

# Recording will begin shortly.

MedImpact will record this presentation and post it on the internet. The recording will end prior to the Q&A section and display a list of attendees on the screen. If you prefer your name not to be shown, please leave the webinar and view a copy of the deck/recording on our portal once the meeting has ended.

Thank you.



## Operational Update:

### Kentucky Medicaid Pharmacy Benefit Manager

### Pharmacy Provider Webinar Forum

**WEDNESDAY JULY 31, 2024**



# Agenda

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Roles

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Reduced Provider Payments (Due to Reversals)

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Drug Shortages

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Wegovy Coverage

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Billing of Home Infusion Drugs (WellCare/Anthem)

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Overbilling of COVID-19 test kits

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MedImpact Provider Portal

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Pharmacy Financial Payment Cycle

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P&T Committee

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Reminders

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Important Information/Numbers

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FAQs

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Questions

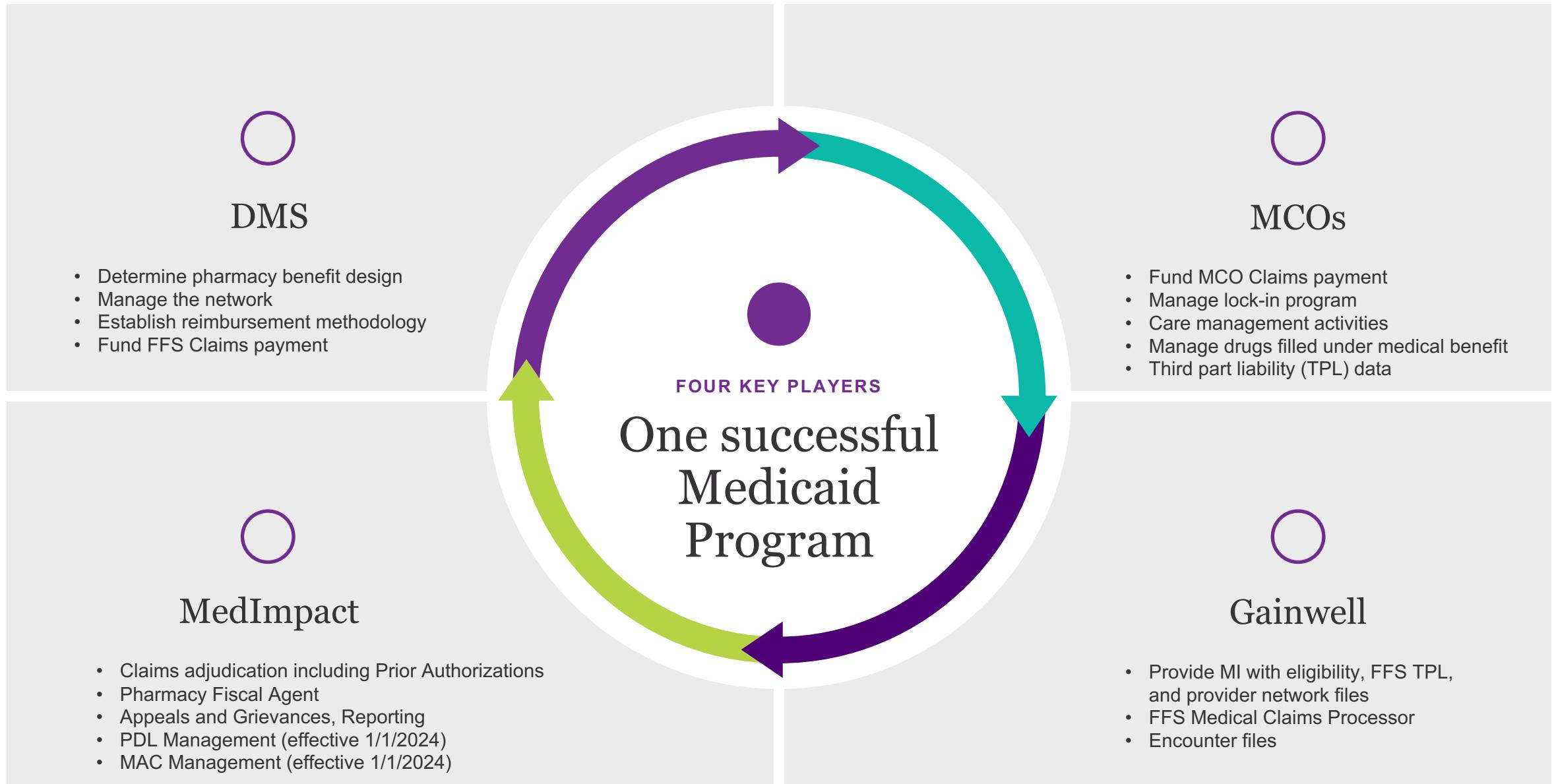
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Resources

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# Roles

Kentucky Department for Medicaid Services



# Reduced Provider Payments (Due to Reversals)

Kentucky Department for Medicaid Services

# Reduced Provider Payments (Due to Reversals)

- Reversal and resubmission of claims can cause a temporary reduction in expected weekly payments. The reduction in payments is due to reversals from a previous EOB cycle that result in an accounts receivable that is applied to the next provider payment.
- While resubmission of the same claim results in a payment to the provider, they must go through the standard EOB cycle to allow funding for payment as seen in the table below.
- This is more impactful during the months of January and June when NADAC pricing is adjusted.

EOB Start	EOB End	Invoice Date to MCO/DMS	Provider Payment Issued
<b>Managed Care Payments</b>			
<b>Friday</b>	Following Thursday	Friday after end of cycle	Following Friday after end of cycle
<b>1/5/2024</b>	1/11/2024	1/12/2024	1/19/2024
<b>1/12/2024</b>	1/18/2024	1/19/2024	1/26/2024
<b>Fee-for-Service Payments</b>			
<b>Friday</b>	Following Thursday	Friday after end of cycle	Second Friday after end of cycle
<b>1/5/2024</b>	1/11/2024	1/12/2024	1/26/2024
<b>1/12/2024</b>	1/18/2024	1/19/2024	2/2/2024

# Reduced Provider Payments (Due to Reversals)

- This can result in a reduction of the weekly payment received after the reversal was submitted but will be resolved once the resubmission processes through the EOB cycle and will be received in the next payment cycle as seen in the table below.

Original claim Fill Date	Original Claim Paid Date	Reversal and Resubmission Date Adjudicated	Paid Date Reduced by Reversal	Resubmission Paid Date
<b>Managed Care Example</b>				
1/18/2024	1/26/2024	1/31/2024	2/2/2024	2/9/2024
1/25/2024	2/2/2024	2/6/2024	2/9/2024	2/16/2024
<b>Fee-for-Service Example</b>				
1/18/2024	2/2/2024	1/31/2024	2/2/2024	2/16/2024
1/25/2024	2/9/2024	2/6/2024	2/9/2024	2/23/2024

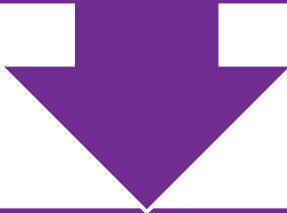
- If you have any questions or concerns, please reach out to the mailbox that corresponds to the payment in question and one of our team members will reach out to discuss further.
- Managed Care Payment Questions: [KYMCOOPBM@MedImpact.com](mailto:KYMCOOPBM@MedImpact.com)
- Fee-For-Service Payment Questions: [KYMFFS@MedImpact.com](mailto:KYMFFS@MedImpact.com)

# Drug Shortages

Kentucky Department for Medicaid Services

# Drug Shortages – Elidel 1% Cream

The Department for Medicaid Services (DMS) is aware of persistent national drug shortage issues with the preferred product Elidel 1% cream. To assist pharmacies with providing timely access to treatment, DMS has temporarily authorized pharmacy providers to enter a submission clarification code (SCC) of 02 to bypass the prior authorization requirement for pimecrolimus 1% cream effective July 15<sup>th</sup>.



A true shortage **MUST** exist, meaning the preferred brand product is not available from the wholesaler to use this functionality. Adequate documentation of the shortage is strongly recommended as potentially inappropriate use of SCC 02 may be subject to audit.

# Wegovy Coverage

Kentucky Department for Medicaid Services

# Wegovy Coverage

- Effective July 1, 2024, the Kentucky Department for Medicaid Services (DMS) began covering Wegovy for risk reduction of cardiovascular death, heart attack, or stroke in patients who are either overweight or obese.
- Coverage of Wegovy for this indication will be dependent upon patients meeting the clinical prior authorization criteria that will be implemented. As clarified by CMS, Wegovy requests for the treatment of weight loss will continue to be excluded from coverage.
- Prior authorization criteria for Wegovy can be found on our portal at:  
[https://kyportal.medimpact.com/sites/default/files/2024-07/wegovy\\_pa\\_criteria\\_7.19.24\\_0.pdf](https://kyportal.medimpact.com/sites/default/files/2024-07/wegovy_pa_criteria_7.19.24_0.pdf)

# Billing of Home Infusion Drugs (WellCare/Anthem)

Kentucky Department for Medicaid Services

# Billing of Home Infusion Drugs

- Home Infusion **drugs** must be billed under the pharmacy benefit
- The administration must be billed under the DME benefit. The DME provider fee schedule has appropriate administration codes listed.

# Overbilling of COVID-19 test kits

Kentucky Department for Medicaid Services

# Overbilling of COVID-19 test kits– Subject to audit

- Reminder for pharmacies to bill appropriately for COVID-19 OTC test kits
- Any/all claims for COVID-19 test kits are subject to audit

# MedImpact Provider Portal

Kentucky Department for Medicaid Services

# MedImpact Provider Portal

- The KY Provider Portal has been updated 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.
- **Kentucky Medicaid D.0 Payer Specs:** [https://kyportal.medimpact.com/sites/default/files/2023-11/medimpact\\_ky\\_medicaid\\_payer\\_sheet\\_v1.3.pdf](https://kyportal.medimpact.com/sites/default/files/2023-11/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](https://kyportal.medimpact.com/sites/default/files/2024-01/mco_provider_billing_manual_01012024_final.pdf)
- FFS: [https://kyportal.medimpact.com/sites/default/files/2023-12/provider\\_billing\\_manual\\_fee\\_for\\_service\\_final.pdf](https://kyportal.medimpact.com/sites/default/files/2023-12/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, and 340B Process.



## Prior Authorizations

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



## Links

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



## Tools

Drug lookup and pharmacy locator.

# MedImpact Portal

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



TEAM KENTUCKY™

MEMBER PORTAL | PROVIDER PORTAL | CLIENT PORTAL | MANUFACTURER PORTAL | CONTACT

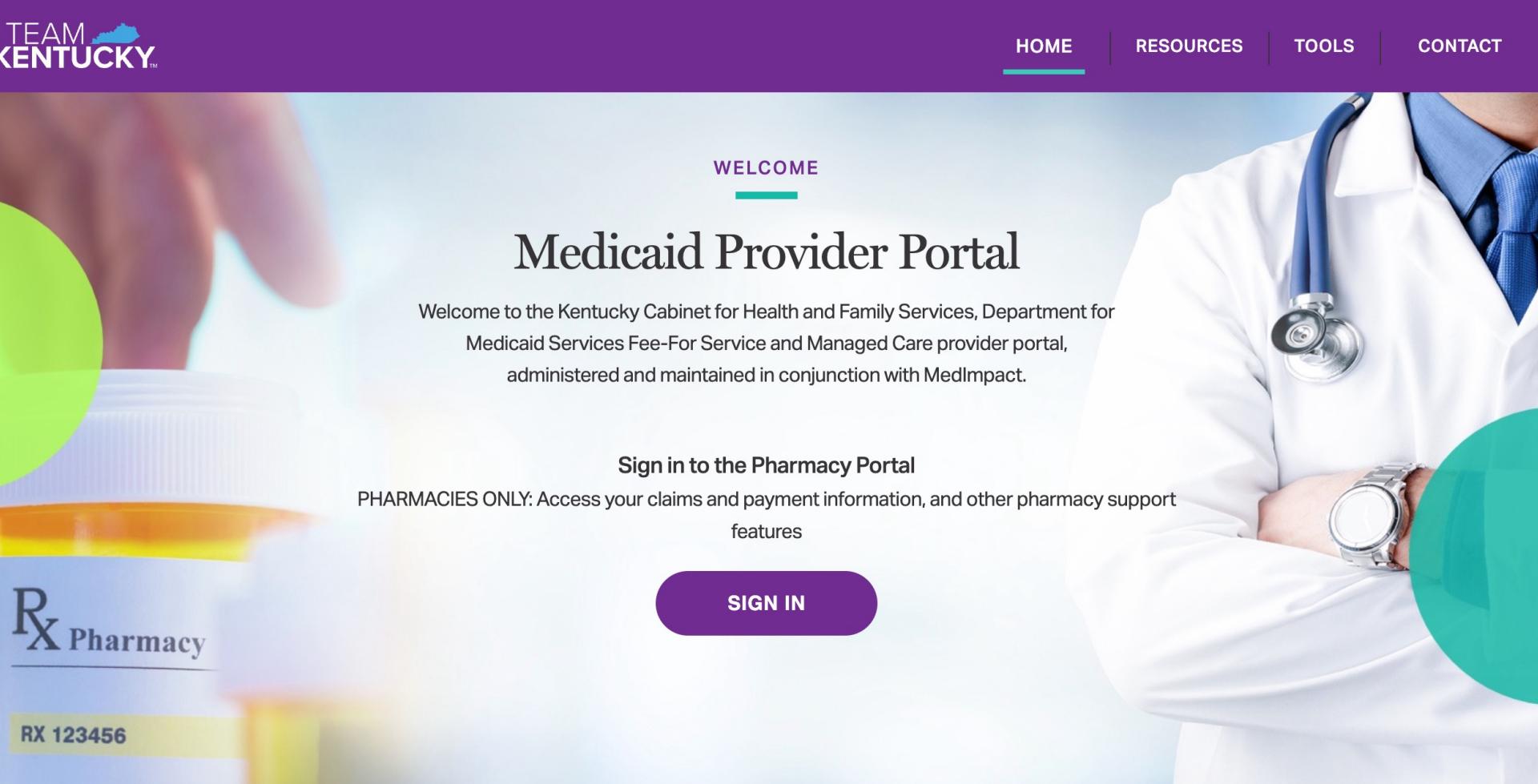
WELCOME

# Department for Medicaid Services

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

 DOWNLOAD PREFERRED DRUG LIST (PDL)

# MedImpact Portal



The image shows the homepage of the MedImpact Portal. The background features a photograph of a doctor in a white coat and a stethoscope, and a prescription bottle with the text "RX Pharmacy" and "RX 123456". The top navigation bar is purple with white text, featuring the "TEAM KENTUCKY" logo on the left and "HOME", "RESOURCES", "TOOLS", and "CONTACT" on the right. The "HOME" button is underlined. The main content area has a white background. It includes a "WELCOME" section with a teal horizontal bar, the title "Medicaid Provider Portal" in a large serif font, and a welcome message: "Welcome to the Kentucky Cabinet for Health and Family Services, Department for Medicaid Services Fee-For Service and Managed Care provider portal, administered and maintained in conjunction with MedImpact." Below this is a "Sign in to the Pharmacy Portal" section with a teal horizontal bar, a "PHARMACIES ONLY" note, and a "SIGN IN" button in a purple rounded rectangle.

TEAM KENTUCKY

HOME RESOURCES TOOLS CONTACT

WELCOME

## Medicaid Provider Portal

Welcome to the Kentucky Cabinet for Health and Family Services, Department for Medicaid Services Fee-For Service and 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

# MedImpact Portal



## Provider Forms

Prior authorizations and other forms.

### Prior Authorization (PA)

	DATE ADDED
<a href="#"> Universal Prior Authorization (PA) Form - All Drugs</a>	12/08/2023
<a href="#"> Prior Authorization (PA) Form - Benzodiazepines</a>	04/12/2022
<a href="#"> Prior Authorization (PA) Form - Stimulants</a>	04/12/2022

### Electronic Prior Authorization (ePA)

Electronic Prior Authorization (ePA) offers a streamlined solution for PA request initiation that improves prescriber and patient



## Pharmacy Memos and Newsletters

Urgent and important pharmacy notifications distributed via email.

### Pharmacy Memorandums

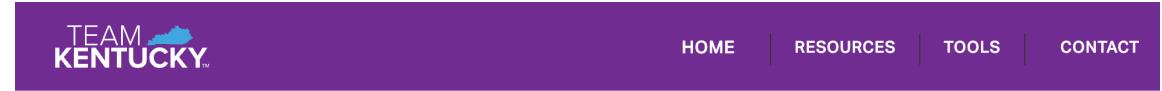
	DATE ADDED
<a href="#"> FFS Vaccine Coverage 5.20.24</a>	05/20/2024
<a href="#"> Holiday EOB Schedule – Memorial Day 2024</a>	05/17/2024
<a href="#"> Prior 1.1 Claim Reversal - ENDING</a>	05/15/2024
<a href="#"> Digihaler Discontinuation</a>	05/14/2024
<a href="#"> State of Emergency Services Notification 4.3.2024</a>	04/04/2024



# MedImpact Portal



The image shows the homepage of the Medicaid Provider Portal. At the top, there is a purple navigation bar with the "TEAM KENTUCKY" logo on the left and "HOME", "RESOURCES", "TOOLS", and "CONTACT" buttons. The "TOOLS" button is highlighted with a dashed border. Below the navigation bar, the word "WELCOME" is displayed in a purple bar. The main title "Medicaid Provider Portal" is centered in a large, dark font. To the left of the title, there is a photograph of a healthcare professional wearing a white coat and a stethoscope. To the right, there is a "DRUG LOOKUP" button and a "PHARMACY LOCATOR" button. Below the title, a welcome message reads: "Welcome to the Kentucky Cabinet for Health and Family Services, Department for Medicaid Services Fee-For Service and Managed Care provider portal, administered and maintained in conjunction with MedImpact." At the bottom left, there is a "RX Pharmacy" logo with the text "RX 123456". A "SIGN IN" button is located at the bottom center.



The image shows the "Formulary Search" page. At the top, there is a purple navigation bar with the "TEAM KENTUCKY" logo on the left and "HOME", "RESOURCES", "TOOLS", and "CONTACT" buttons. Below the navigation bar, the title "Formulary Search" is centered. To the left of the title, there is a search form with the heading "Search By:" and five radio button options: "BRAND NAME" (which is selected), "NDC", "GENERIC NAME", "LABEL NAME", and "THERAPEUTIC CLASS". Below the search form is a text input field with the placeholder "Enter Brand Name".

## Formulary Search

! Please enter a brand name above.



# Pharmacy Financial Payment Cycle

Kentucky Department for Medicaid Services

# Pharmacy Financial Payment Cycle

- Fee-For-Service is on a 7-day weekly EOB Cycle
- MCOs 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.

- 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

# Holiday EOB Schedule Impacted- Labor Day

- Please be advised that due to the Labor Day holiday, electronic and paper check payments made for the EOB cycle end dates below may experience an estimated processing delay of one to three business days in your receipt of electronic payments or paper checks. However, if MCO funding is delayed, this delay could be extended to the next payment cycle. We apologize for any inconvenience.
- Individual banking institution policies regarding the application of ACH payments may vary. The dates provided are estimates only.

Program	EOB Start	EOB End	Pay Date	Bank Holiday
FFS	8/23/2024	8/29/2024	9/13/2024	
MCO	8/23/2024	8/29/2024	9/6/2024	9/2/2024

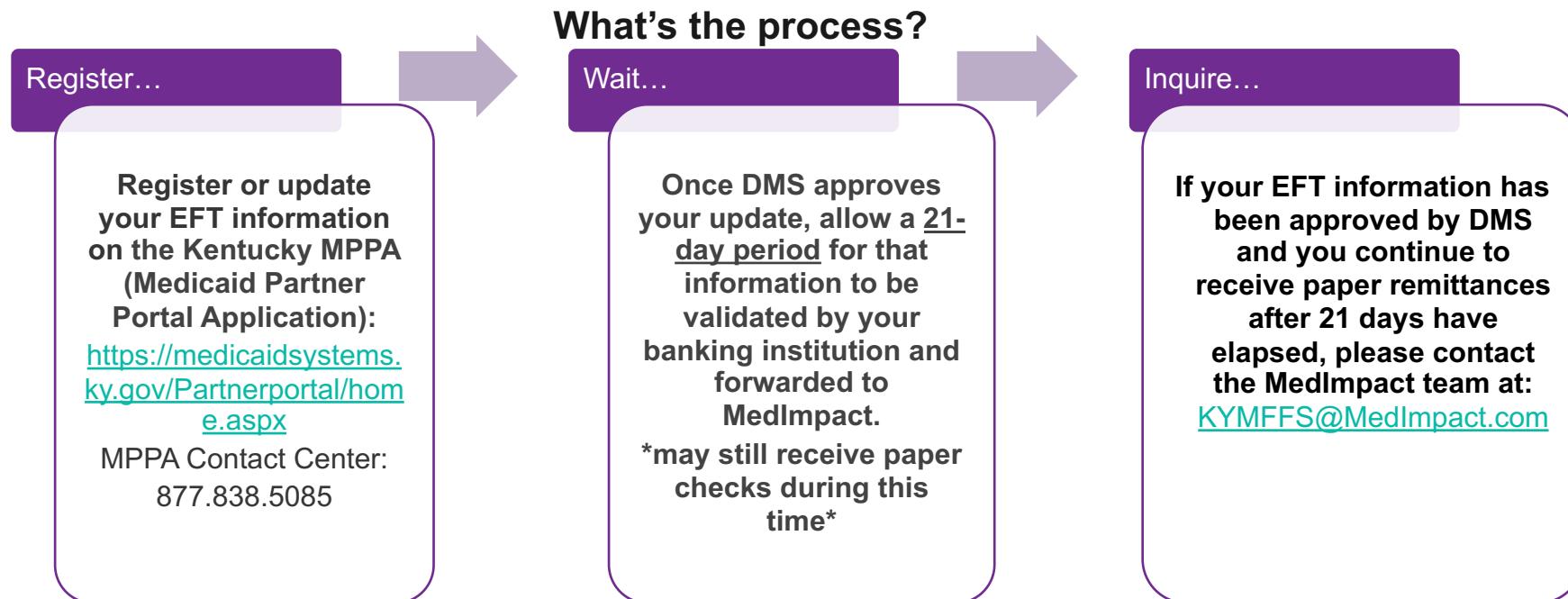
# Electronic Payment

- 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



# P&T Committee

Kentucky Department for Medicaid Services

# P&T Committee

- P&T Meetings are hosted by MedImpact.
- The meeting dates for 2024 are:
  - January 18, 2024 (completed)
  - April 18, 2024 (completed)
  - July 9, 2024 (completed)
  - October 17, 2024
- Meeting time is 1:00pm to 4:00pm EST
- 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 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](mailto:info@mslcrps.com)

Facsimile: (844) 860-0236



Pharmacy providers should use the NADAC [help desk form](#) 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](mailto:StateMACProgram@medimpact.com)



## 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](mailto: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

MedImpact Use Only – Do Not Mark in this Area!

RESPONSE DATE:

RESPONSE:

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



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# Important Information/Numbers

Kentucky Department for Medicaid Services

# Important Information- Sessions

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

<b>October</b>	Status updates. Answer questions.	All providers <b>Date: TBD</b> 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- Second Quarter Pharmacy Newsletter



## Current Drug Shortages

Albuterol HFA	Elidel Cream
<p>A temporary authorization has been given for providers to enter a submission clarification code (SCC) of 02 to bypass the prior authorization requirement when preferred agents are unavailable. SCC is NCPDP field 420-DK. For more information visit: <a href="https://kyportal.medimpact.com/sites/default/files/2023-10/kym_albuterol_scc_usage_10-04-2023.pdf">https://kyportal.medimpact.com/sites/default/files/2023-10/kym_albuterol_scc_usage_10-04-2023.pdf</a></p> <p>Please note this authorization is also applicable to Fee-For-Service (FFS) members.</p>	<p>Effective July 15<sup>th</sup>, a temporary authorization has been given for providers to enter a submission clarification code (SCC) of 02 to bypass the prior authorization requirement for nonpreferred product pimecrolimus 1% cream. SCC is NCPDP field 420-DK. For more information visit: <a href="https://kyportal.medimpact.com/sites/default/files/2024-07/generic_elidel_scc02_override_provider_communication.pdf">https://kyportal.medimpact.com/sites/default/files/2024-07/generic_elidel_scc02_override_provider_communication.pdf</a></p> <p>Please note this authorization is also applicable to Fee-For-Service (FFS) members.</p>

## Asthma Immunomodulator Agents

Effective May 1, 2024, the Department for Medicaid Services (DMS) added clinical prior authorization criteria to the following Asthma Immunomodulator Agents:

- Fasenra® (benralizumab)
- Nucala (mepolizumab)
- Xolair® (omalizumab)

Coverage of these agents will remain in preferred status on the Kentucky Preferred Drug List (PDL). Impacted members and providers should have received notice of these changes.



As a reminder, vaccines covered under the pharmacy benefit will receive an administration fee of \$27.49 for the first dose in a vaccine series. If applicable, each subsequent vaccine series dose will receive an administration fee of \$9.80. Submission clarification codes (SCC) of 02 and 06 should be used for billing on multi-dose vaccine series. Refer to the table below for proper entry of the SCC values. SCC is NCPDP field 420-DK and Incentive Amount submitted (administration fee) is 438-E3.

Dose	SCC	New Administration Fee
Single dose	Not required	Up to \$27.49
Multi-dose	<b>General</b> <ul style="list-style-type: none"><li>• Either SCC 02 or 06 must be submitted on claims.</li><li>• Multiple SCC codes can be submitted on the same claim, but only SCC 02 and 06 will be evaluated in the vaccine administration fee processing.</li><li>• Submitting both SCC 02 and 06 on the same claim will cause the claim to be processed and reimbursed as SCC 06.</li></ul> <b>First Dose</b> <ul style="list-style-type: none"><li>• Submit SCC 02.</li></ul> <b>Subsequent Doses</b> <ul style="list-style-type: none"><li>• Submit SCC 06.</li></ul>	<ul style="list-style-type: none"><li>• SCC 02 = up to \$27.49</li><li>• SCC 06 = up to \$9.80</li></ul>

For more information including important notes and examples visit:

[https://kyportal.medimpact.com/sites/default/files/2024-05/ffs\\_vaccine\\_coverage\\_provider\\_communication\\_5.20.24.pdf](https://kyportal.medimpact.com/sites/default/files/2024-05/ffs_vaccine_coverage_provider_communication_5.20.24.pdf)



# Important Contact Information

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

# Important Numbers

<p><b>Claim Submission</b></p> <p><b>BIN: 023880 (MCO)</b></p> <p><b>BIN: 026309 (FFS)</b></p> <p><b>PCN: KYPROD1</b></p> <p><b>Group ID: KYM01 (MCO)</b></p> <p><b>Group ID: KYF01 (FFS)</b></p> <p>Member number is Medicaid ID</p> <p><i>Note: The BIN and group number changes for FFS. The PCN will be the same.</i></p>	<p><b>Pharmacy Provider Help Desk</b></p> <p><b>MCO: 800-210-7628</b></p> <p><b>FFS: 877-403-6034</b></p> <p>24 hours a day/ 7 days a week</p> <p>(Pharmacy Provider Assistance for program questions)</p>	<p><b>Clinical Call Center</b></p> <p><b>MCO: 844-336-2676</b></p> <p><b>FFS: 877-403-6034</b></p> <p>8:00AM-7:00PM EST, 7 days a week</p> <p><b>Fax: 858-357-2612</b></p> <p>(Same fax for MCO and FFS)</p>	<p><b>MedImpact Pharmacy Portal</b></p> <p>Kentucky specific info available at:</p> <p><a href="https://kyportal.medimpact.com">https://kyportal.medimpact.com</a></p>
	<p><b>Member Services</b></p> <p><b>Phone: 800-635-2570</b></p> <p>Hours: 8:00AM–5:00PM EST</p> <p>Monday – Friday</p>	<p><b>Voice Response Eligibility Verification (Member)</b></p> <p><b>Phone: 800-807-1301</b></p> <p>24 hours a day/ 7 days a week.</p>	<p><b>Provider Management/Enrollment</b></p> <p><b>Phone: 877-838-5085</b></p> <p><b>Fax: 502-226-1898</b></p> <p>Hours: 8:00AM-4:30PM EST, Monday – Friday</p>

# Frequently Asked Questions (FAQ)

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: 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.

## **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.

# Frequently Asked Questions

## **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.

## **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.

# Frequently Asked Questions

## **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.

## **Q. Did Member Medicaid ID's change?**

No. The previous PBM stored multiple old ID numbers; however, 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 to the member-to-member services help desk 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>

# Questions?

Kentucky Department for Medicaid Services

# Questions



If you have any questions, please email  
[KYMCOOPBM@Medimpact.com](mailto:KYMCOOPBM@Medimpact.com) or [KYMFFS@Medimpact.com](mailto:KYMFFS@Medimpact.com)



A copy of the deck will be available on our portal. Please visit:  
<https://kyportal.medimpact.com/provider-documents/provider-webinars>

# Resources

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>



The screenshot shows the Kentucky Cabinet for Health and Family Services website. The header includes the Kentucky logo, the text 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES', and a navigation bar with 'Services' and 'Agencies'. Below the header, a breadcrumb navigation path is visible: CHFS > Agencies > Department for Medicaid Services > Division of Program Integrity > Provider Enrollment > Medicaid Partner Portal Application.

## 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 Webinars](#)  
[Newsletters and Related Training Resources](#)

### Additional Info

- [Authorized Delegates](#)
- [Organization Administrators](#)

# CHFS Provider 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 Provider 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 help desk at 877-838-5085 **M-F 8:00 am – 4:30 pm EST.**

# NADAC/WAC Pricing

- 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 for 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

- 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.
- 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.

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

- See [CMS pharmacy pricing](#) 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](mailto:info@mslcrps.com)
  - **Toll-free help desk phone number (855) 457-5264**

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
<b>NADAC Price</b>	\$103	\$103		\$88
<b>WAC Price (based on daily compendia updates)</b>	\$100	\$90 (based on WAC decrease)		\$90
<b>Pharmacy Acquisition Cost</b>	\$98	\$98		\$85
<b>Pharmacy Reimbursement Based on Lowest of Logic</b>	\$100 (WAC) + \$10.64 (DF) = \$110.64	\$90 (WAC) + \$10.64 (DF) = \$100.64		\$88 (NADAC) +\$10.64 (DF) = \$98.64

# 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](http://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, Resources tab, select Prior Authorization to access the Universal PA form

Fax document to 858-357-2612

# Vaccine Counseling

- Effective November 1, 2022, for pharmacy providers
- Billing manual can be found at: <https://www.kymmis.com/kymmis/provider%20relations/billingInst.aspx>
- For any questions, please contact Gainwell.
- Provider representatives for walkthrough of claims submission professional panels:

[Vicky.Hicks@gainwelltechnologies.Com](mailto:Vicky.Hicks@gainwelltechnologies.Com)  
[Martha.Senn@gainwelltechnologies.Com](mailto:Martha.Senn@gainwelltechnologies.Com)

- Gainwell provider call center number: 1-800-807-1232
- Gainwell provider inquiry email: [ky\\_provider\\_inquiry@gainwelltechnologies.com](mailto:ky_provider_inquiry@gainwelltechnologies.com)

# EthicsPoint

- 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
<p>From any computer having internet access (home, public library, neighbor, etc.), go to <a href="http://www.Ethicspoint.com">www.Ethicspoint.com</a> and click on "File A New Report", and follow the instructions.</p>	<p>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.</p>

# Thank you.

Kentucky Department for Medicaid Services