Recording will begin shortly.

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

Thank you

Operational Update:

Kentucky Medicaid Pharmacy Benefit Manager

Pharmacy Provider Webinar Forum

WEDNESDAY JULY 29, 2026

Agenda

Roles

COVID-19 Vaccine Administration Fee Update

Discontinuation of Humira 40mg/0.8mL

Flu Vaccine Coverage 2026-2027

Insulin glargine-yfgn PDL Status Change

Zepbound Kwikpen Preferred Formulation Update

Ophthalmic Prostaglandin Analog Coverage Update

SCC02 Albuterol Override Discontinued

P&T Committee

Reminders

Important Information/Numbers

Questions

FAQ

Resources

Roles

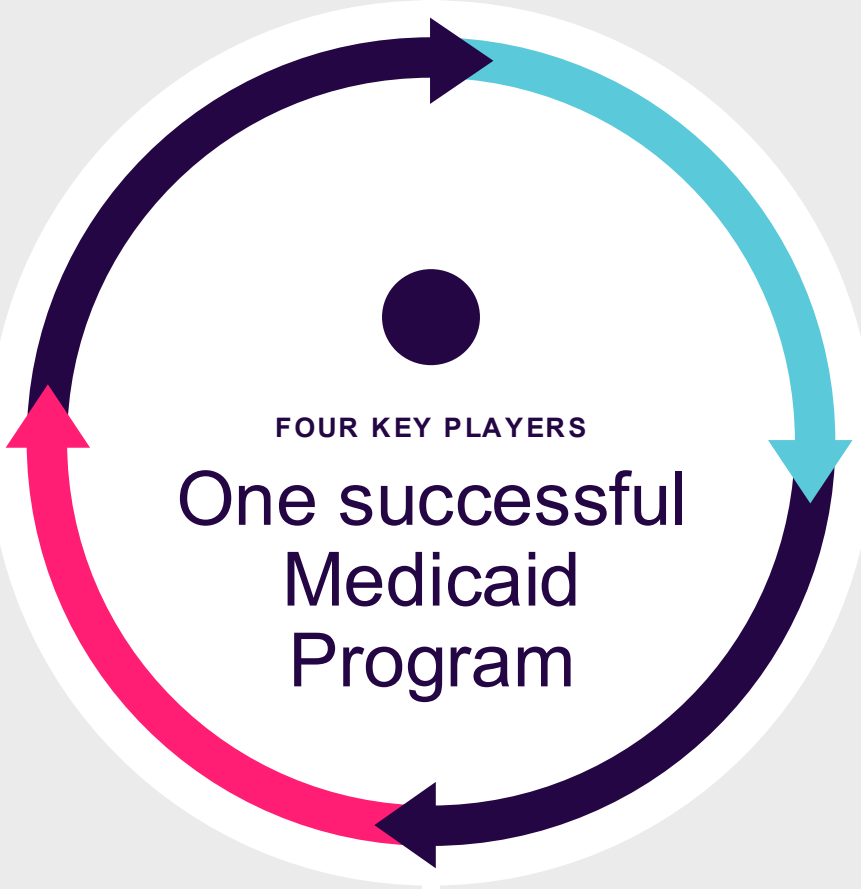
Kentucky Department for Medicaid Services

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 Party 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

COVID-19 Vaccine Administration Fee Update

Kentucky Department for Medicaid Services

COVID-19 Vaccine Administration Fee Update

- Effective **August 1, 2026,** the Kentucky Department for Medicaid Services (DMS) will update reimbursement for COVID-19 vaccine administration. COVID-19 vaccines will be reimbursed at the same administration rates as routine vaccines and will no longer receive the previous $40 administration fee. Pharmacies administering COVID-19 vaccines will be reimbursed as follows:

Dose	SCC	New Administration Fee
Single dose	Not required	Up to $27.49
Multi dose	**General** • Either SCC 02 or 06 must be submitted on claims • Multiple SCC codes can be submitted on the same claim, but only SCC 02 and 06 will be evaluated in the vaccine administration fee processing • Submitting both SCC 02 and 06 on the same claim will cause the claim to be processed and reimbursed as SCC 06 **First Dose** • Submit SCC 02 **Subsequent Doses** • Submit SCC 06	SCC 02: up to $27.49 SCC 06: up to $9.80

Discontinuation of Humira 40mg/0.8mL

Kentucky Department for Medicaid Services

Discontinuation of Humira 40mg/0.8mL

- AbbVie has announced the discontinuation of Humira Pen 40mg/0.8mL, and Humira Prefilled Syringe 40mg/0.8mL, associated with National Drug Codes (NDCs): NDC 0074-4339-02, NDC 0074-3799-02.
- Pharmacies and prescribers should collaborate to transition patients to therapeutically appropriate and covered alternative medications. Providers may reference the table below to identify possible alternative therapies on the Medicaid Preferred Drug List (PDL):

Preferred Agents	Non-Preferred Agents
adalimumab-aaty CC, QL	*All agents not listed as preferred are considered non-preferred.
Enbrel CC, QL	
Hadlima CC, QL	
Humira CC, QL	
Otezla CC, QL	
Otezla XR CC, QL	
Pyzchiva CC, QL	
Rinvoq AE, CC, QL	
Rinvoq LQ AE, CC, QL	
Taltz CC, QL	
Tyenne CC, QL	
Xeljanz CC, QL	
Yesintek CC, QL	
Yuflyma CC, QL	

Flu Vaccine Coverage 2026-2027

Kentucky Department for Medicaid Services

Flu Vaccine Coverage 2026-2027

- Coverage will be effective by **August 20, 2026,** or earlier.
- The following products/NDCs will be covered:
  - FLUARIX (6mo+) NDC: 58160072541, 58160072552
  - FLUZONE (6mo+) NDC: 49281042650, 49281042688, 49281064515, 49281064578
  - FLUCELVAX (6mo+) NDC: 70461065603, 70461065604
  - FLUBLOK (9yo+) NDC: 49281072610, 49281072688
  - FLUAD (65yo+) NDC: 70461002603 , 70461002604
  - FLUZONE HIGH DOSE (65yo+) NDC: 49281012665, 49281012688

Insulin glargine-yfgn PDL Status Change

Kentucky Department for Medicaid Services

Insulin glargine-yfgn PDL Status Change

- Effective **July 17, 2026**, DMS moved insulin glargine-yfgn pen and vial to preferred status within the *Long-Acting Insulins* PDL drug class.
- DMS has been notified that increased demand related to the discontinuation of certain generic insulin products may result in periodic shortages of Lantus. To help ensure continued member access to therapy, insulin glargine-yfgn pen and vial have been moved to preferred status.

Preferred Agents	Non-Preferred Agents
insulin glargine Solostar U100 (generic for Lantus Solostar)	Basaglar KwikPen, Tempo Pen CC
insulin glargine vial	insulin glargine Solostar and Max Solostar (generic Toujeo)
insulin glargine-yfgn pen, vial	Rezvoglar Kwikpen
Lantus and Lantus Solostar	Semglee (yfgn) pen, vial CC
Levemir FlexPen, FlexTouch, vial	Toujeo Solostar, Max Solostar
	Tresiba FlexTouch, vial

Zepbound KwikPen Preferred Formulation Update

Kentucky Department for Medicaid Services

Zepbound® KwikPen® Preferred Formulation Update

- On **July 15, 2026,** DMS designated the Zepbound KwikPen formulation as the preferred product over the Zepbound prefilled pen formulation for members meeting approval criteria.
- New prior authorization (PA) requests meeting approval criteria are being approved for the Zepbound KwikPen formulation.
- Members currently utilizing Zepbound with an existing approved prior authorization (PA) will be transitioned from the Zepbound prefilled pen formulation to the Zepbound KwikPen formulation effective August 15, 2026.
- New PA requests for the Zepbound prefilled pen formulation will require additional clinical documentation to support medical necessity for the non-preferred formulation.
- Providers are encouraged to reference the Kentucky Medicaid PDL and Prior Authorization documents found on the MedImpact Provider Portal at: https://kyportal.medimpact.com/provider-documents/drug-information

Ophthalmic Prostaglandin Analog Coverage Updates

Kentucky Department for Medicaid Services

Ophthalmic Prostaglandin Analog Coverage Updates

- Effective **September 1, 2026,** DMS is making changes to the prior authorization (PA) criteria for the agents listed in the table below.
- Pharmacy providers are encouraged to work with prescribers and their impacted patients to obtain the necessary prior authorization information or find alternative therapies when appropriate.

PDL	Agent(s) Subject to Criteria	Coverage Updates

Preferred Agents	Latanoprost CC, QL	• Diagnosis of one of the following conditions:
		  ○ Open-angle glaucoma, **OR**
		  ○ Ocular hypertension

Non-Preferred Agents	bimatoprost CC, QL
	Iyuzeh CC, QL
	Lumigan CC, QL
	tafluprost/PF CC, QL
	Travatan Z CC
	Travoprost CC
	Vyzulta AE, CC, QL
	Xalatan CC, QL
	Xelpros CC
	Zioptan CC, QL
	Zolymbus CC, QL
		• Diagnosis of one of the following conditions:
		  ○ Open-angle glaucoma, **OR**
		  ○ Ocular hypertension; **AND**
		• Patient has had ≥ 30-day trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance to ≥ 2 preferred agents any sub-class.

SCC02 Albuterol Override Discontinued

Kentucky Department for Medicaid Services

SCC02 Albuterol Override Discontinued

- SCC02 was implemented to support pharmacy providers when allocation issues limited access to preferred albuterol products.
- The PDL has been updated to reflect current market availability.
- As a result, the SCC02 override was discontinued effective **June 26, 2026.**

P&T Committee

Kentucky Department for Medicaid Services

P&T Committee

- P&T Meetings are hosted by MedImpact.
- **The next meeting will take place on Tuesday, October 13th.**
  - ~~January 20th~~
  - ~~April 21st~~
  - ~~July 28th~~
  - October 13th

- The meeting schedule and invite information will 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	Facsimile: (844) 860-0236

Pharmacy providers should use the NADAC help desk form to submit NADAC pricing inquiries. This form is available at https://www.Medicaid.Gov/medicaid/prescription-drugs/downloads/retail-price-survey/hdform.Pdf. All fields must be complete for proper submission of this form. Please do not include any personal health information (PHI) with submitted form or invoice.

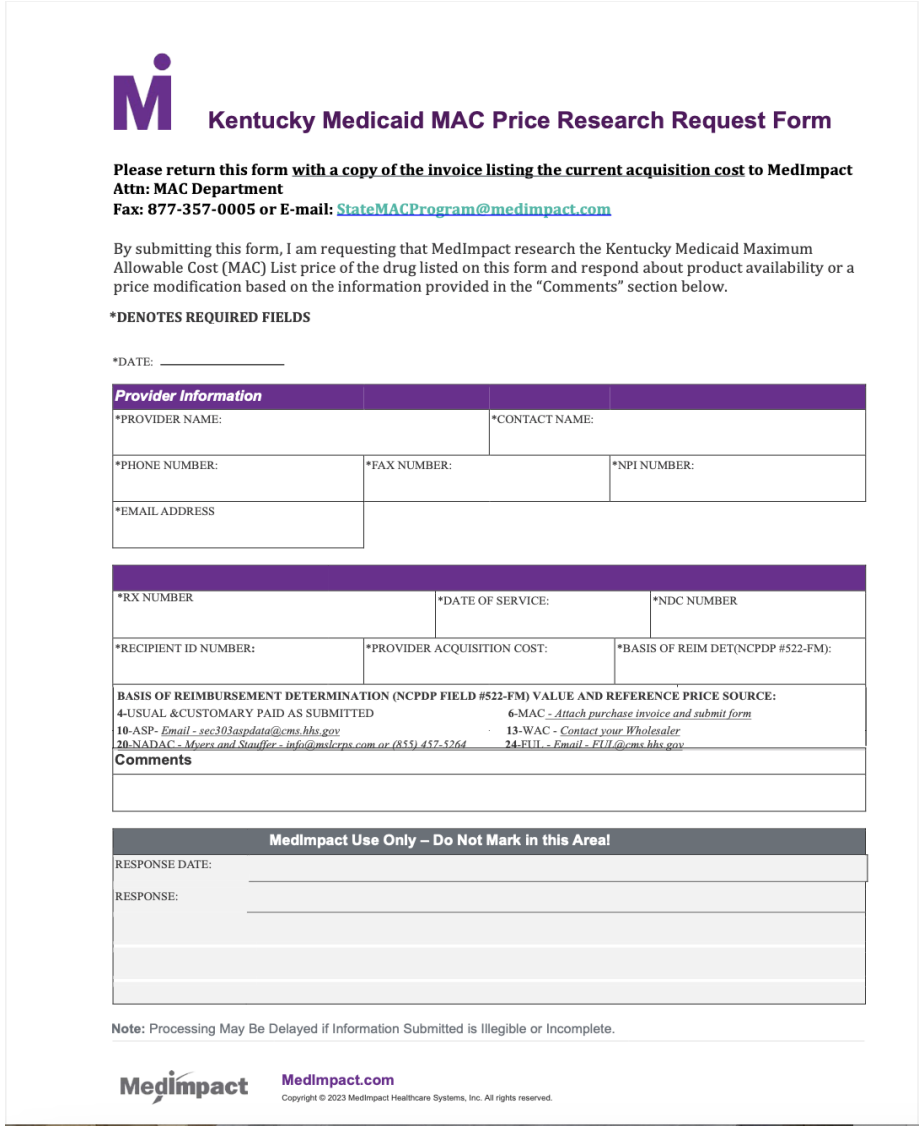
Please note that the NADAC help desk will not address pharmacy inquiries into specific Kentucky claim reimbursement related questions or concerns. Please contact MedImpact regarding specific claim reimbursement questions.

MAC Inquiries- Appeals

- Pharmacies can initiate a MAC research request by completing the form located here:
- https://kyportal.medimpact.com/provider-documents/maximum-allowable-cost-mac

- MAC inquiries apply to generic drugs only.

- Return the form with a copy of the invoice listing the current acquisition cost to MedImpact.
  - Attn: MAC department
  - Fax: 877-357-0005
  - E-mail: StateMACProgram@medimpact.com



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.

MedImpact MedImpact.com

Important Information/Numbers

Kentucky Department for Medicaid Services

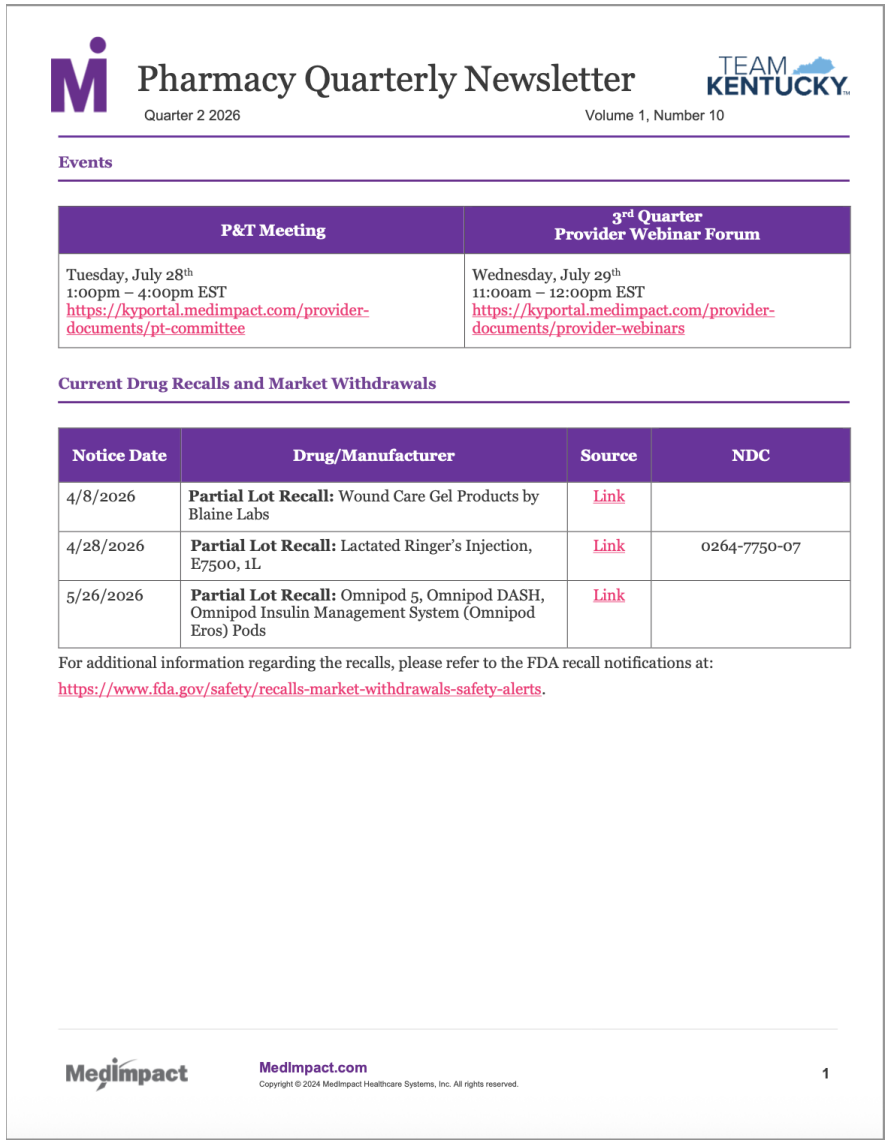
Important Information-Sessions

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

October 2026	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

Important Information- Second Quarter 2026 Pharmacy Newsletter

https://kyportal.medimpact.com/sites/default/files/2026-07/kym_2q2026_pharmacy_newsletter.pdf



Pharmacy Quarterly Newsletter

TEAM KENTUCKY

Quarter 2 2026 Volume 1, Number 10

Events

P&T Meeting	3rd Quarter Provider Webinar Forum
Tuesday, July 28th 1:00pm – 4:00pm EST https://kyportal.medimpact.com/provider-documents/pt-committee	Wednesday, July 29th 11:00am – 12:00pm EST https://kyportal.medimpact.com/provider-documents/provider-webinars

Current Drug Recalls and Market Withdrawals

Notice Date	Drug/Manufacturer	Source	NDC
4/8/2026	**Partial Lot Recall:** Wound Care Gel Products by Blaine Labs	Link	
4/28/2026	**Partial Lot Recall:** Lactated Ringer's Injection, E7500, 1L	Link	0264-7750-07
5/26/2026	**Partial Lot Recall:** Omnipod 5, Omnipod DASH, Omnipod Insulin Management System (Omnipod Eros) Pods	Link	

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

MedImpact MedImpact.com 1

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

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

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

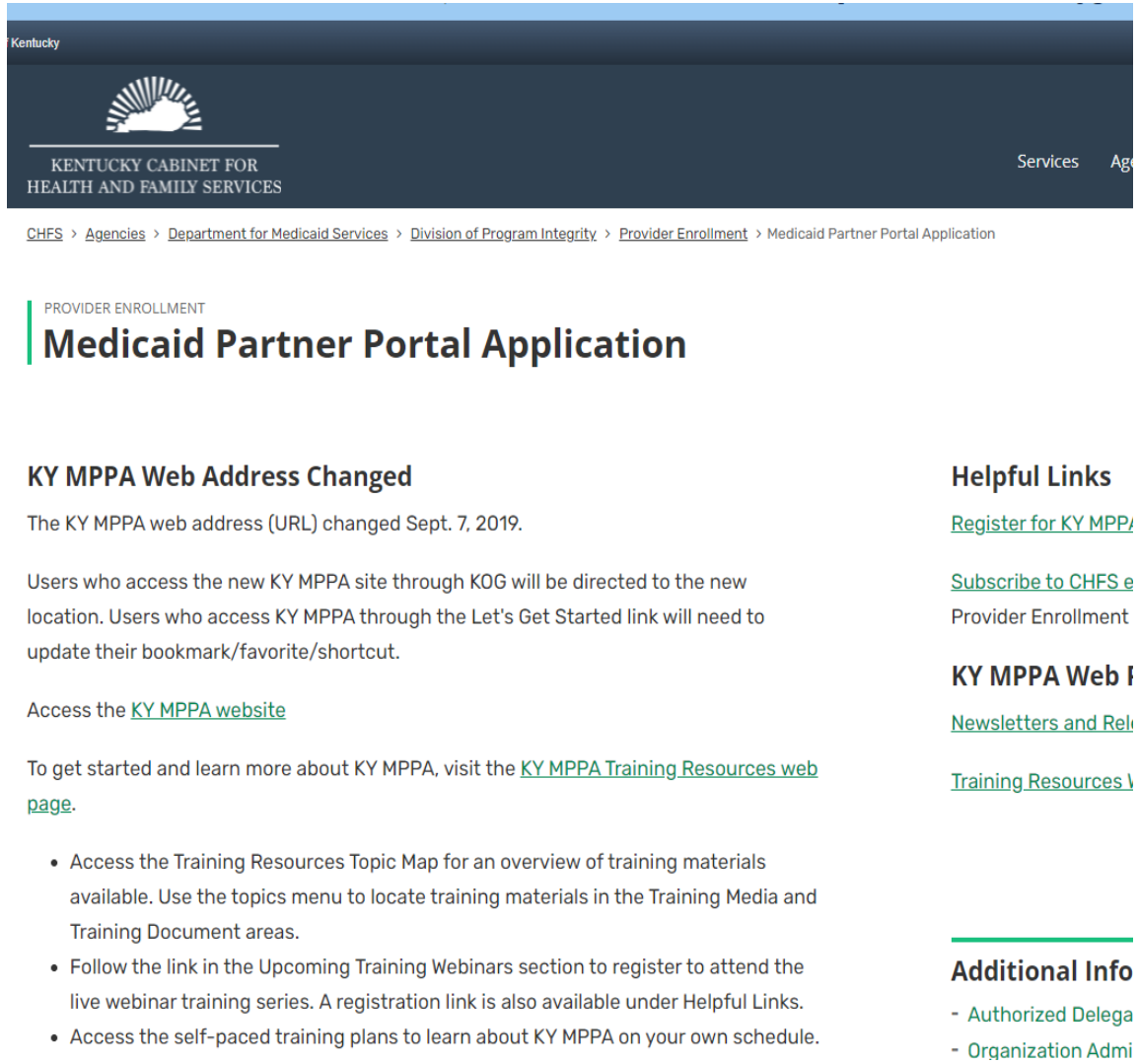
Phone: 877-838-5085

Fax: 502-226-1898

Hours: 8:00am – 4:30pm EST

Monday - Friday

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



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

Register…

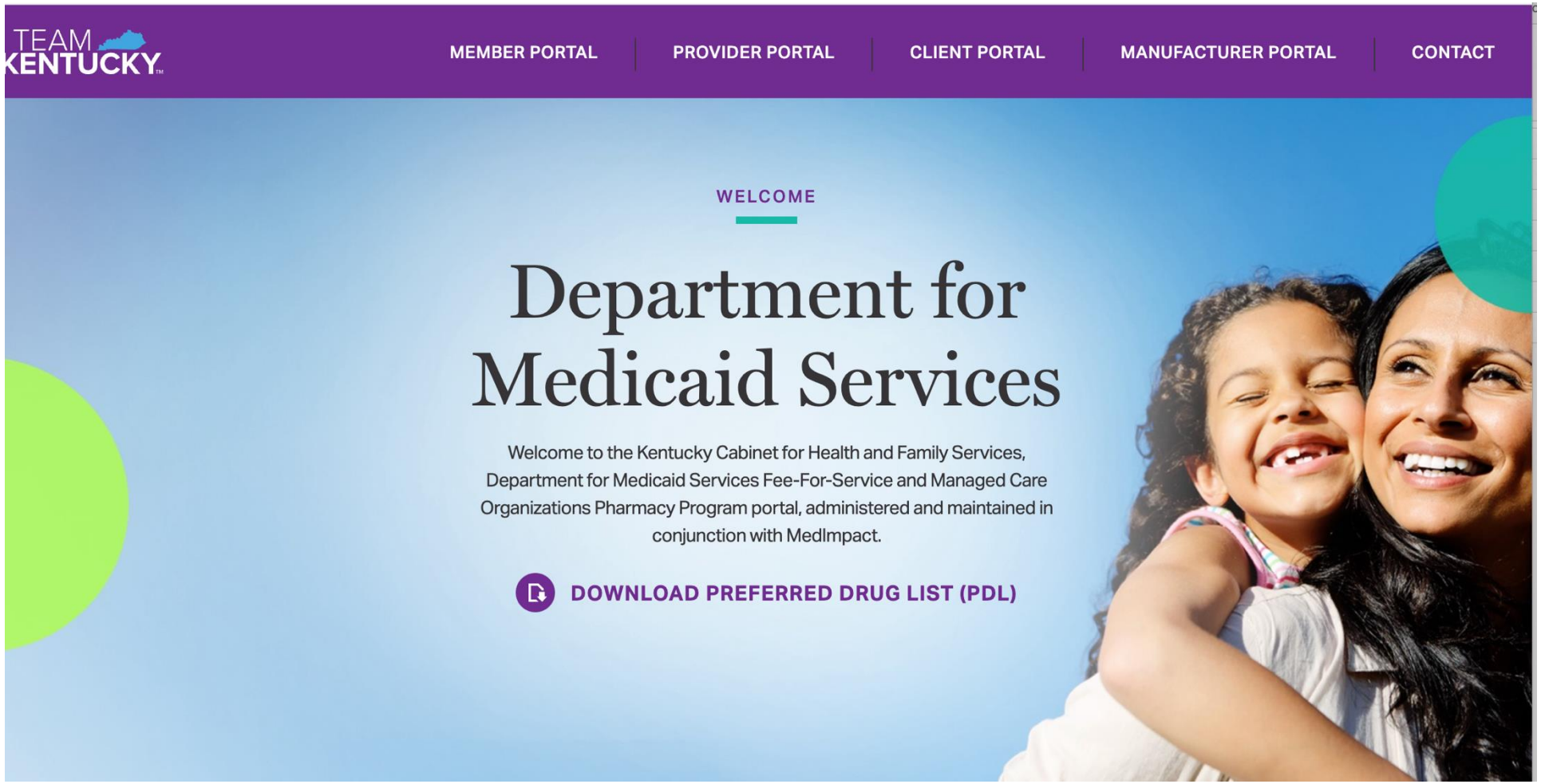
EthicsPoint

- 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.

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.

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**
  - **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

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
1/3/2025	1/9/2025	1/10/2025	1/17/2025
1/24/2025	1/30/2025	1/31/2025	2/7/2025
Friday	Following Thursday	Friday after end of cycle	Second Friday after end of cycle
1/3/2025	1/9/2025	1/10/2025	1/24/2025
1/24/2025	1/30/2025	1/31/2025	2/14/2025

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				
1/18/2025	1/31/2025	1/31/2025	2/7/2025	2/14/2025
1/25/2025	2/7/2025	2/8/2025	2/14/2025	2/21/2025
Fee-for-Service Example				
1/18/2025	2/7/2025	1/31/2025	2/7/2025	2/21/2025
1/25/2025	2/14/2025	2/8/2025	2/14/2025	2/28/2025

- 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

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

Thank you!

Kentucky Department for Medicaid Services