/2024
23618	9/6/2024	9/12/2024
23619	9/13/2024	9/19/2024
23620	9/20/2024	9/26/2024
23621	9/27/2024	10/3/2024
23622	10/4/2024	10/10/2024
23623	10/11/2024	10/17/2024
23624	10/18/2024	10/24/2024
23625	10/25/2024	10/31/2024
23626	11/1/2024	11/7/2024
23627	11/8/2024	11/14/2024
23628	11/15/2024	11/21/2024
23629	11/22/2024	11/28/2024
23630	11/29/2024	12/5/2024
23631	12/6/2024	12/12/2024
23632	12/13/2024	12/19/2024
23633	12/20/2024	12/26/2024
23634	12/27/2024	1/2/2025



Electronic Payment

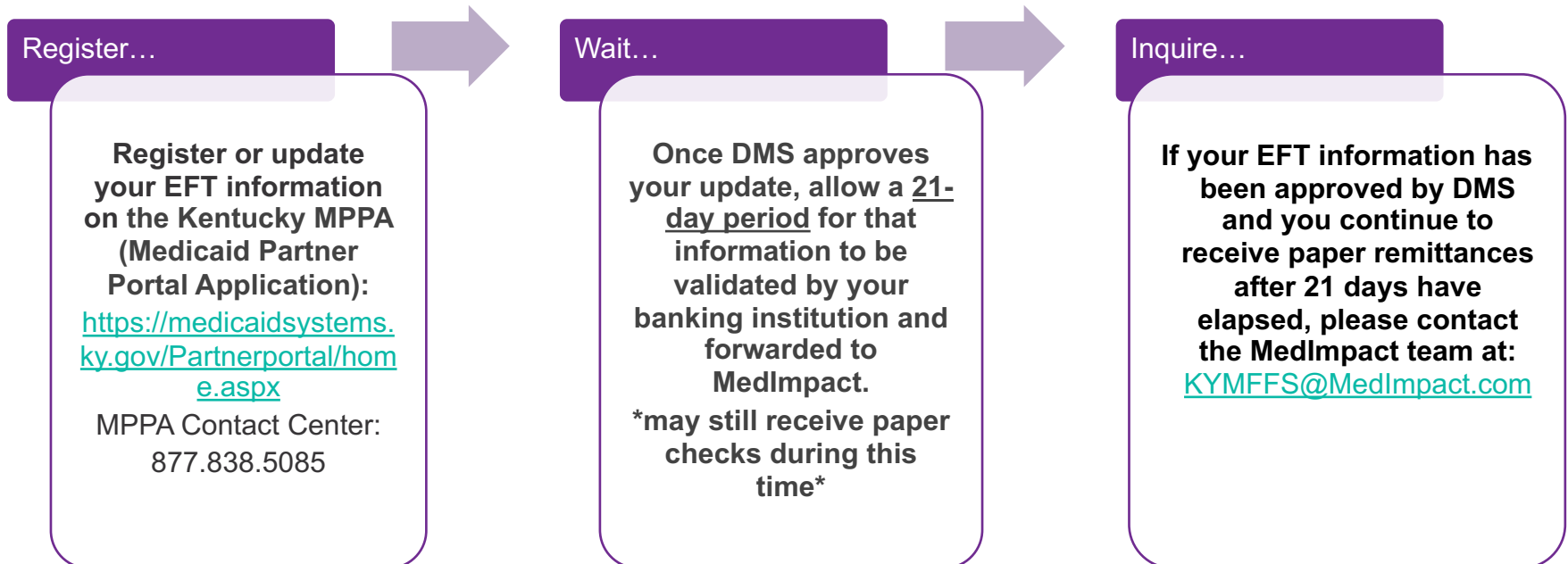
MedImpact continues to encourage all pharmacies who are currently receiving paper reimbursements to register with Kentucky Medicaid for electronic payments.

Average Days from payment to deposit:

Electronic – 3 days

Paper Checks – 11 days

What's the process?



P&T Committee

Kentucky Department for Medicaid Services



P&T Committee

- P&T Meetings will now be hosted by MedImpact.
- The meeting dates for 2024 are:
 - January 18, 2024 (completed)
 - April 18, 2024
 - July 18, 2024
 - October 17, 2024
- Meeting time is 1:00pm to 4:00pm ET
- The meeting schedule and invite information will also be posted to the portal <http://kyportal.medimpact.com/provider-documents/pt-committee>
 - A link to the individual meetings can be found in the meeting specific agenda once posted.
- Invites are NOT sent for these meetings by MedImpact or DMS. Pharmacy providers interested in joining should add the meetings to their calendar.



Reminders

Kentucky Department for Medicaid Services



NADAC/WAC Pricing Update

- NADAC prices for brand name products increase throughout the year, with most price increases occurring in the months of January and July because of drug manufacturers increasing their Wholesale Acquisition Cost (WAC) and Average Wholesale Price (AWP) prices.
- MedImpact would like to provide a review of the NADAC process and the ability to potentially reverse and reprocess claims on products which providers' acquisition cost may have increased.
 - MedImpact reimburses providers as required, according to the Kentucky Department of Medicaid Services (DMS) fee-for-service (FFS) reimbursement methodology. The FFS methodology includes the NADAC benchmark at which most claims reimburse. The NADAC is a published pricing benchmark maintained by the Centers for Medicare & Medicaid Services (CMS), not MedImpact or DMS; therefore, neither MedImpact nor DMS have the capability to adjust the NADAC price. NADAC updates are posted to the CMS website every Wednesday.
 - Updated brand NADAC prices are typically reflective of increases in WAC and AWP for the previous week.
 - Drug Compendia (e.g.: First Databank and Medi-Span) pull down the updated NADAC file and incorporate the changes into their Medicaid Pricing Modules.
 - Updated weekly NADAC prices are then loaded into MedImpact's claim adjudication system the following Friday.
 - NADAC prices are reviewed for updates on both a weekly and monthly schedule – Weekly due to changes in published rates (i.e., WAC)



NADAC/WAC Pricing Update

- Providers can see the most up-to-date NADAC prices on the CMS website which is linked below. Website users may track changes inclusive of the updated NADAC price and effective date. For brand products, compendia posted updated NADAC price(s) may be backdated to the effective date of the WAC or AWP increase.
- To identify updated NADAC price changes please see below.
 - Click on the CMS Pharmacy Pricing Page: [Pharmacy Pricing: Medicaid](#)
 - Scroll to the NADAC Cost Comparison Data Section
 - Click on the most recent weekly NADAC Comparison downloadable files. The file identifies what NADAC prices have been updated, the new and old NADAC price along with the effective date. Field values in this file are described below

NADAC File Name	Field Description
NADAC Effective Date	The date the NADAC price becomes effective; typically, retroactive to the date of the WAC change.
As of Date	The date the NADAC price was updated by Myers & Stauffer (M&S); aligns with the weekly (Wednesday) M&S maintenance cycle.



NADAC/WAC Pricing Update

- Providers who feel they may have adjudicated claims prior to the NADAC prices being updated should review posted NADAC rates along with your product invoices. Changes related to these manufacturer increases may impact your reimbursement for newly purchased inventory.
- See [CMS pharmacy pricing](#) for the most up-to-date NADAC prices.
- Website users may track changes inclusive of the updated NADAC price and effective date.
- Any questions or concerns regarding NADAC pricing, please contact Myers and Stauffer, the CMS NADAC vendor:
 - Email info@mslcrps.com
 - Toll-free help desk phone number (855) 457-5264



NADAC/WAC Pricing Update

Example:

Date	12/1/23	1/1/24	NADAC PRICE UPDATE OCCURS IN EARLY FEBRUARY. (There is usually a ~1 month lag for NADAC price updates)	2/15/24
NADAC Price	\$103	\$103		\$88
WAC Price (based on daily compendia updates)	\$100	\$90 (based on WAC decrease)		\$90
Pharmacy Acquisition Cost	\$98	\$98		\$85
Pharmacy Reimbursement Based on Lowest of Logic	\$100 (WAC) + \$10.64 (DF) = \$110.64	\$90 (WAC) + \$10.64 (DF) = \$100.64		\$88 (NADAC) + \$10.64 (DF) = \$98.64



NADAC Appeals

Providers can contact the NADAC help desk to provide notification of recent drug price changes that are not reflected in posted NADAC files.



The NADAC help desk can be contacted through the following means.

Toll-free phone: (855) 457-5264

Electronic mail info@mslcrps.com

Facsimile: (844) 860-0236



Pharmacy providers should use the NADAC [help desk form](https://www.Medicaid.Gov/medicaid/prescription-drugs/downloads/retail-price-survey/hdform.Pdf) to submit NADAC pricing inquiries. This form is available at <https://www.Medicaid.Gov/medicaid/prescription-drugs/downloads/retail-price-survey/hdform.Pdf>. All fields must be complete for proper submission of this form. Please do not include any personal health information (PHI) with submitted form or invoice.



Please note that the NADAC help desk will not address pharmacy inquiries into specific Kentucky claim reimbursement related questions or concerns. Please contact MedImpact regarding specific claim reimbursement questions.



MAC Inquiries-Appeals

- Pharmacies can initiate a MAC research request by completing the form located here:
- <https://kyportal.medimpact.com/provider-documents/maximum-allowable-cost-mac>
- MAC inquiries apply to generic drugs only.
- Return the form with a copy of the invoice listing the current acquisition cost to MedImpact.
 - Attn: MAC department
 - Fax: 877-357-0005
 - E-mail: StateMACProgram@medimpact.com



MAC Research Request Form



Kentucky Medicaid MAC Price Research Request Form

Please return this form with a copy of the invoice listing the current acquisition cost to MedImpact
Attn: MAC Department
Fax: 877-357-0005 or E-mail: StateMACProgram@medimpact.com

By submitting this form, I am requesting that MedImpact research the Kentucky Medicaid Maximum Allowable Cost (MAC) List price of the drug listed on this form and respond about product availability or a price modification based on the information provided in the "Comments" section below.

*DENOTES REQUIRED FIELDS

*DATE:

Provider Information		
*PROVIDER NAME:		*CONTACT NAME:
*PHONE NUMBER:	*FAX NUMBER:	*NPI NUMBER:
*EMAIL ADDRESS		

Drug Information			
*DRUG NAME:		*DRUG STRENGTH:	*DRUG DOSAGE FORM:
*NDC NUMBER:	*RECIPIENT ID NUMBER:		*RX NUMBER:
*PROVIDER ACQUISITION COST:	*DAW CODE:	QUANTITY DISPENSED:	*DATE OF SERVICE:

Comments
<input type="text"/>

MedImpact Use Only – Do Not Mark in this Area!
RESPONSE DATE:
RESPONSE:
<input type="text"/>
<input type="text"/>
<input type="text"/>

Note: Processing May Be Delayed if Information Submitted is Illegible or Incomplete.



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Important Information

Kentucky Department for Medicaid Services



Important Information

Upcoming Informational Sessions

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

April	Status updates. Answer questions.	All providers Date: TBD Notification/Invitations are emailed to pharmacy providers 14 days and 3 days prior to the webinar and will include Microsoft Teams Meeting link and login instructions.
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Important Information

MedImpact Contact information:

Team	Question Type	Contact Info
KY Account Team FFS	Program questions	KYMFFS@medimpact.com
Pharmacy Provider Network Questions	EFT, RA questions	Email: PharmacyOperationsSups@MedImpact.com or Web: https://pharmacy.MedImpact.com
KY Account Team MCO	Program questions	KYMCOBPM@medimpact.com



Important Numbers

Claim Submission

**BIN: 023880
(MCO)**

BIN: 026309 (FFS)

PCN: KYPROD1

**Group ID: KYM01
(MCO)**

**Group ID: KYF01
(FFS)**

Member number is
Medicaid ID

*Note: The BIN and
group number
changes for FFS.
The PCN will be the
same.*

Pharmacy Provider Help Desk

MCO: 800-210-7628

FFS: 877-403-6034

24 hours a day/ 7 days a
week

(Pharmacy Provider
Assistance for program
questions)

Clinical Call Center

MCO: 844-336-2676

FFS: 877-403-6034

8:00AM-7:00PM EST, 7
days a week

Fax: 858-357-2612

(Same fax for MCO and
FFS)

MedImpact Pharmacy Portal

Kentucky specific info
available at:

**[https://kyportal.
medimpact.com](https://kyportal.medimpact.com)**

Member Services

Phone: 800-635-2570

Hours: 8:00AM–5:00PM
EST

Monday – Friday

Voice Response Eligibility Verification (Member)

Phone: 800-807-1301

24 hours a day/ 7 days a
week.

Provider Management/Enroll ment

Phone: 877-838-5085

Fax: 502-226-1898

Hours: 8:00AM-4:30PM
EST, Monday – Friday



Frequently Asked Questions

Kentucky Department for Medicaid Services



Frequently Asked Questions

Q. Does a pharmacy need to re-enroll for Fee-for-Service with MedImpact?

No, you are already enrolled in the CHFS pharmacy network for both MCO and FFS.

Q. How do I submit claims for Fee-for-Service?

BIN Number: 026309

PCN: KYPROD1

Group ID: KYF01

Q. Is there a different number for MedImpact's help desk for Fee-for-Service?

Yes.

Pharmacy and Clinical Call Center Phone: 877-403-6034

Hours: Technical Call Center: 24 hours a day, 7 days a week

Clinical Call Center: 8:00 am – 7:00 pm EST, 7 days a week

MCO numbers remain unchanged.



Frequently Asked Questions

Q. How does the “lowest of logic” for payments to pharmacies work?

All available price inputs are calculated, and the lowest instance will be the Medicaid allowed amount and will be the final price type.

Q. Where can I find the single Preferred Drug List (PDL) and how often is it updated?

Effective 1/1/24 MedImpact will be managing the PDL. It will be posted on the MedImpact portal. Updates will occur with P&T changes as needed.

(<https://kyportal.medimpact.com/provider-documents/drug-information>)

Q. Will the dispensing fee be reduced if paid at usual and customary (U&C)?

The claim will be paid at U&C, no additional fees will be paid. This is the same for MCO and FFS.



Frequently Asked Questions

Q. Do pharmacies need to get new Prior Authorizations from MedImpact?

Members existing Prior Authorizations have been transferred to MedImpact and will be in effect through their original end date.

Q. Do pharmacies need to submit OPPRA (Other Payer-Patient Responsibility Amount – NCPDP Field NP) for COB claims?

No, CHFS is requiring OPAP (Other Payer Amount Paid – NCPDP Field HC) for COB claims.

Q. With the change to MedImpact have there been a lot of PDL (formulary) changes?

No, there haven't been major changes to the formulary. The portal contains links to documents, notices, past and upcoming changes to the PDL and P&T committee meeting information.



Frequently Asked Questions

Q. Did Member Medicaid ID's change?

No. However, the old PBM stored multiple old ID numbers, but MedImpact will only store one alternate ID. Pharmacies should request the member's new card and update their system with the new ID.

Q. Why is the claim rejecting for “No member found” when the submitted Medicaid ID is correct?

MedImpact verifies a member on their Medicaid ID and their date of birth. Please confirm the member DOB and update it in your pharmacy system. Please refer the member-to-member services at 800-635-2570 to ensure the Commonwealth has the correct date.

Q. Where can pharmacies initiate a MAC research request?

The form can be found on the MI portal with the link below.

<https://kyportal.medimpact.com/provider-documents/maximum-allowable-cost-mac>



Resources

Kentucky Department for Medicaid Services



Universal PA Form

- MedImpact uses a Universal PA form that is required by the Department for Medicaid Services. Best practices for submitting a PA are to utilize Electronic Prescribing System (ePA) which is integrated into physician's ePA or covermymeds.com.
- For manual prior authorizations, please submit MedImpact's Universal PA form.
- To access, view and print the form please visit:

<https://kyportal.Medimpact.Com>

- Select provider portal → resource → forms
- Fax document to 858-357-2612



Vaccine Counseling

- Effective November 1, 2022, for pharmacy providers
- Billing manual can be found at: [provider billing instructions \(kymmis.com\)](#)
- For any questions, please contact Gainwell
 - Provider representatives for walkthrough of claims submission professional panels

Vicky.Hicks@gainwelltechnologies.Com

Martha.Senn@gainwelltechnologies.Com

- Gainwell provider call center number: 1-800-807-1232
- Gainwell provider inquiry email
ky_provider_inquiry@gainwelltechnologies.com



Ethics Point

- MedImpact utilizes Ethics Point to provide secure and independent reporting that offers:
 - Confidential reporting that allows the reporter to remain anonymous if they choose
 - 24-hour telephone and web-based reporting options
 - Ability to follow-up on the report, even if reported anonymously

Public Internet	Toll-Free Phone
From any computer having internet access (home, public library, neighbor, etc.), Go to www.Ethicspoint.com and click on "file A new report", and follow the instructions.	Call your Ethics Point toll-free hotline at 1-800-915-2185. An intake specialist will assist you with entering your report into the Ethics Point system.



Questions?

KYMCOPBM@medimpact.com

KYMFFS@medimpact.com

If you would like a copy of the deck from today's presentation, please submit your email address in the meeting chat box.



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MedImpact



Thank you.