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.

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Operational Update:

Kentucky Medicaid Pharmacy Benefit Manager

Pharmacy Provider Webinar Forum

WEDNESDAY JANUARY 29, 2025

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Agenda

- Roles
- GLP-1 Agents Maximum Per Fill Limit
- mRESVIA Coverage
- NADAC Reimbursement
- Potential Denied Claims For Previous Anthem Members
- P&T Committee
- Reminders
- Important Information/Numbers
- FAQs
- Questions
- Resources

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Roles

Kentucky Department for Medicaid Services

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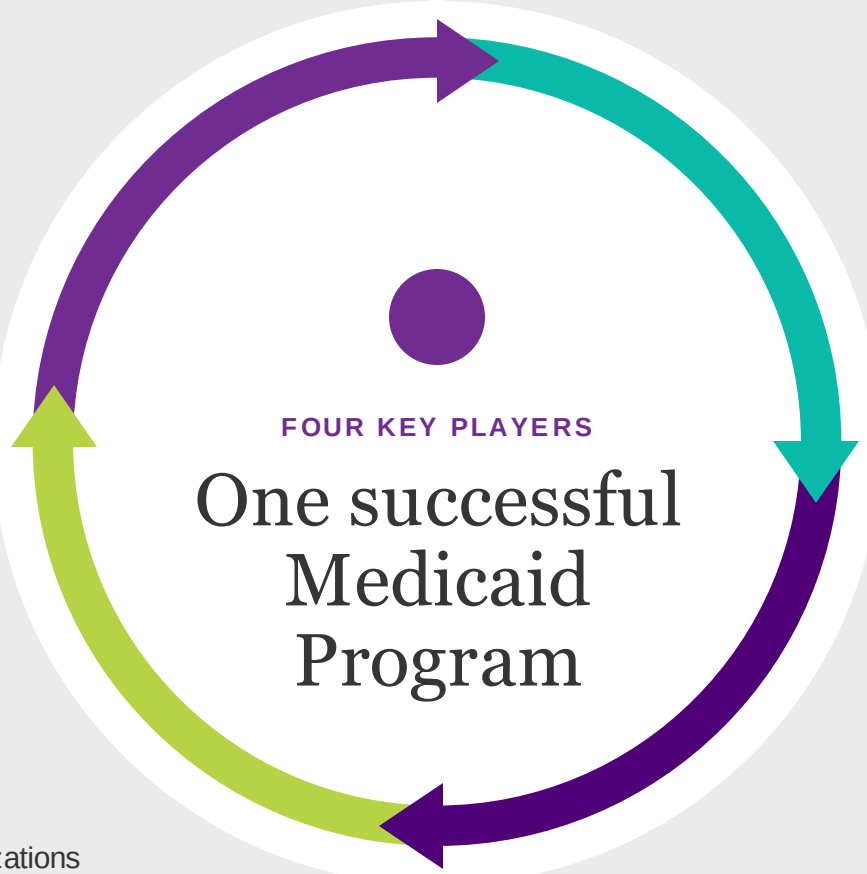
DMS

- Determine pharmacy benefit design
- Manage the network
- Establish reimbursement methodology
- Fund FFS Claims payment

MCOs

- Fund MCO Claims payment
- Manage lock-in program
- Care management activities
- Manage drugs filled under medical benefit
- Third part liability (TPL) data



FOUR KEY PLAYERS

One successful Medicaid Program

MedImpact

- Claims adjudication including Prior Authorizations
- Pharmacy Fiscal Agent
- Appeals and Grievances, Reporting
- PDL Management (effective 1/1/2024)
- MAC Management (effective 1/1/2024)

Gainwell

- Provide MI with eligibility, FFS TPL, and provider network files
- FFS Medical Claims Processor
- Encounter files

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GLP-1 Agents Maximum Per Fill Limit

Kentucky Department for Medicaid Services

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GLP-1 Agents Maximum Per Fill Limit

- Effective February 1st, 2025, DMS will implement a maximum per fill limit to glucagon-like peptide-1 (GLP-1) receptor agonist agents as follows:

DRUG NAME	MAXIMUM PER FILL
BYDUREON BCISE 2 MG AUTOINJECT	3.4 ML (4 AUTOINJECTORS)
BYETTA (EXENATIDE) 10 MCG DOSE PEN INJ	2.4 ML (1 PEN)
BYETTA (EXENATIDE) 5 MCG DOSE PEN INJ	1.2 ML (1 PEN)
LIRAGLUTIDE 18 MG/3 ML PEN	9 ML (3 PENS)
MOUNJARO 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN, 2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN	2 ML (4 PENS)
OZEMPIC 0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3 ML (1 PEN)
RYBELSUS 14 MG TABLET, 3 MG TABLET, 7 MG TABLET	30 TABLETS
TRULICITY 0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN	2 ML (4 PENS)
VICTOZA (LIRAGLUTIDE) 2-PAK 18 MG/3 ML PEN, 3-PAK 18 MG/3 ML PEN	9 ML (3 PENS)

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GLP-1 Agents Maximum Per Fill Limit

- As this is an administrative edit, prior authorization requests for receiving more than the allowed quantity per fill will be dismissed.
- This will apply to both Fee-for-Service and Managed Care members. Please note, other currently existing utilization management edits will continue to apply.
- Quantity limits and prior authorization criteria can be found at: https://kyportal.medimpact.com/medicaid-provider-portal/medicaid-provider-portal-home

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mRESVIA Coverage

Kentucky Department for Medicaid Services

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mRESVIA Coverage

- mRESVIA (Respiratory Syncytial Virus Vaccine) will be covered effective February 1st, 2025.

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NADAC Reimbursement

Kentucky Department for Medicaid Services

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NADAC Reimbursement

- MedImpact would like to provide some context regarding potential decreases in NADAC reimbursement rates that pharmacies may experience. Changes in market conditions, such as fluctuations in drug wholesale prices, shifts in manufacturer pricing, or changes in supply chain dynamics, can result in updated reimbursement rates that may be lower than previous amounts.

- The following information will enable pharmacies to identify the price source used for reimbursing each claim. The final reimbursement determination pricing information is returned in the claim response Basis of Reimbursement Determination (NCPDP field #522-FM). The value and the corresponding reference price source are shown below:
    - 4 – Usual & Customary Paid as Submitted
    - 6 – MAC
    - 10 – ASP
    - 13 – WAC
    - **20 – NADAC**
    - 24 – FUL

    - Providers can see the most up-to-date NADAC prices on the CMS website which is linked on the next slide. 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.

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NADAC Reimbursement

- 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.

- 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. Please do not include any personal health information (PHI) on the submitted form or invoice.

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Potential Denied Claims for Previous Anthem Members

Kentucky Department for Medicaid Services

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Potential Denied Claims for Previous Anthem Members

- Please be advised that pharmacies may receive the rejection NCPDP 65 – Patient is not Covered when submitting claims for members that were enrolled with Anthem prior to 2025.

- The eligibility vendor is still in the process of addressing several members that are still enrolled in Anthem or were assigned to two different Managed Care Entities.

- MedImpact will update our system accordingly once these updates have been received. If you encounter this issue, we encourage you to contact our help desk for assistance. For MCO members call (800) 210-7628 and FFS members (877) 403-6034.

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P&T Committee

Kentucky Department for Medicaid Services

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P&T Committee

- P&T Meetings are hosted by MedImpact.
- The meeting dates for 2025 are:
  - January 28, 2025 (completed)
  - April 15, 2025
  - July 15, 2025
  - October 14, 2025
- Meeting time is 1:00pm to 4:00pm EST
- Please note that committee meetings have been moved to Tuesdays.
- The meeting schedule and invite information will also be posted on 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.

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Reminders

Kentucky Department for Medicaid Services

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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 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.

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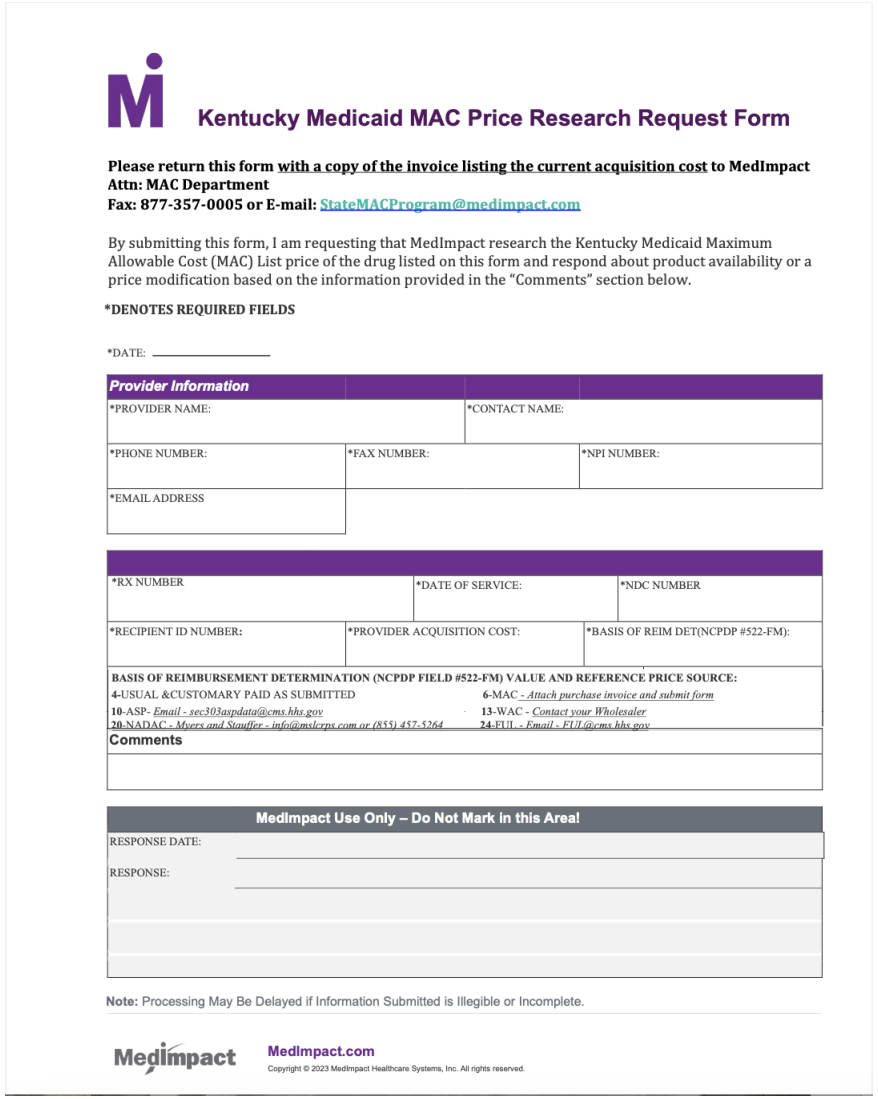
MAC Inquiries- Appeals

- 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



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		

*RX NUMBER	*DATE OF SERVICE:	*NDC NUMBER
*RECIPIENT ID NUMBER:	*PROVIDER ACQUISITION COST:	*BASIS OF REIM DET(NCPDP #522-FM):

BASIS OF REIMBURSEMENT DETERMINATION (NCPDP FIELD #522-FM) VALUE AND REFERENCE PRICE SOURCE:
4-USUAL &CUSTOMARY PAID AS SUBMITTED
6-MAC - *Attach purchase invoice and submit form*
10-ASP- *Email - sec303aspdata@cms.hhs.gov*
13-WAC - *Contact your Wholesaler*
20-NADAC - *Myers and Stauffer - info@mslcrps.com or (855) 457-5264*
24-FUL - *Email - FUL@cms.hhs.gov*

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

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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.

April 2025	Status updates. Answer questions.	All providers **Date: TBD** A provider notification is distributed 14 days and 3 days prior to the webinar and will include a Microsoft Teams Meeting link and login instructions. A copy of the notice will also be posted on our portal. https://kyportal.medimpact.com/provider-documents/provider-webinars

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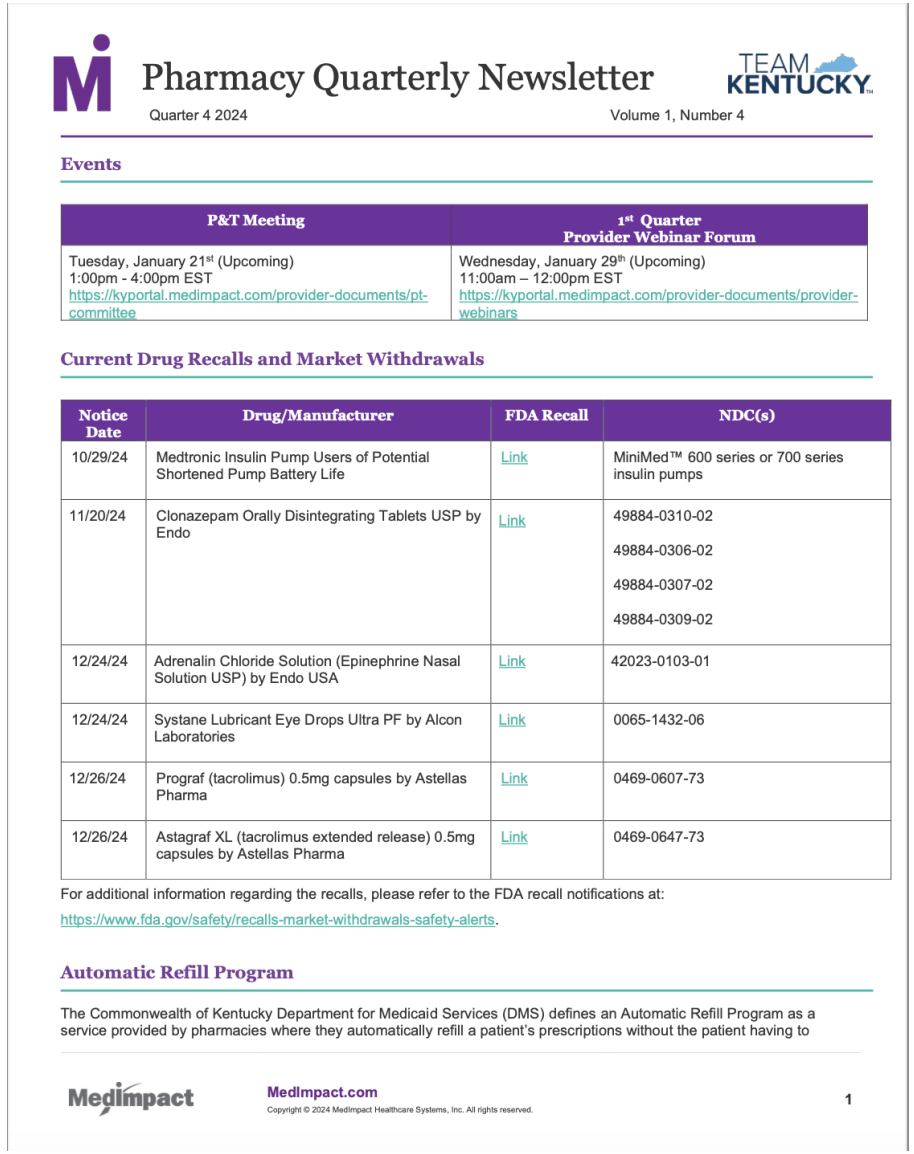
Important Information- Fourth Quarter 2024 Pharmacy Newsletter



Pharmacy Quarterly Newsletter

TEAM KENTUCKY

Quarter 4 2024 Volume 1, Number 4

Events

P&T Meeting	1st Quarter Provider Webinar Forum
Tuesday, January 21st (Upcoming) 1:00pm - 4:00pm EST https://kyportal.medimpact.com/provider-documents/pt-committee	Wednesday, January 29th (Upcoming) 11:00am – 12:00pm EST https://kyportal.medimpact.com/provider-documents/provider-webinars

Current Drug Recalls and Market Withdrawals

Notice Date	Drug/Manufacturer	FDA Recall	NDC(s)
10/29/24	Medtronic Insulin Pump Users of Potential Shortened Pump Battery Life	Link	MiniMed™ 600 series or 700 series insulin pumps
11/20/24	Clonazepam Orally Disintegrating Tablets USP by Endo	Link	49884-0310-02 49884-0306-02 49884-0307-02 49884-0309-02
12/24/24	Adrenalin Chloride Solution (Epinephrine Nasal Solution USP) by Endo USA	Link	42023-0103-01
12/24/24	Systane Lubricant Eye Drops Ultra PF by Alcon Laboratories	Link	0065-1432-06
12/26/24	Prograf (tacrolimus) 0.5mg capsules by Astellas Pharma	Link	0469-0607-73
12/26/24	Astagraf XL (tacrolimus extended release) 0.5mg capsules by Astellas Pharma	Link	0469-0647-73

For additional information regarding the recalls, please refer to the FDA recall notifications at:

https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts.

Automatic Refill Program

The Commonwealth of Kentucky Department for Medicaid Services (DMS) defines an Automatic Refill Program as a service provided by pharmacies where they automatically refill a patient's prescriptions without the patient having to

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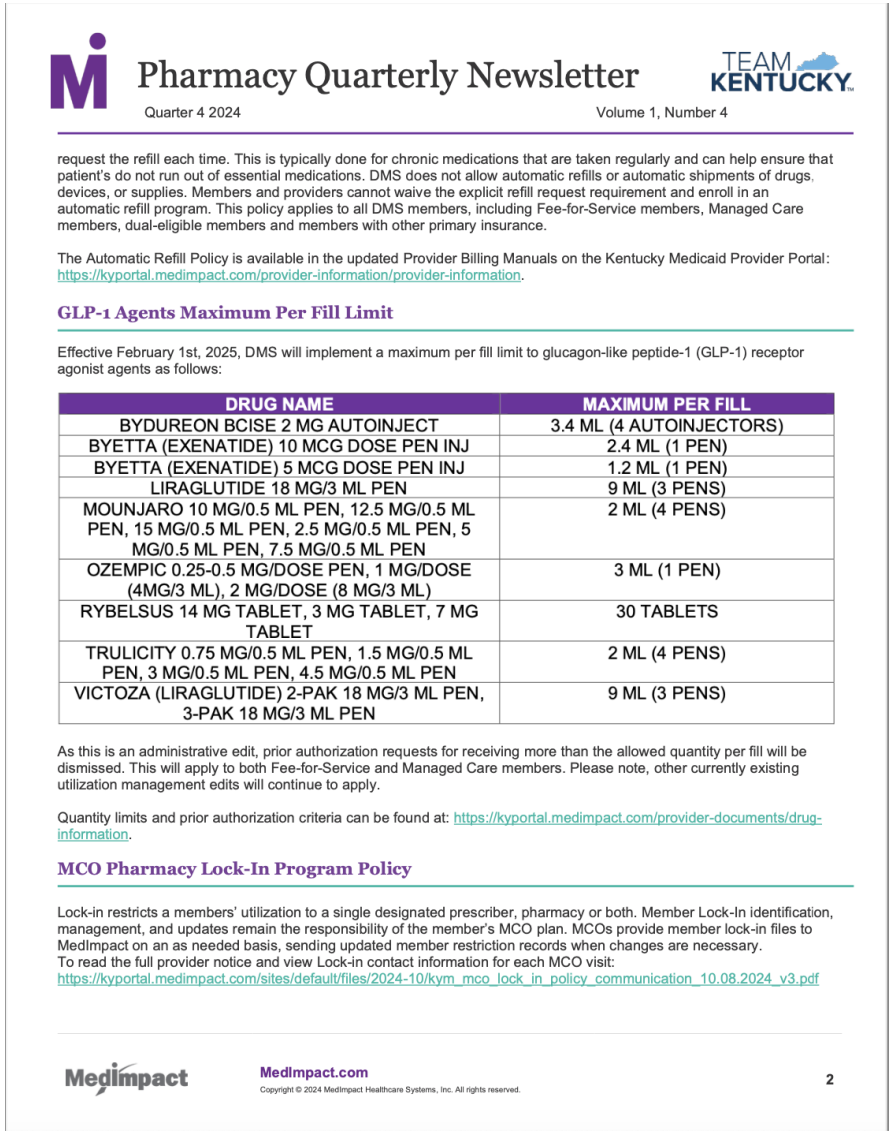
Important Information- Fourth Quarter 2024 Pharmacy Newsletter



Pharmacy Quarterly Newsletter

TEAM KENTUCKY

Quarter 4 2024 Volume 1, Number 4

request the refill each time. This is typically done for chronic medications that are taken regularly and can help ensure that patient's do not run out of essential medications. DMS does not allow automatic refills or automatic shipments of drugs, devices, or supplies. Members and providers cannot waive the explicit refill request requirement and enroll in an automatic refill program. This policy applies to all DMS members, including Fee-for-Service members, Managed Care members, dual-eligible members and members with other primary insurance.

The Automatic Refill Policy is available in the updated Provider Billing Manuals on the Kentucky Medicaid Provider Portal: https://kyportal.medimpact.com/provider-information/provider-information.

GLP-1 Agents Maximum Per Fill Limit

Effective February 1st, 2025, DMS will implement a maximum per fill limit to glucagon-like peptide-1 (GLP-1) receptor agonist agents as follows:

DRUG NAME	MAXIMUM PER FILL
BYDUREON BCISE 2 MG AUTOINJECT	3.4 ML (4 AUTOINJECTORS)
BYETTA (EXENATIDE) 10 MCG DOSE PEN INJ	2.4 ML (1 PEN)
BYETTA (EXENATIDE) 5 MCG DOSE PEN INJ	1.2 ML (1 PEN)
LIRAGLUTIDE 18 MG/3 ML PEN	9 ML (3 PENS)
MOUNJARO 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN, 2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN	2 ML (4 PENS)
OZEMPIC 0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3 ML (1 PEN)
RYBELSUS 14 MG TABLET, 3 MG TABLET, 7 MG TABLET	30 TABLETS
TRULICITY 0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN	2 ML (4 PENS)
VICTOZA (LIRAGLUTIDE) 2-PAK 18 MG/3 ML PEN, 3-PAK 18 MG/3 ML PEN	9 ML (3 PENS)

As this is an administrative edit, prior authorization requests for receiving more than the allowed quantity per fill will be dismissed. This will apply to both Fee-for-Service and Managed Care members. Please note, other currently existing utilization management edits will continue to apply.

Quantity limits and prior authorization criteria can be found at: https://kyportal.medimpact.com/provider-documents/drug-information.

MCO Pharmacy Lock-In Program Policy

Lock-in restricts a members' utilization to a single designated prescriber, pharmacy or both. Member Lock-In identification, management, and updates remain the responsibility of the member's MCO plan. MCOs provide member lock-in files to MedImpact on an as needed basis, sending updated member restriction records when changes are necessary.
To read the full provider notice and view Lock-in contact information for each MCO visit:
https://kyportal.medimpact.com/sites/default/files/2024-10/kym_mco_lock_in_policy_communication_10.08.2024_v3.pdf

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Important Contact Information

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

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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

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/Enrollment

Phone: 877-838-5085

Fax:502-226-1898

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

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Questions?

Kentucky Department for Medicaid Services

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Questions

If you have any questions, please email KYMCOPBM@Medimpact.com or KYMFFS@Medimpact.com

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

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Frequently Asked Questions (FAQ)

Kentucky Department for Medicaid Services

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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.

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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.

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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

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Resources

Kentucky Department for Medicaid Services

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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

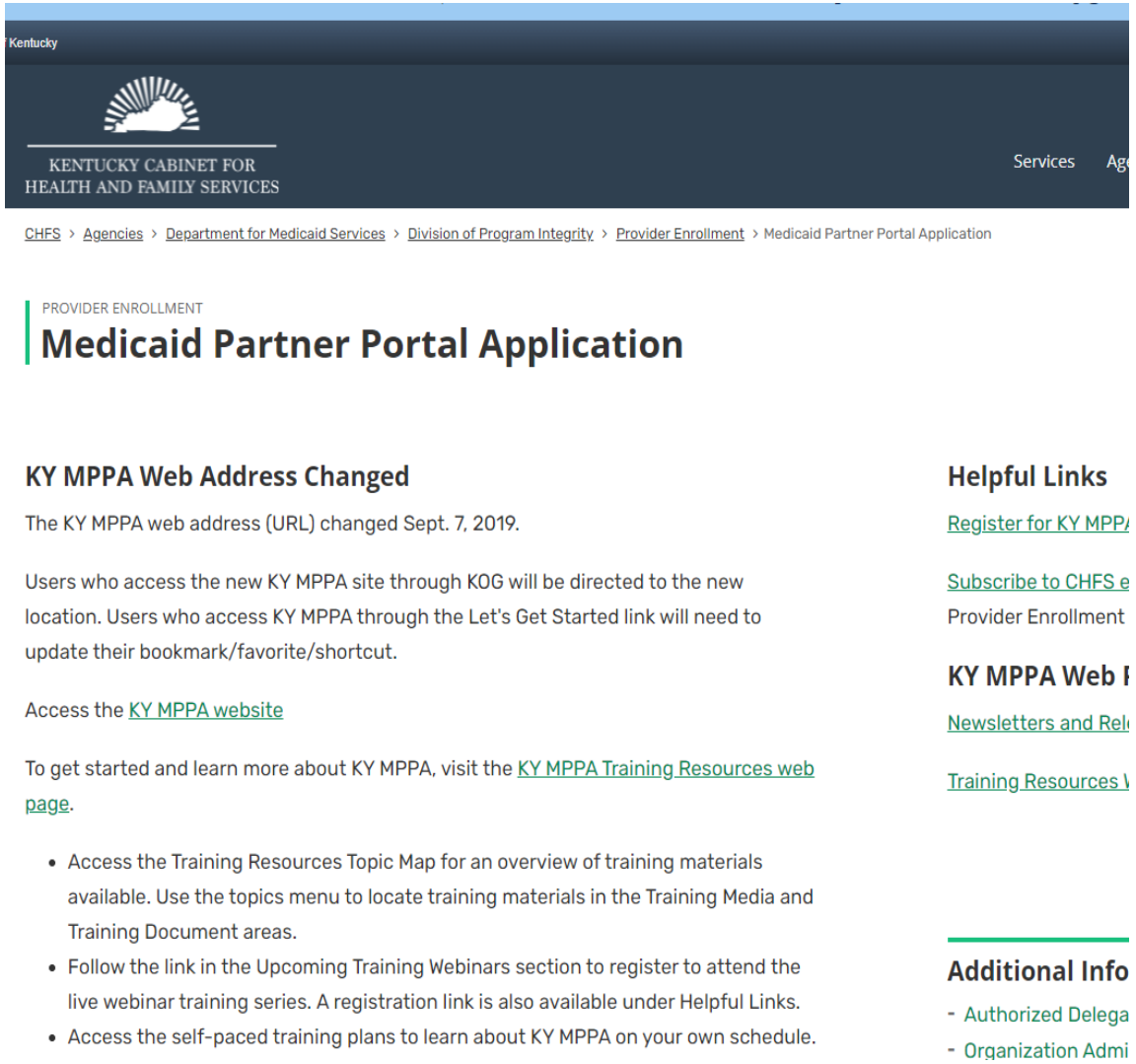
Phone: 877-838-5085

Fax: 502-226-1898

Hours: 8:00am – 4:30pm EST

Monday - Friday

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



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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.

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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.

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Automatic Refill Policy

- The Commonwealth of Kentucky Department for Medicaid Services (DMS) does not allow automatic refills or automatic shipments of drugs, devices, or supplies. Members and providers cannot waive the explicit refill request requirement and enroll in an automatic refill program.
- This policy applies to all DMS members, including Fee-for-Service members, Managed Care members, dual-eligible members and members with other primary insurance.
- Electronic, verbal, or written requests to refill are acceptable. Documentation of automatic refill requests must be made available for review by auditors.
- Pharmacies must receive an explicit request from the member or the member's responsible party before refilling a prescription.
- DMS does allow pharmacies to have a Medication Synchronization Program.
- The Automatic Refill Policy is available in the updated Provider Billing Manuals on the Kentucky Medicaid Provider Portal. https://kyportal.medimpact.com/provider-information/provider-information

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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?

Register…

Register or update your EFT information on the Kentucky MPPA (Medicaid Partner Portal Application):
https://medicaidsystems.ky.gov/Partnerportal/home.aspx
MPPA Contact Center:
877.838.5085

Wait…

Once DMS approves your update, allow a 21-day period for that information to be validated by your banking institution and forwarded to MedImpact.
may still receive paper checks during this time

Inquire…

If your EFT information has been approved by DMS and you continue to receive paper remittances after 21 days have elapsed, please contact the MedImpact team at:
KYMFFS@MedImpact.com

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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
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.

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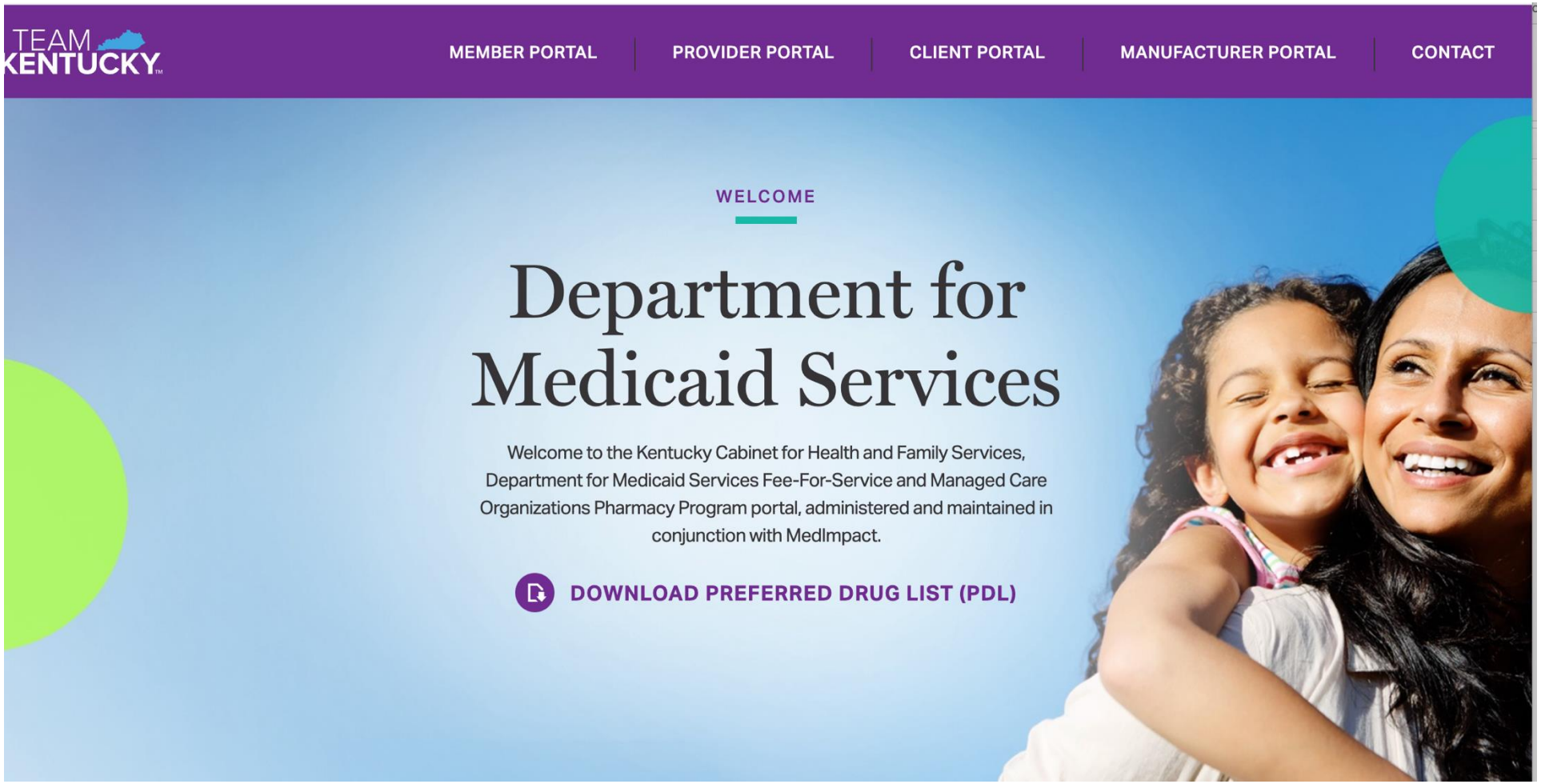
MedImpact Portal

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



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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
- **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/2023-12/provider_billing_manual_fee_for_service_final.pdf

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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.

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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)

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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.

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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**
  - **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
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

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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
Managed Care Payments			
Friday	Following Thursday	Friday after end of cycle	Following Friday after end of cycle
1/5/2024	1/11/2024	1/12/2024	1/19/2024
1/12/2024	1/18/2024	1/19/2024	1/26/2024
Fee-for-Service Payments			
Friday	Following Thursday	Friday after end of cycle	Second Friday after end of cycle
1/5/2024	1/11/2024	1/12/2024	1/26/2024
1/12/2024	1/18/2024	1/19/2024	2/2/2024

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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
Managed Care Example				
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
Fee-for-Service Example				
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: KYMCOPBM@MedImpact.com
- Fee-For-Service Payment Questions: KYMFFS@MedImpact.com

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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, Resources tab, select Prior Authorization to access the Universal PA form	Fax document to 858-357-2612

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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
  Martha.Senn@gainwelltechnologies.Com

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

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Thank you.

Kentucky Department for Medicaid Services

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