



## Operational Update:

### Kentucky Medicaid Pharmacy Benefit Manager

### Pharmacy Provider Webinar Forum

**WEDNESDAY JULY 30, 2025**



# Agenda

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## Roles

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Allison Medical NDCs

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Sublocade Rapid Induction Dosing Update

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FAQs

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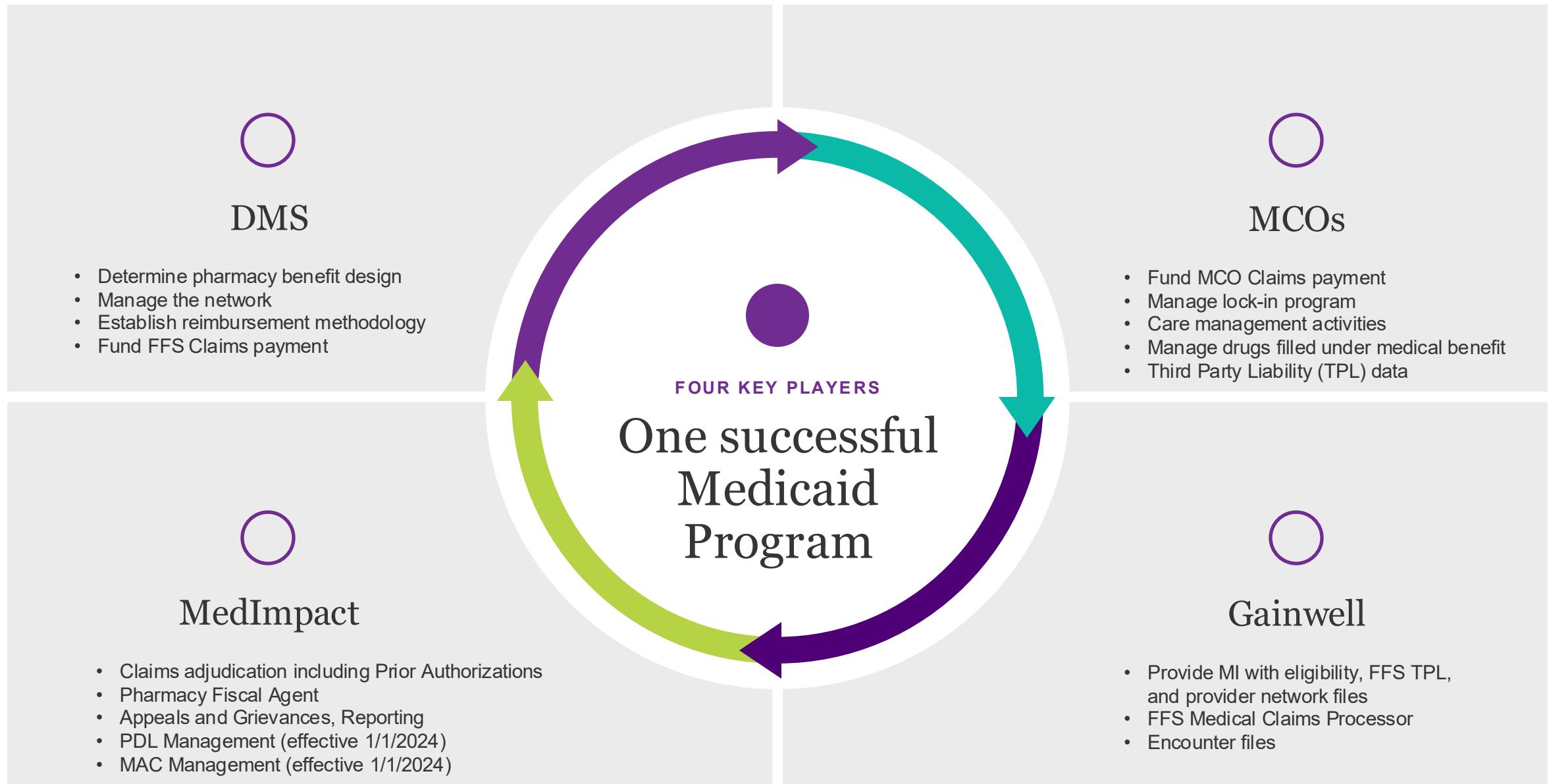
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Resources

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# Roles

Kentucky Department for Medicaid Services



# Allison Medical NDCs Removed from Diabetic Supplies Preferred List

Kentucky Department for Medicaid Services

# Allison Medical NDCs Removed from Diabetic Supplies Preferred List

- Effective July 1, 2025, NDCs from Allison Medical that were preferred in the Insulin Pen Needles and Insulin Syringes categories were removed from preferred status. Below are the preferred products in the Insulin Pen Needles and Insulin Syringes categories that went into effect on July 1<sup>st</sup>.
- Members who are newly prescribed pen needles or syringes, should be prescribed one of the preferred products from Embecta below (shown in next slides)
- Members who are currently using Allison Medical products will need to be transitioned to one of the preferred products from Embecta **no later than August 31, 2025**.
- The Kentucky Medicaid Diabetic Supplies Preferred Drug list can be found at the following location:

[https://kyportal.medimpact.com/sites/default/files/2025-06/master\\_diabetic\\_supplies\\_list\\_07-01-2025\\_mi.pdf](https://kyportal.medimpact.com/sites/default/files/2025-06/master_diabetic_supplies_list_07-01-2025_mi.pdf)

# Allison Medical NDCs Removed from Diabetic Supplies Preferred List

- Insulin Pens Needles

Manufacturer	Product Name	NDC/NRC	Quantity Limit
EMBECTA	BD UF SHORT PEN NEEDLE 8MMX31G	08290-3201-09	200 per month
EMBECTA	BD UF MINI PEN NEEDLE 5MMX31G	08290-3201-19	200 per month
EMBECTA	BD UF NANO PEN NEEDLE 4MMX32G	08290-3201-22	200 per month
EMBECTA	BD NANO 2 GEN PEN NDL 32GX4MM	08290-3205-50	200 per month
EMBECTA	BD NANO 2 GEN PEN NDL 32GX4MM	08290-3205-74	200 per month
EMBECTA	BD UF MICRO PEN NEEDLE 6MMX32G	08290-3207-49	200 per month
EMBECTA	BD UF ORIG PEN NDL 12.7MMX29G	08290-3282-03	200 per month
EMBECTA	BD AUTOSHIELD DUO NDL 5MMX30G	08290-3295-15	200 per month
EMBECTA	EMBECTA PEN NEEDLE/ULTRA-MIS 31GX8MM	83017-0109-03	200 per month

# Allison Medical NDCs Removed from Diabetic Supplies Preferred List

- Insulin Pens Needles

Manufacturer	Product Name	NDC/NRC	Quantity Limit
EMBECTA	EMBECTA PEN NEEDLE/ULTRA-MIS 31GX5MM	83017-0119-03	200 per month
EMBECTA	EMBECTA PEN NEEDLE/NANO/3 MIS 32GX4MM	83017-0122-03	200 per month
EMBECTA	EMBECTA PEN NEEDLE/NANO 2 MIS 32GX4MM	83017-0550-03	200 per month
EMBECTA	EMBECTA PEN NEEDLE/ULTRA-MIS 32GX6MM	83017-0749-03	200 per month
EMBECTA	EMBECTA PEN NEEDLE/ULTRA-MIS 29GX12.7	83017-8203-03	200 per month
EMBECTA	EMBECTA AUTOSHIELD DUO 30 MIS DUO PEN NEEDLE	83017-9515-03	200 per month

# Allison Medical NDCs Removed from Diabetic Supplies Preferred List

- Insulin Syringes

Manufacturer	Product Name	NDC/NRC
EMBECTA	BD INSULIN SYRINGE UF 1 ML 12.7MMX30G	08290-3284-11
EMBECTA	BD INSULIN SYRINGE UF 1 ML 8MMX31G	08290-3284-18
EMBECTA	BD INSULIN SYRINGE UF 0.3ML 12.7MMX30G	08290-3284-31
EMBECTA	BD INSULIN SYRINGE UF 0.3ML 8MMX31G	08290-3284-38
EMBECTA	BD INSULIN SYRINGE UF 0.3ML 8MMX31G	08290-3284-40
EMBECTA	BD INSULIN SYRINGE UF 0.5ML 12.7MMX30G	08290-3284-66
EMBECTA	BD INSULIN SYRINGE UF 0.5ML 8MMX31G	08290-3284-68
EMBECTA	BD VEO INSULIN SYRINGE 0.3ML 6MMX31G	08290-3249-06
EMBECTA	BD VEO INSULIN SYRINGE 0.5ML 6MMX31G	08290-3249-07
EMBECTA	BD VEO INSULIN SYRINGE 1ML 6MMX31G	08290-3249-08
EMBECTA	BD VEO INSULIN SYRINGE 0.3ML 6MMX31G	08290-3249-09
EMBECTA	BD VEO INSULIN SYRINGE 0.3ML 6MMX31G	08290-3249-10
EMBECTA	BD VEO INSULIN SYRINGE 0.5ML 6MMX31G	08290-3249-11
EMBECTA	BD VEO INSULIN SYRINGE 1ML 6MMX31G	08290-3249-12

# Allison Medical NDCs Removed from Diabetic Supplies Preferred List

- Insulin Syringes

Manufacturer	Product Name	NDC/NRC
EMBECTA	BD INSULIN SYRINGE U-500 1-2ML 6MMX31G	08290-3267-30
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-4909-03
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-4910-03
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-4911-03
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-4912-03
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-6730-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 1ML/30G	83017-8411-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 1ML/31G	83017-8418-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.3/30G	83017-8431-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.3/31G	83017-8438-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.3/31G	83017-8440-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.5/30G	83017-8466-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.5/31G	83017-8468-03

# DPP-4/GLP-1 Hard Edit

Kentucky Department for Medicaid Services

# DPP-4/GLP-1 Hard Edit

- On August 29<sup>th</sup>, a hard edit will be implemented for the concurrent use of GLP-1 and DPP-4 inhibitor drug classes. Denials cannot be overridden at point-of-sale and exception requests will be dismissed.
- This was previously a soft edit that a pharmacy could override using professional pharmacy service (PPS) codes.
- Claims for a GLP-1 agonist (e.g., Ozempic, Trulicity, Mounjaro) will deny if there is an active claim for a DPP-4 inhibitor (e.g., Januvia, Tradjenta) for the same member. Similarly, claims for a DPP-4 inhibitor will deny if there is an active claim for a GLP-1 agonist for the same member.
- A one-time transition per drug class will be allowed to support members switching from one class to another by prior authorization (PA).

# OneTouch Product Update

Kentucky Department for Medicaid Services

# OneTouch Product Update

- On July 1, 2025, changes were made to the Preferred Diabetic Supply List in the Traditional Glucometers and Test Strips categories. As a part of this change, **OneTouch products from LifeScan became excluded** from coverage.
- Members using preferred OneTouch products should have been transitioned to one of the preferred products after the above effective date.
- Please note the following True Metrix product NDCs that will be newly preferred in each category (shown on next slides)
- The Kentucky Medicaid Diabetic Supplies Preferred Drug list can be found at the following location:

[https://kyportal.medimpact.com/sites/default/files/2025-06/master\\_diabetic\\_supplies\\_list\\_07-01-2025\\_mi.pdf](https://kyportal.medimpact.com/sites/default/files/2025-06/master_diabetic_supplies_list_07-01-2025_mi.pdf)

# OneTouch Product Update

- Traditional Blood Glucose Meters (BGMs)

Manufacturer	Product Name	NDC/NRC	Quantity Limit
ABBOTT DIABETES CARE	FREESTYLE FREEDOM LITE METER	99073-0709-14	1 per year
ABBOTT DIABETES CARE	FREESTYLE INSULINX GLUCOSE SYSTEM	99073-0711-43	1 per year
ABBOTT DIABETES CARE	FREESTYLE LITE METER	99073-0708-05	1 per year
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO METER	57599-5175-01	1 per year
ABBOTT DIABETES CARE	PRECISION XTRA MONITOR	57599-8814-01	1 per year
TRIVIDIA HEALTH, INC.	TRUE METRIX METER	56151-1470-02	1 per year
TRIVIDIA HEALTH, INC.	TRUE METRIX AIR METER	56151-1490-02	1 per year
TRIVIDIA HEALTH, INC.	RELION TRUE METRIX AIR METER	56151-1491-02	1 per year

# OneTouch Product Update

- Blood Glucose and Ketone Strips

Manufacturer	Product Name	NDC/NRC	Quantity Limit
ABBOTT DIABETES CARE	FREESTYLE INSULINX TEST STRIPS	99073-0712-27	200 per month**
ABBOTT DIABETES CARE	FREESTYLE INSULINX TEST STRIPS	99073-0712-31	200 per month**
ABBOTT DIABETES CARE	FREESTYLE LITE TEST STRIPS	99073-0708-22	200 per month**
ABBOTT DIABETES CARE	FREESTYLE LITE TEST STRIPS	99073-0708-27	200 per month**
ABBOTT DIABETES CARE	FREESTYLE TEST STRIPS	99073-0120-50	200 per month**
ABBOTT DIABETES CARE	FREESTYLE TEST STRIPS	99073-0121-01	200 per month**
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO TEST STRIPS	57599-1577-01	200 per month**
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO TEST STRIPS	57599-1579-04	200 per month**
ABBOTT DIABETES CARE	PRECISION XTRA B-KETONE TEST STRIPS	57599-0745-01	200 per month**
ABBOTT DIABETES CARE	PRECISION XTRA TEST STRIPS	57599-9728-04	200 per month**
ABBOTT DIABETES CARE	PRECISION XTRA TEST STRIPS	57599-9877-05	200 per month**
TRIVIDIA HEALTH, INC.	TRUE METRIX BLOOD GLUCOSE	56151-1460-01	200 per month**
TRIVIDIA HEALTH, INC.	TRUE METRIX BLOOD GLUCOSE	56151-1460-04	200 per month**
TRIVIDIA HEALTH, INC.	RELION TRUE METRIX BLOOD GLUCOSE	56151-1461-01	200 per month**
TRIVIDIA HEALTH, INC.	RELION TRUE METRIX BLOOD GLUCOSE	56151-1461-04	200 per month**

# Senate Bill 50 Survey

Kentucky Department for Medicaid Services

# Senate Bill 50 Survey

- Please be advised that you may receive a link to a survey regarding Senate Bill 50.
- This survey is voluntary.
- Intent is to receive provider feedback on the Single MCO PBM model.
- Please reach out to me (Chelsea Jacinto) with any questions or concerns regarding the survey.
  - Email: [Chelsea.Jacinto@uky.edu](mailto:Chelsea.Jacinto@uky.edu)

# Sublocade Rapid Induction Dosing Update

Kentucky Department for Medicaid Services

# Sublocade Rapid Induction Dosing Update

- DMS has updated the quantity limit for Sublocade (buprenorphine extended-release) injections to support the label update for rapid induction. Previously, Sublocade injection was initiated 7 days after transmucosal buprenorphine. Now, healthcare providers can initiate Sublocade in patients after a single dose of transmucosal buprenorphine or directly in patients already being treated with buprenorphine. The **second** injection may be administered as early as 1 week and up to 1 month after the initial injection.
- This update allows **one injection of Sublocade 300 mg every 7 days for the first two doses of the induction phase**. Monthly maintenance injections remain unchanged. This went into effect on **May 10, 2025**, and is outlined below:

NDC	LABEL NAME	QUANTITY LIMIT
12496-0300-01	Sublocade 300 mg/1.5 mL syringe	1 syringe (1.5 mL) per 7 days

# Sublocade Rapid Induction Dosing Update

- Please note that current dispensing fee limits are unchanged for non-medication-assisted treatment (non-MAT) drugs, injectable buprenorphine (excluding the weekly maintenance subcutaneous buprenorphine prefilled syringe), and XR-naltrexone. The dispensing fee is \$10.64 per member, per drug, per provider, every 23 days.
- Sublocade does not require prior authorization (PA) for clinical criteria. However, safety edits mandated by the Federal SUPPORT Act—including duplicate fill alerts, early refill alerts, and quantity and dosage limits—will remain in effect, with most requiring a PA to override. Prescribers must submit a PA request for members needing doses beyond the FDA-approved schedule.
- For quantity limits and PA criteria, please refer to the MedImpact Provider Portal at:  
<https://kyportal.medimpact.com/provider-documents/drug-information>

# P&T Committee

Kentucky Department for Medicaid Services

# P&T Committee

- P&T Meetings are hosted by MedImpact.
- The meeting dates for 2025 are:
  - ~~January 28, 2025 (completed)~~
  - ~~April 15, 2025 (completed)~~
  - ~~July 15, 2025 (completed)~~
  - 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.

# 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](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](mailto:StateMACProgram@medimpact.com)

**M** 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: \_\_\_\_\_

<b>Provider Information</b>		
*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): 4-USUAL & CUSTOMARY PAID AS SUBMITTED 6-MAC - Attach purchase invoice and submit form 10-ASP - Email - <a href="mailto:sec303aspdata@cms.hhs.gov">sec303aspdata@cms.hhs.gov</a> 13-WAC - Contact your Wholesaler 20-NADAC - <a href="mailto:Myers_and_Stauffer_info@mslcrps.com">Myers and Stauffer_info@mslcrps.com</a> or (855) 457-5264 24-FUL - Email - <a href="mailto:FUL@cms.hhs.gov">FUL@cms.hhs.gov</a>
<b>Comments</b>     		

<b>MedImpact Use Only – Do Not Mark in this Area!</b>		
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 2025</b>	Status updates. Answer questions.	All providers <b>Date: TBD</b> 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. <a href="https://kyportal.medimpact.com/provider-documents/provider-webinars">https://kyportal.medimpact.com/provider-documents/provider-webinars</a>
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# Important Information- Second Quarter 2025 Pharmacy Newsletter

[https://kyportal.medimpact.com/sites/default/files/2025-07/kym\\_2q2025\\_pharmacy\\_newsletter.pdf](https://kyportal.medimpact.com/sites/default/files/2025-07/kym_2q2025_pharmacy_newsletter.pdf)

**M** Pharmacy Quarterly Newsletter

Quarter 2 2025

TEAM KENTUCKY

Volume 1, Number 6

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**Events**

P&T Meeting	3rd Quarter Provider Webinar Forum
Tuesday, July 15 <sup>th</sup> 1:00pm - 4:00pm EST <a href="https://kyportal.medimpact.com/provider-documents/pt-committee">https://kyportal.medimpact.com/provider-documents/pt-committee</a>	Wednesday July 30 <sup>th</sup> 2:00pm – 3:00pm EST <a href="https://kyportal.medimpact.com/provider-documents/provider-webinars">https://kyportal.medimpact.com/provider-documents/provider-webinars</a>

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**Current Drug Recalls and Market Withdrawals**

Notice Date	Drug/Manufacturer	FDA Recall	NDC(s)
6/4/25	Partial Lot Recall: Amneal Pharmaceutical LLC Issues a Nationwide Recall of Sulfamethoxazole/Trimethoprim Tablets, USP 400mg/80mg Only, Due to Microbial Contamination	<a href="#">Link</a>	65162-271-10, 65162-271-50

For additional information regarding the recalls, please refer to the FDA recall notifications at:  
<https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts>.

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**Allison Medical NDCs Being Removed from Diabetic Supplies Preferred List**

Effective July 1, 2025, NDCs from Allison Medical that were preferred in the Insulin Pen Needles and Insulin Syringes categories were removed from preferred status. Below are the preferred products in the Insulin Pen Needles and Insulin Syringes categories that went into effect on July 1<sup>st</sup>.

- Members who are newly prescribed pen needles or syringes, should be prescribed one of the preferred products from Embecta below (next page).
- Members who are currently using Allison Medical products will need to be transitioned to one of the preferred products from Embecta **no later than August 31, 2025**.

# 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>

# 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>

# 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>



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 Related Training Resources](#)

**Additional Info**  
- [Authorized Delegates](#)  
- [Organization Admin](#)

# 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.**

# 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>

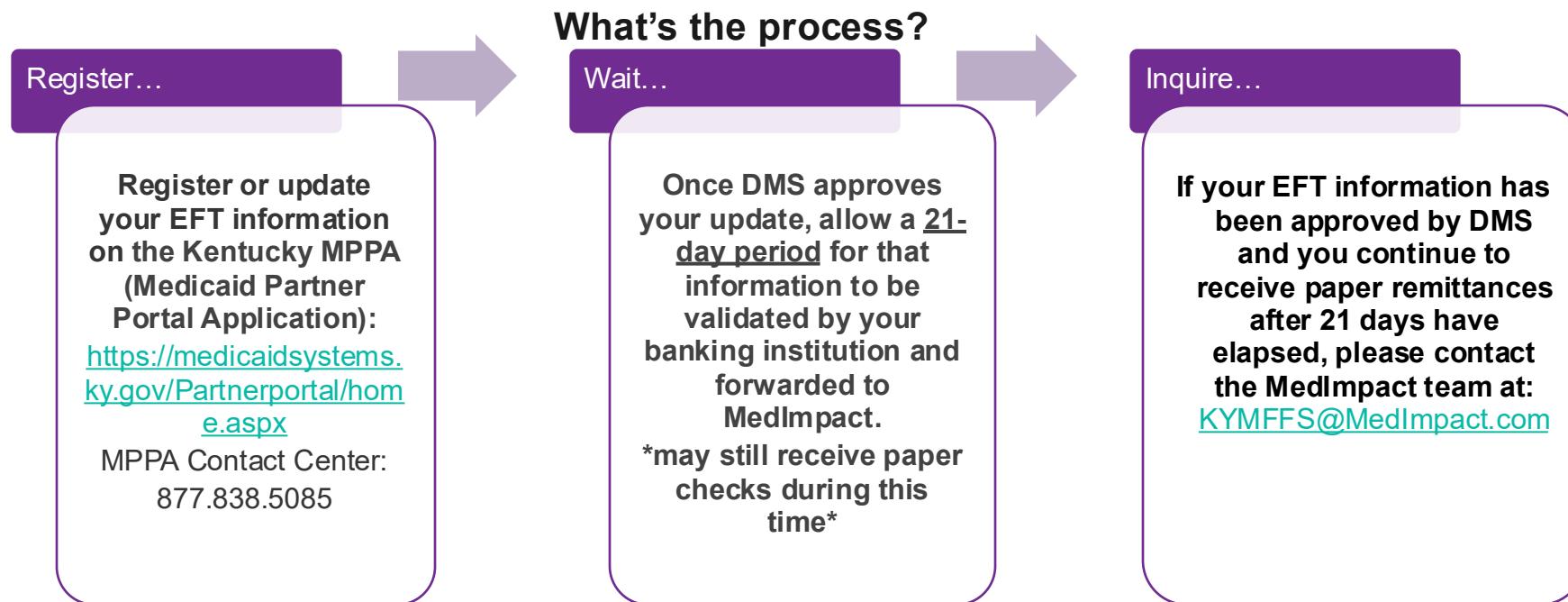
# Electronic Payment

- 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



# 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>

# MedImpact Portal

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

The image shows the homepage of the MedImpact Portal. At the top, there is a purple navigation bar with the "TEAM KENTUCKY" logo on the left and five links: MEMBER PORTAL, PROVIDER PORTAL, CLIENT PORTAL, MANUFACTURER PORTAL, and CONTACT. Below the navigation bar is a large blue background image featuring a smiling woman and a young child. In the center of the image, the word "WELCOME" is written in a small, bold, purple font. Below "WELCOME" is a horizontal teal line. To the left of the line, there is a large, semi-transparent green circle. To the right of the line, there is a large, semi-transparent teal circle. In the center of the image, the text "Department for Medicaid Services" is written in a large, bold, dark gray font. Below this text, there is a paragraph of smaller text: "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." At the bottom left of the image, there is a purple circular icon with a white downward-pointing arrow, followed by the text "DOWNLOAD PREFERRED DRUG LIST (PDL)".

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 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.

# 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.

# 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.

# 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

# 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: [KYM COPBM@MedImpact.com](mailto:KYM COPBM@MedImpact.com)
- Fee-For-Service Payment Questions: [KYM FFS@MedImpact.com](mailto:KYM FFS@MedImpact.com)

# 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)

# Thank you.

Kentucky Department for Medicaid Services