DATE: January 26, 2026

TO: Commonwealth of Kentucky Medicaid Pharmacy Network

FROM: MedImpact Healthcare Systems

Subject: **Potential State of Emergency Extended**

Status: Commonwealth of Kentucky Department for Medicaid Services in advance of the upcoming storms has approved emergency services.

Kentucky Medicaid has activated the emergency service to allow the appropriate submission clarification code to override certain denials for members impacted by the storms on 1/22/2026 through 1/26/2026 at 11:59pm EST, has been extended until 1/27/2026 at 11:59pm, EST.

MedImpact will follow the guidelines recommended by the National Council for Prescription Drug Programs (NCPDP) in the NCPDP EMERGENCY PREPAREDNESS INFORMATION Version 1.5 published July 2018.

If an impacted member presents at a pharmacy for a refill and identifies him/herself as an affected member, the pharmacist will have the capability to use the Submission Clarification Code (420-DK) = 13 to indicate Payer-Recognized Emergency/Disaster Assistance Request - The pharmacist is indicating that an override is needed based on an emergency/disaster situation recognized by the payer. This override will allow pharmacy providers to override claim denials for early refill and accumulated quantity edits only. All other edits will remain in place including prior authorization and eligibility. Detailed information is included within our Payer Sheet and defined below:

Patient Segment

Enter demographic information (optional) from where the patient has been displaced. This may/may not be where the patient is residing during the emergency.

322-CM	Patient Street Address	The street address of patient's home
323-CN	Patient City Address	The city of patient's home
324-CO	Patient State/Province Address	The state of patient's home
325-CP	Patient Zip/Postal Zone	The zip/postal code of patient's home

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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	https://kyportal.medimpact.com/
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]
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Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	

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