



**DATE:** August 15, 2025

**TO:** Commonwealth of Kentucky Medicaid Pharmacy Network

**FROM:** MedImpact Healthcare Systems

**Subject: Pharmacy Claim Adjustment**

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**Status:**

MedImpact identified claims for brand drugs adjudicated for Kentucky Medicaid Managed Care and Fee-for-Service members between August 5, 2025 to August 12, 2025 that were inadvertently paid at an Affordable Care Act Federal Upper Limit (ACAFUL) rate when a higher rate was available. Providers who have impacted claims are encouraged to reverse and resubmit claims for appropriate payment to occur. Providers may confirm pricing on a claim by reviewing the Basis of Reimbursement Determination for a code "24" to represent the ACAFUL payment type in the pricing segment of their claim response. MedImpact will reprocess any remaining impacted claims in the next 60-90 days and adjustments to paid amounts will be reflected in remittance advice or 834 documents.

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**KY MCO Contact Information**

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week]; Fax (858) 357-2612
Pharmacy Portal	<a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

**KY FFS Contact Information**

Program Questions	KYMFFS@MedImpact.com
Pharmacy Help Desk	(877) 403-6034 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	<a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>



BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01