

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 OCTOBER 30, 2024



Agenda

Roles

Drug Shortages

COVID-19 Test Kits

Naloxone Nasal Spray Quantity Limit Increase

Automatic Refill Policy

HPV Vaccine Point of Sale Messaging Campaign

MedImpact Provider Portal

Pharmacy Financial Payment Cycle

P&T Committee

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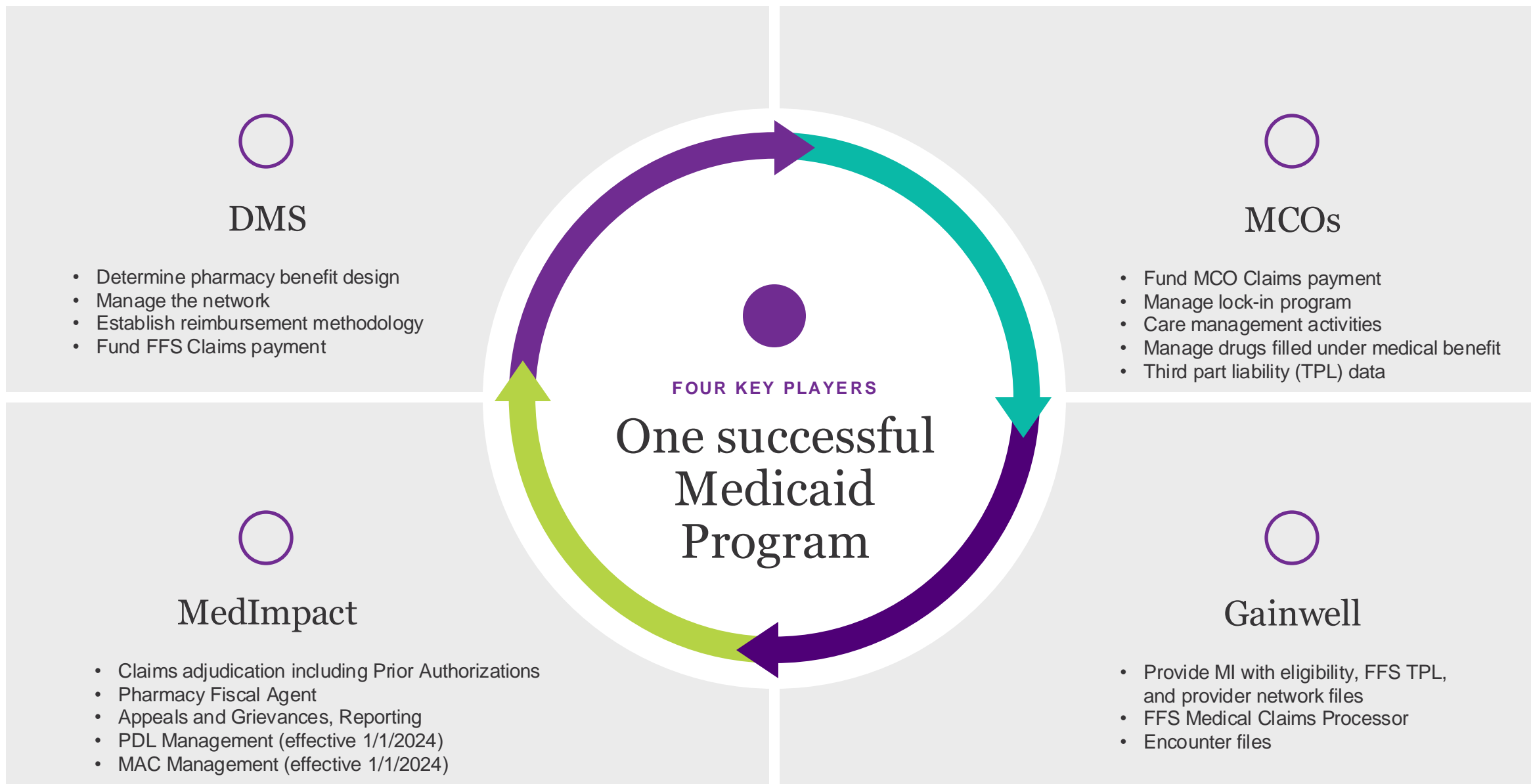
Questions

Resources

Roles

Kentucky Department for Medicaid Services





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 15th.



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.

COVID-19 Testing, Prevention, and Treatment Coverage Changes

Kentucky Department for Medicaid Services

COVID-19 Testing, Prevention, and Treatment Coverage Changes

- Effective October 1, 2024, the Kentucky Department for Medicaid Services (DMS) updated coverage for several items related to the testing, prevention, and treatment of COVID-19 pursuant to the expiration of the American Rescue Plan (ARP). These changes include the following:
- COVID-19 OTC tests will be limited to four per member per rolling 90 days. Patients requiring more than the allowed number of tests will be required to submit a prior authorization request for review. Kentucky's Statewide Physician Protocol for Point of Care COVID-19 Testing has been updated to reflect the changes to allowed quantity limits.
- The COVID-19 vaccine administration fee remains the same. Pharmacies administering COVID-19 vaccines will continue to be reimbursed at \$40.
- Pharmacies may continue to bill CPT code 99401 for standalone vaccine counseling.
- COVID-19 treatments classified as EUA (Emergency Use Authorization) may be subject to additional prior authorization review for coverage.

HPV Vaccine Point of Sale Messaging Campaign

Kentucky Department for Medicaid Services



HPV Vaccine Point of Sale Messaging Campaign

- On September 1, 2024, the Kentucky Department for Medicaid Services (DMS) in conjunction with MedImpact began a targeted point of sale messaging campaign related to Human Papillomavirus (HPV) vaccines. This campaign was initiated in hopes of improving HPV vaccination rates for Medicaid beneficiaries 9 to 14 years of age. Members included in this campaign have been identified as being HPV vaccine naïve and in need of receiving their first vaccine in the dosing schedule.
- For identified members, pharmacies will see the following point of sale message on claims in their system: HPV VACCINE RECOMMENDED.
- This targeted campaign will run from September 1st through December 31st of this year.
- Pharmacies are encouraged to utilize the updated Kentucky HPV vaccine protocol that went into effect on August 26, 2024.
- In addition, pharmacies are also reminded of available resources for medical billing of vaccine counseling on the KPhA website. These resources can be found at: <https://www.kphanet.org/medbilling>

Automatic Refill Policy

Kentucky Department for Medicaid Services



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>

Naloxone Nasal Spray Quantity Limit Increase

Kentucky Department for Medicaid Services

Naloxone Nasal Spray Quantity Limit Increase

- Effective October 19, 2024, DMS increased the allowed quantity limit for covered NDCs of naloxone 4mg nasal spray to **4 units (2 packages) per month**.
- This applies to both brand and generic covered NDCs.
- Pharmacies are encouraged to continue following the appropriate dispensing protocols for naloxone and only dispense the necessary quantity to Kentucky Medicaid members.
- Covered NDCs of naloxone can be found on the MedImpact drug lookup tool:
- <https://kyportal.medimpact.com/medicaid-member-portal/formulary-search>

Covered NDC*	Label Name	OTC/Rx
00480-3478-19	NALOXONE HCL	OTC
00480-3478-68	NALOXONE HCL	OTC
45802-0578-00	NALOXONE HCL	OTC
45802-0578-84	NALOXONE HCL	OTC
50090-6963-00	NALOXONE HCL	OTC
69238-2104-01	NALOXONE HCL	OTC
69238-2104-07	NALOXONE HCL	OTC
69547-0627-02	NARCAN	OTC
69547-0353-02	NARCAN	Rx
00093-2165-19	NALOXONE HCL	Rx
00093-2165-68	NALOXONE HCL	Rx
00781-7176-06	NALOXONE HCL	Rx
00781-7176-12	NALOXONE HCL	Rx
50090-2422-00	NARCAN	Rx
50090-5908-00	NALOXONE HCL	Rx
50090-6710-00	NALOXONE HCL	Rx
55700-0457-01	NARCAN	Rx
76329-3669-02	REXTOVY	Rx

**Subject to change. Results of claim submission may differ due to the application of real-time drug, eligibility, formulary, and benefits information.*

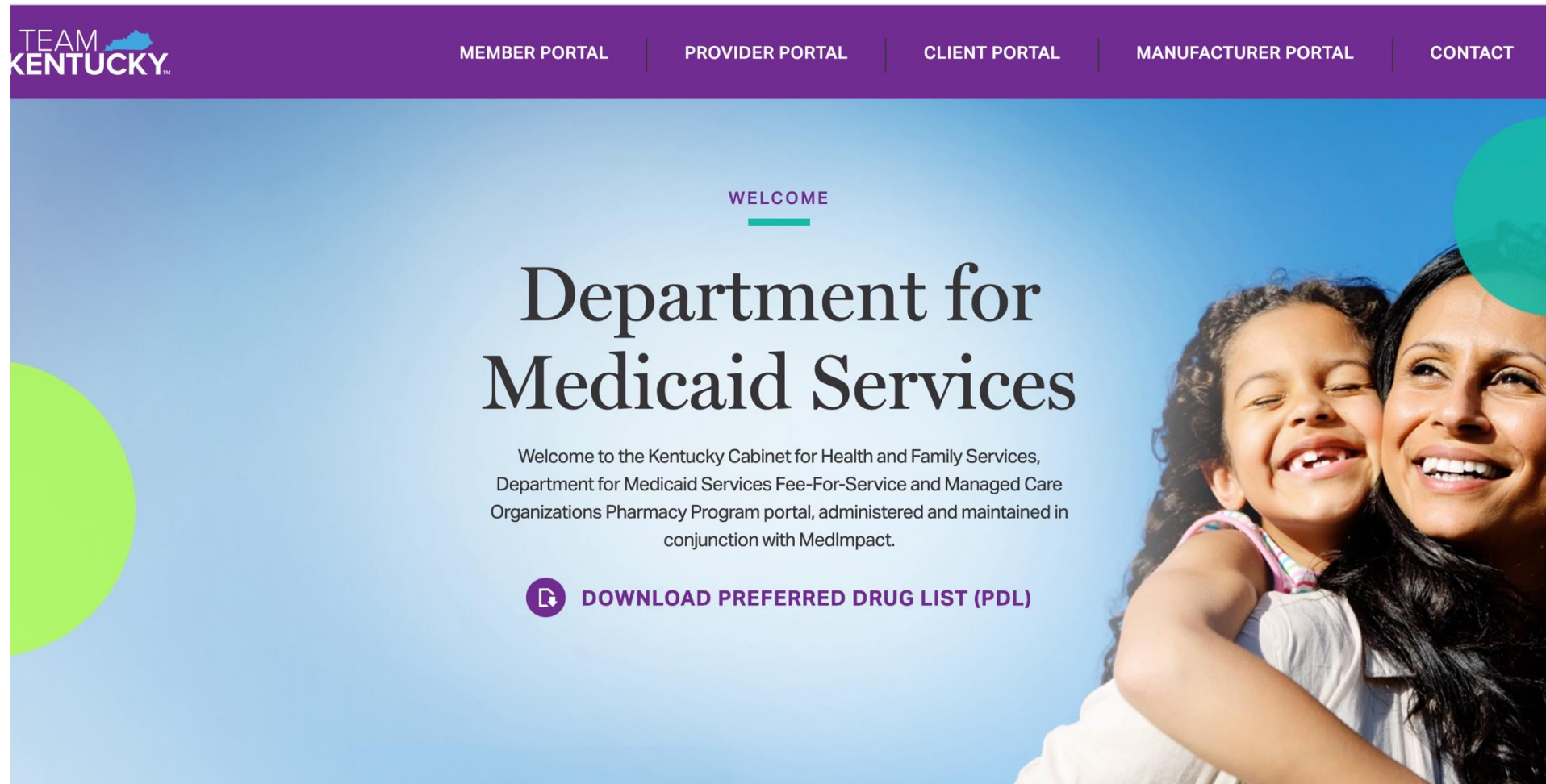
MedImpact Provider Portal

Kentucky Department for Medicaid Services



MedImpact Portal

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



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

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.

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

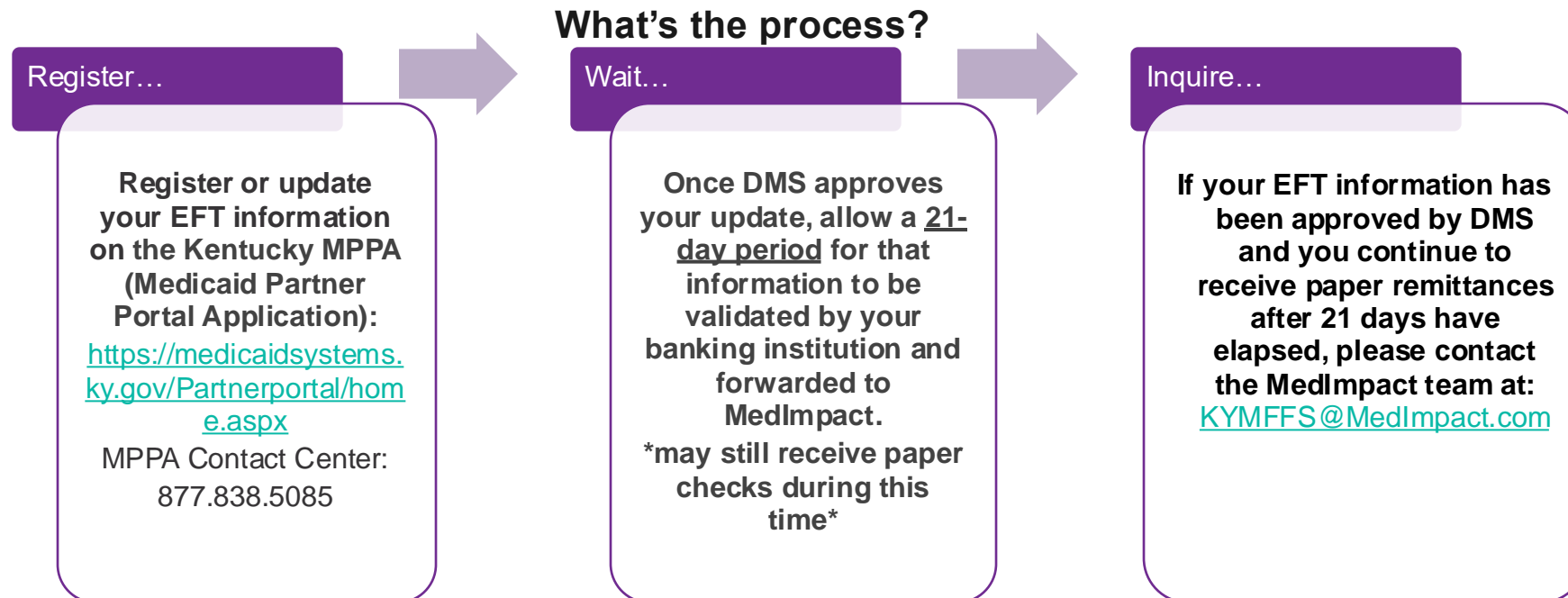
Electronic Payment

- 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 (completed)
- 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.
- The meeting cadence for 2025 is to be determined.

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

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



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 - <i>Attach purchase invoice and submit form</i> 10-ASP - <i>Email - sec303aspdata@cms.hhs.gov</i> 13-WAC - <i>Contact your Wholesaler</i> 20-NADAC - <i>Meyers and Stauffer - info@medimpact.com or (855) 457-5764</i> 24-FUI - <i>Email - FUI@cms.hhs.gov</i>		

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.

January 2025	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- Third Quarter Pharmacy Newsletter



Pharmacy Quarterly Newsletter

Quarter 3 2024



Volume 1, Number 3

Events

P&T Meeting	4 th Quarter Provider Webinar Forum
Thursday, October 17 th (Upcoming) 1:00pm - 4:00pm EST https://kyportal.medimpact.com/provider-documents/pt-committee	Wednesday, October 30 th (Upcoming) 10:00am – 11:00am EST https://kyportal.medimpact.com/provider-documents/provider-webinars

Current Drug Recalls and Market Withdrawals

Notice Date	Drug/Manufacturer	NDC
7/18/2024	One Lot of Clonazepam Orally Disintegrating Tablets, USP (C-IV) Lot Number 550147301 by Endo USA	49884-0306-02
7/23/2024	Acetaminophen Injection, 1000 mg/100 mL Bags by Hikma Pharmaceuticals USA	00143-9386-10, 00143-9386-01
8/6/2024	Baxter Issues Voluntary Nationwide Recall of One Lot of Heparin Sodium	00338-0433-04
8/8/024	0.9% Sodium Chloride for Injection USP 1000 mL in E3 Containers by B. Braun	00264-7800-09
9/19/2024	Atovaquone Oral Suspension by Bionpharma	69452-252-87
9/24/2024	One Lot of Veklury (Remdesivir) for Injection 100 mg/vial by Gilead	61958-2901-02
9/26/224	MARKET WITHDRAWAL: Oxbryta (voxelotor)	72786-0102-02, 72786-0102-03, 72786-0101-01, 72786-0111-02, 72786-0111-03

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

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



Important Information- Third Quarter Pharmacy Newsletter



Pharmacy Quarterly Newsletter

Quarter 3 2024



Volume 1, Number 3

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: https://kyportal.medimpact.com/sites/default/files/2023-10/kym_albuterol_scc_usage_10-04-2023.pdf</p> <p>Please note this authorization applies to Managed Care Organization (MCO) and Fee-For-Service (FFS) members.</p>	<p>Effective July 15th, 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: https://kyportal.medimpact.com/sites/default/files/2024-07/generic_elidel_scc02_override_provider_communication.pdf</p> <p>Please note this authorization applies to Managed Care Organization (MCO) and Fee-For-Service (FFS) members.</p>

Continuous Glucose Monitors Prior Authorization Criteria Change

On June 8, 2024, the Kentucky Department for Medicaid Services (DMS) implemented new criteria for preferred continuous glucose monitors (CGMs). As part of this criteria change, Medicaid members with gestational diabetes will no longer require insulin use for approval. The diagnosis criteria have also been expanded to include a history of problematic hypoglycemia as defined below.

Agent(s) Subject to Criteria	Criteria
Preferred CGMs	<p>The patient has one of the following diagnoses:</p> <ul style="list-style-type: none">Insulin-dependent Diabetes Mellitus Type 1 (ICD-10 group E10); ORInsulin-dependent Diabetes Mellitus Type 2 (ICD-10 group E11); ORGestational Diabetes Mellitus (ICD-10 group O24); ORHas a history of problematic hypoglycemia defined as:<ul style="list-style-type: none">Recurrent level 2 hypoglycemic events (glucose < 54 mg/dL) that persist despite multiple (2 or more) attempts to adjust medication(s) and/or modify the diabetes treatment plan; ORA history of one level 3 hypoglycemic event (glucose < 54 mg/dL) characterized by altered mental and/or physical status requiring third-party assistance with for treatment of hypoglycemia.



Important Contact Information

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



Questions?

Kentucky Department for Medicaid Services



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>

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>

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>

Kentucky



KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

ServicesAgencies

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 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.**

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

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

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
 - 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

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

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

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.

Thank you.

Kentucky Department for Medicaid Services

