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

TUESDAY OCTOBER 28, 2025

Agenda

Roles

Updated COVID-19 Testing Standing Order

Drug Lookup Tool Glossary

FFS and MCO OTC Updates

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists Prior Authorization Criteria Changes

Payment Adjustment Information

Payment Holiday Reminders

Bausch Products Coverage Update and Patient Assistance Program

P&T Committee

Reminders

Important Information/Numbers

Questions

FAQs

Resources

Roles

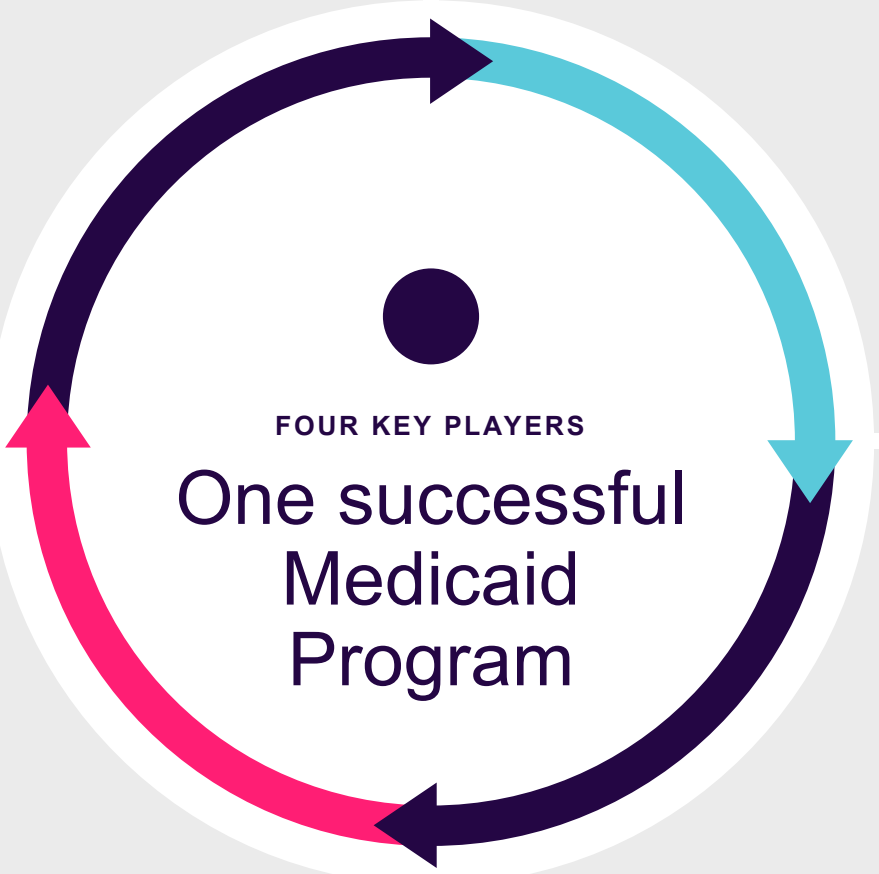
Kentucky Department for Medicaid Services

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

Updated COVID-19 Testing Standing Order

Kentucky Department for Medicaid Services

Updated COVID-19 Testing Standing Order

MedImpact would like to inform the provider network of the updated COVID-19 Testing Standing Order. Please see the protocol below.

Kentucky Statewide Physician Protocol for Point of Care COVID-19 Testing

Purpose

This statewide physician protocol signed by a physician with the Kentucky Department for Medicaid Services specifies the criteria and procedures for eligible pharmacies who have met the requirements established by the Kentucky Board of Pharmacy and in accordance with the Governor's Executive Order to prevent the spread of COVID-19 in the Commonwealth. **The following protocol is only applicable to Medicaid beneficiaries.**

*This signed protocol is intended for pharmacists that **do not** have a medical provider to issue a protocol.*

Point of Care COVID-19 Testing Protocol	
Pharmacy has an active CLIA Certificate of Waiver	• Guidance for SARS-CoV-2 Rapid Testing in Point-of-Care Settings should be reviewed prior to testing. • The Kentucky Office of the Inspector General, Division of Health Care, processes CLIA applications.
Testing Supplies	• Pharmacies should obtain appropriate point-of-care testing machine(s), testing cassettes, and specimen collection kits. • Pharmacy employees should have received training on the testing machine prior to offering testing to patients.
Personal Protective Equipment (PPE)	• CDC Collecting, Handling, and Testing Clinical Specimen from Persons for COVID-19 Interim Guidelines have been reviewed by all pharmacy employees involved in point of care testing. • The pharmacy must obtain adequate PPE. • All pharmacy employees should be trained on minimum storage, disposal/recycling, and use of PPE.

Specimen Collection	• CDC Collecting, Handling, and Testing Clinical Specimen from Persons for COVID-19 Interim Guidelines have been reviewed prior to specimen collection.
	• Policies and procedures are in place to address collection, storage, and transport of samples, including:
	  ◦ A pharmacist collects the specimen or aids in self-collection of the specimen, and it is tested by the pharmacy using a point-of-care test.
	  ◦ The pharmacy employee administering the test has reviewed the manufacturer instructions and is trained on the specific type of specimen collection.
	  ◦ Collection is encouraged to take place in an area that minimizes exposure to others in the pharmacy.
	  ◦ The pharmacy has identified a proper method of disposal of specimens and any PPE that may have been in contact with the patient.

Updated COVID-19 Testing Standing Order

Communication of Results	• Pharmacies must develop policies and procedures for reporting the test results to the patient and the patient's primary care provider on the same day as the test. • Pharmacies should review and share the CDC's Respiratory Virus Guidance with patients. • Pharmacies should ensure the patient has a mask or provide the patient with a mask.
Reimbursement for Point of Care Testing	• Pharmacies must enroll as a DME provider. • Pharmacies can then bill using their existing NPI on a CMS 1500 or 837 P electronic form. • Pharmacies should have a standing order from a licensed and enrolled Medicaid provider for COVID-19 testing. ○ This document will serve as the standing order for the Kentucky Medicaid Medical Director. • Current HCPCS codes of U0002 and CPT 87635 should be billed to Medicaid for COVID-19 testing
COVID-19 At-Home Antigen Tests	• FDA-approved at-home tests for COVID-19 may be covered through the pharmacy benefit. • This standing order will serve as a prescription for COVID-19 OTC tests only. A separate prescription is required for COVID-19 at-home tests that are "Rx only" products. • Pharmacies may fill up to 4 tests per member per rolling 90 days. • Additional tests may be approved via prior authorization when applicable.

Drug Lookup Tool Glossary

Kentucky Department for Medicaid Services

Drug Lookup Tool Glossary

- The language regarding drug coverage on the Drug Lookup Tool located on the Kentucky Medicaid Pharmacy Program portal (https://kyportal.medimpact.com/) was updated on 10/06/2025. This update aims to clarify the definition of drugs marked as “Covered” on the Drug Lookup Tool.

- **The updated language:** An item or service that is covered under the Medicaid pharmacy benefit. Covered drugs may still be subject to prior authorization (PA) and dispensing limits, such as quantity limits. Injectable drugs marked as not covered may be eligible for coverage if administered through home infusion, provided all applicable requirements are met. For more information regarding injectable drugs, please refer to the Kentucky Medicaid Pharmacy Injectable Drug List on the Drug Information page. For medical benefit coverage, please check with the Managed Care Organization (MCO) for MCO members or with Gainwell for Fee-For-Service (FFS) members. For covered OTC products for FFS members, please reference the posted list of products on the Drug Information page.

This can be found at: https://kyportal.medimpact.com/medicaid-member-portal/formulary-search.

FFS and MCO OTC Coverage List Update for 2025

Kentucky Department for Medicaid Services

FFS OTC Coverage List Update for 2025

The Commonwealth of Kentucky Department of Medicaid Services (DMS) has updated its pharmacy benefits Over-the-Counter (OTC) Coverage List for both Fee-For-Service (FFS) and Managed Care Organization (MCO) programs.

The following updates reflect recent and upcoming formulary changes to the Kentucky Medicaid OTC benefit. Notable product removals and covered alternatives are outlined below. Providers are encouraged to review the updated Kentucky Medicaid OTC Lists to identify covered options for members when a product is no longer covered.

FFS OTC Coverage Updates

*The updates below will take effect on **December 1, 2025***

Notable Removals	Covered Alternatives
Bacitracin 500 Unit/G packet, ointment packet	Bacitracin Zinc 500 Unit/G ointment
Benzoyl Peroxide 4% cleanser	Benzoyl Peroxide 5% And 10%
Calcium Carbonate 160(400)mg chewable	Calcium Carbonate 200(500) mg Calcium Carbonate 300(750) mg Calcium Carbonate 400(1000) mg
Calcium Carbonate/Vitamin D3 capsule	Calcium Carbonate/Vitamin D3 tablet
Ferrous Fumarate 325(106) mg tablet	Ferrous Fumarate 324(106) mg tablet
Magnesium Chloride DR tablet	Magnesium Chloride 64 mg DR tablet Magnesium 200 mg tablet
Magnesium Oxide 200 mg, 420 mg tablet	Magnesium Oxide 250 mg tablet
Niacin 250 mg ER tablet	Niacin 250 mg ER capsule
Omega-3s/DHA/EPA/Fish Oil 300-1000 mg capsule	Various Omega-3s/DHA/EPA/Fish Oil strengths
Sennosides 8.6 mg capsule, 25 mg tablet	Sennosides 8.6 mg tablet

MCO OTC Coverage List Update for 2025

MCO OTC Coverage Updates

*The updates below went into effect on **May 23, 2025***

Notable Removals	Covered Alternatives
Brompheniramine/Phenylephrine	Various antihistamines Pseudoephedrine solution, tablet, ER tablet
Brompheniramine/Phenylephrine/Dextromethorphan (DM)	Various antihistamines Pseudoephedrine solution, tablet, ER tablet Dextromethorphan suspension Guaifenesin/DM liquid, tablet, ER tablet, syrup
Cetirizine/Pseudoephedrine	Cetirizine solution, tablet Levocetirizine tablet Pseudoephedrine solution, tablet, ER tablet
Fexofenadine/Pseudoephedrine	Fexofenadine suspension, tablet Pseudoephedrine solution, tablet, ER tablet
Guaifenesin/Pseudoephedrine	Guaifenesin liquid, tablet, ER tablet, Pseudoephedrine solution, tablet, ER tablet
Loratadine/Pseudoephedrine	Loratadine tablet, solution, ODT, chewable tablet Pseudoephedrine solution, tablet, ER tablet
Tolnafi-Al 1% (only NDC 83592048030)	Tolnaftate 1% solutions
Luer-Lok Syringe-Needle (NDC 08290309588)	Luer-Lok Syringe-Needle (NDC 08290309571)

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists Prior Authorization Criteria Changes

Kentucky Department for Medicaid Services

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists Prior Authorization Criteria Changes

- Effective October 1, 2025, the Kentucky Department for Medicaid Services (DMS) will implement new renewal criteria for all Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists. This criteria is being implemented to ensure appropriate and timely lab monitoring is being completed (e.g. Hemoglobin A1C) for these agents. The full prior authorization criteria are below with new additions underlined. PREFERRED WITH PA (PDP) CRITERIA

PREFERRED WITH PA (PDP) CRITERIA

Agent(s) Subject to Criteria	Criteria for Approval

Byetta®
Ozempic®
Trulicity®
Victoza®
	Approval Duration: 6 months
	
	INITIAL APPROVAL CRITERIA
	• Diagnosis of Type II Diabetes Mellitus (T2DM) confirmed with clinical documentation including:
	  ○ ICD-10 diagnosis of T2DM (chart notes within the past 12 months); **AND**
	  ▪ A1c lab value of 6.5 or greater within the past 6 months; **OR**
	  ▪ ***Historical A1c that correlates to a T2DM diagnosis (i.e. 6.5 or greater), AND A1C within the past 6 months; AND***
	• No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2); **AND**
	• ***Not used in combination with another GLP-1 receptor agonist OR DPP4 UNLESS the member is changing therapy; AND***
	• The requested dose does not exceed the maximum FDA-approved dose for treating diabetes mellitus.
	
	RENEWAL CRITERIA
	• ICD-10 diagnosis of T2DM (chart notes within the past 12 months); ***AND***
	• ***Clinical documentation must be submitted demonstrating an A1c value within the past 6 months; AND***
	• ***Provider attests that the patient has been evaluated for safety (e.g. lacks treatment limiting adverse events) and demonstrates a positive response to therapy; AND***
	• No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2); **AND**
	• ***Not used in combination with another GLP-1 receptor agonist OR DPP4 UNLESS the member is changing therapy; AND***
	• The requested dose does not exceed the maximum FDA-approved dose for treating diabetes mellitus.

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists Prior Authorization Criteria Changes

NON-PREFERRED (NPD) OR GENERIC MEDICALLY NECESSARY CRITERIA

Agent(s) Subject to Criteria	Criteria for Approval

Bydureon BCise®
exenatide
liraglutide
Mounjaro®
Rybelsus®
	Approval Duration: 6 months
	
	INITIAL APPROVAL CRITERIA
	• Diagnosis of Type II Diabetes Mellitus (T2DM) confirmed with clinical documentation including:
	  ○ ICD-10 diagnosis of T2DM (chart notes within the past 12 months); **AND**
	  ▪ A1c lab value of 6.5 or greater within the past 6 months; **OR**
	  ▪ ***Historical A1c that correlates to a T2DM diagnosis (i.e. 6.5 or greater), AND A1C within the past 6 months; AND***
	• No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2); **AND**
	• ***Not used in combination with another GLP-1 receptor agonist OR DPP4 UNLESS the member is changing therapy; AND***
	• The requested dose does not exceed the maximum FDA-approved dose for treating diabetes mellitus; **AND**
	• A ≥ 3-month trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance of 2 preferred agents, unless otherwise specified (chart notes or claim history must confirm).
	
	RENEWAL CRITERIA
	• ICD-10 diagnosis of T2DM (chart notes in the past 12 months); **AND**
	• ***Demonstrate ONE of the following:***
	  ○ ***A1c of less than or equal to 8% within the past 6 months, OR***
	  ○ ***Demonstration of improved A1c value, OR***
	  ○ ***Provider must submit clinical justification for continued therapy;AND***
	• ***Provider attests that the patient has been evaluated for safety (e.g. lacks treatment limiting adverse events) and demonstrates a positive response to therapy; AND***
	• No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2); **AND**
	• ***Not used in combination with another GLP-1 receptor agonist OR DPP4 UNLESS the member is changing therapy; AND***
	• The requested dose does not exceed the maximum FDA-approved dose for treating diabetes mellitus.
	*Drugs used for anorexia, weight loss, or weight gain are excluded from coverage

The current Kentucky Medicaid Preferred Drug List with the updated prior authorization criteria can be found on the Kentucky Medicaid Provider Portal (https://kyportal.medimpact.com/provider-documents/drug-information)

Payment Adjustment Information

Kentucky Department for Medicaid Services

Payment Adjustment Information

MedImpact identified claims for that were adjudicated on behalf of the Commonwealth of Kentucky, for Kentucky Medicaid Managed Care (KY MCO) and Fee-for-Service (KY FFS) members, that were inadvertently paid at the incorrect rate. There were a total of five instances in which impacted claims resulted in either an overpayment or underpayment to your pharmacy. A breakdown of the five instances can be seen below based on the price type that should have been paid, and the time frame the claims were impacted.

Price Type	Date of Impacted Claims
Affordable Care Act Federal Upper Limit (ACA FUL) 1	8/5/2025-8/12/2025
National Average Drug Acquisition Cost (NADAC) 1	7/1/2021-4/30/2025
Wholesale Acquisition Cost (WAC)	1/1/2025-2/10/2025
National Average Drug Acquisition Cost (NADAC) 2	4/23/2025-5/9/2025
Affordable Care Act Federal Upper Limit (ACA FUL) 2	8/22/2025-8/26/2025

The estimated impact to your pharmacy/pharmacies will be listed in the Provider Notice. The claims will be reprocessed the week of December 1, 2025 and will appear on your Remittance Advice (RA) on December 12, 2025 for MCO members and December 19, 2025 for FFS members. If the estimated amount to be recouped will cause a financial hardship to your pharmacy, please contact MedImpact at KYMCOPBM@MedImpact.com to discuss alternative recoupment procedures by November 14, 2025.

Payment Holiday Reminders

Kentucky Department for Medicaid Services

Holiday EOB Schedule Impacted - Thanksgiving 2025

Please be advised that due to the Thanksgiving holiday, electronic and paper check payments made for the EOB cycle end dates below will experience a processing delay as payments will be released on Monday, December 1, 2025, and not on Friday, November 28, 2025, due to the holiday. If funding is delayed, it could cause an extension to the next payment cycle for claims in which funding was not secured. We apologize for any inconvenience.

*Individual banking institution policies regarding the application of ACH payments may vary. The dates provided are estimates only.

Program	EOB Start	EOB End	Pay Date	USPS and Bank Holiday
FFS	11/07/2025	11/13/2025	12/01/2025	11/27/2025
MCO	11/14/2025	11/20/2025	12/01/2025	

Holiday EOB Schedule - Christmas 2025 and New Year's 2026

Please be advised that as the Christmas and New Year holidays, will not be impacted as payments will be released on Friday, December 26, 2025 and January 2, 2026.

*Individual banking institution policies regarding the application of ACH payments may vary. The dates provided are estimates only.

Program	EOB Start	EOB End	Pay Date	USPS and Bank Holiday
FFS	12/5/2025	12/11/2025	12/26/2025	12/25/2025
MCO	12/12/2025	12/18/2025	12/26/2025	

Program	EOB Start	EOB End	Pay Date	USPS and Bank Holiday
FFS	12/12/2025	12/18/2025	1/2/2026	1/1/2026
MCO	12/19/2025	12/25/2026	1/2/2026	

Bausch Products Coverage Update and Patient Assistance Program

Kentucky Department for Medicaid Services

Bausch Products Coverage Update and Patient Assistance Program

- **Coverage change:** Effective October 1, 2025, Bausch Health products will no longer be covered under Kentucky Medicaid due to the manufacturer ending participation in the Medicaid Drug Rebate Program (MDRP).
- **Patient support:** Bausch Health is offering access to its Patient Assistance Program (PAP), which may provide coverage of certain medications (e.g. Xifaxan, Trulance) at no cost to eligible individuals.
- **Eligibility note:** Members with Medicaid as secondary insurance may not qualify for the PAP.
- **Enrollment info:** Visit www.bauschhealthpap.com and click on “Application for Medicaid-Only Patients” for full eligibility details and to apply.
- **Provider action**: Providers are encouraged to inform patients of this change and assist them in connecting with the PAP. For questions, contact 1-833-862-8727.

P&T Committee

Kentucky Department for Medicaid Services

P&T Committee

- P&T Meetings are hosted by MedImpact.
- The last meeting was:
  - October 14, 2025
- Future 2026 Meeting dates – TBD
- Please note that committee meetings have been moved to Tuesdays.
- 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.

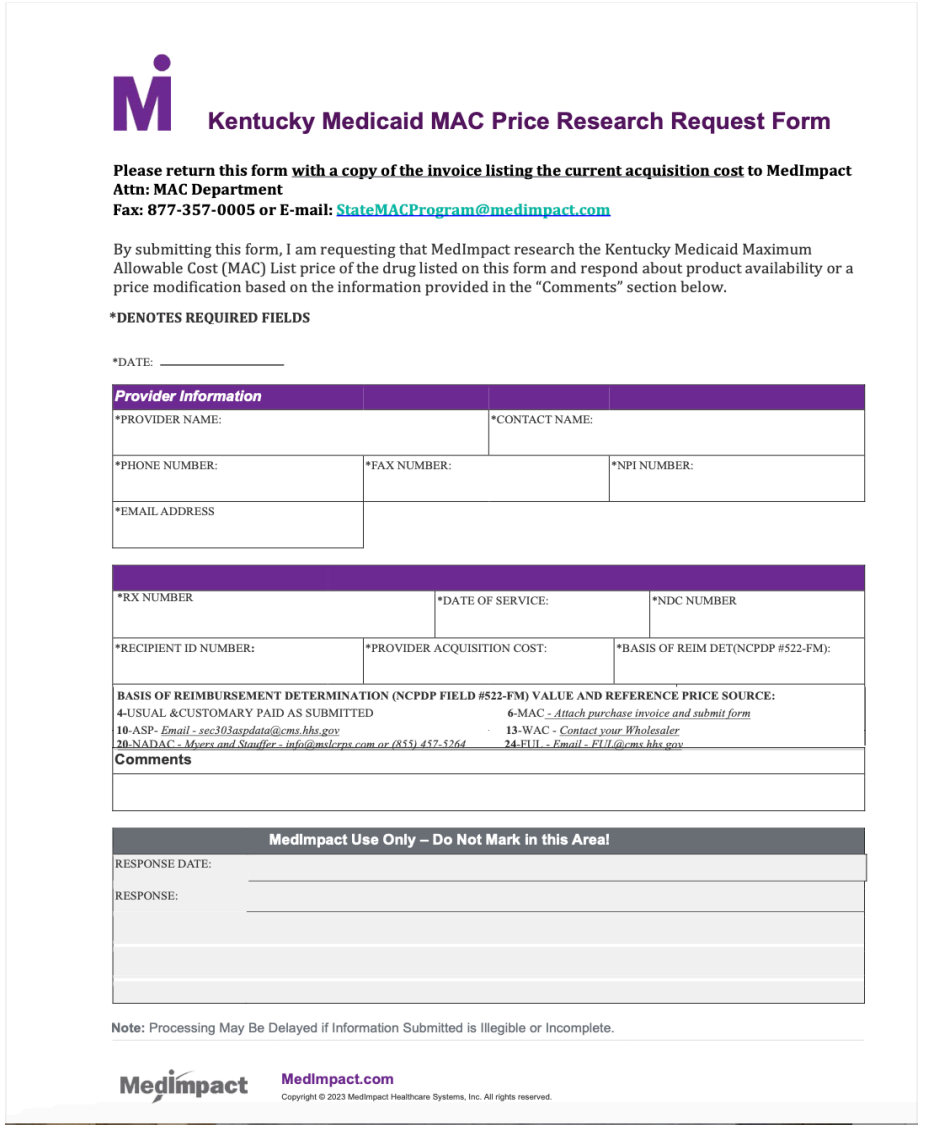
Please note that the NADAC help desk will not address pharmacy inquiries into specific Kentucky claim reimbursement related questions or concerns. Please contact MedImpact regarding specific claim reimbursement questions.

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

January 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- Third Quarter 2025 Pharmacy Newsletter

https://kyportal.medimpact.com/sites/default/files/2025-10/kym_3q2025_pharmacy_newsletter_10.23.25_hec.pdf

Pharmacy Quarterly Newsletter

TEAM KENTUCKY

Quarter 3 2025 Volume 1, Number 7

Events

4th Quarter Provider Webinar Forum
Tuesday October 28th 9:00am – 10:00am EST https://kyportal.medimpact.com/provider-documents/provider-webinars

Current Drug Recalls and Market Withdrawals

Notice Date	Drug/Manufacturer	Source	NDC(s)
7/17/25	**All Lot Recall:** Nostrum Laboratories, Inc., voluntarily recalled all lots of Sucralfate Tablets USP 1 gram as a result of the closures and discontinuation of its quality activities. Manufactured dates: 06/1/2023-07/17/2025	Link	29033-0003-05, 29033-0003-01
7/21/25	**Partial Lot Recall:** FDA MedWatch - Dexcom Recalls Certain Glucose Monitor Receivers for Missing Blood Sugar Level Alerts	Link	08627-0091-11, 08627-0078-01
8/20/25	**Partial Lot Recall**: FDA MedWatch - Lactated Ringer's Injection USP, 1000 mL and 0.9% Sodium Chloride Injection USP, 1000 mL by B. Braun Medical	Link	0264-7750-07, 0264-7800-09
8/28/25	**Partial Lot Recall:** FDA MedWatch - Cyclobenzaprine Hydrochloride Tablets USP, 10 mg by Unichem Pharmaceuticals (USA)	Link	29300-0415-19
9/19/25	**Market Withdrawal:** Intercept Pharmaceuticals, Inc., announced the decision to voluntarily withdraw Ocaliva (obeticholic acid) from the US market for the treatment of primary biliary cholangitis (PBC).	Link	69516-0010-30, 69516-0005-30

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

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

Healthcare professionals who have questions about OCALIVA can contact Intercept Medical Information at medinfo@interceptpharma.com or call 1-844-782-4278. Patients should speak with their healthcare professionals and also may contact Intercept's Patient Support Services (Interconnect) at 1-844-622-4278.

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

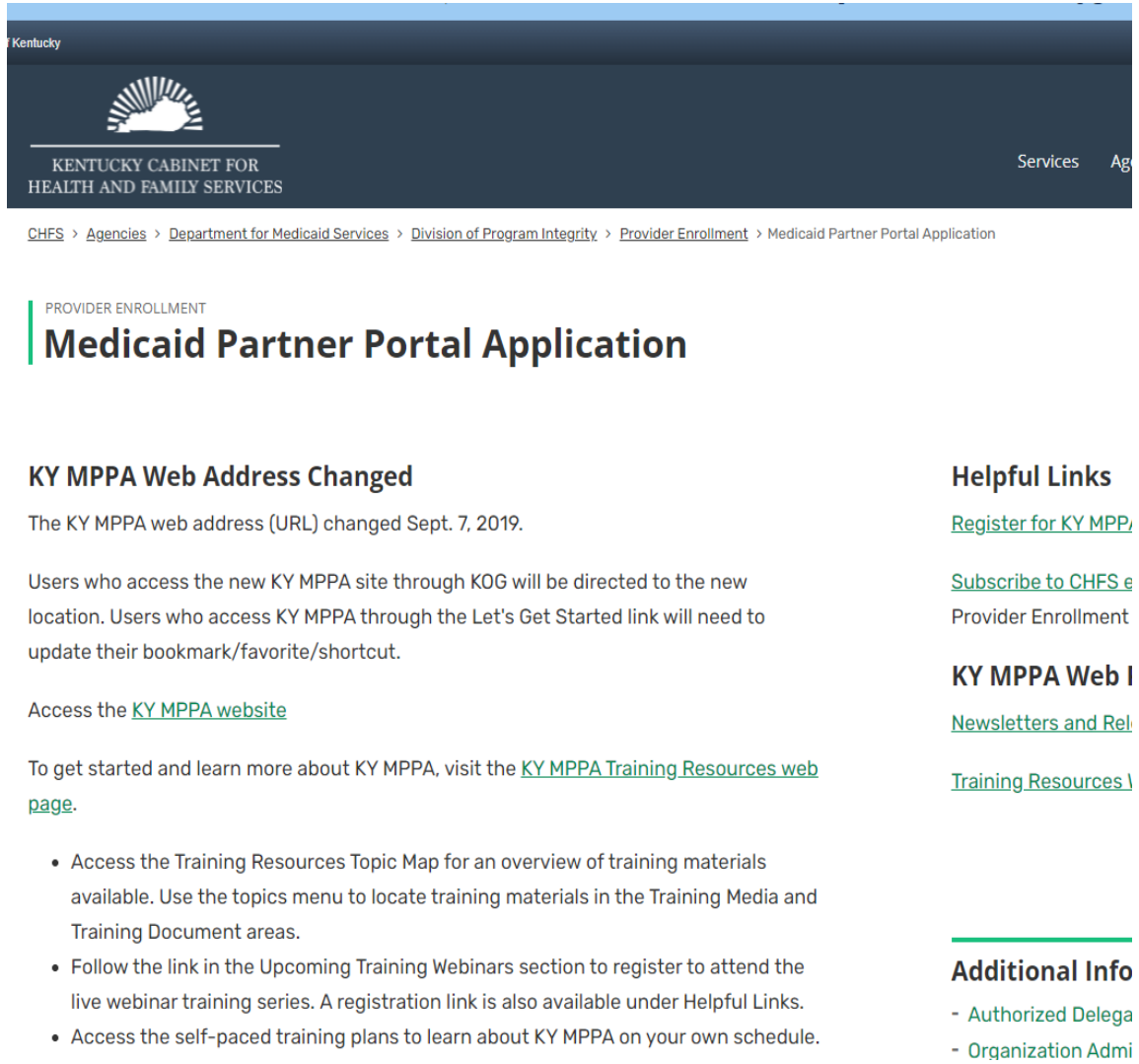
Phone: 877-838-5085

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

- 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

What's the process?

Register…

Register or update your EFT information on the Kentucky MPPA (Medicaid Partner Portal Application):
https://medicaidsystems.ky.gov/Partnerportal/home.aspx
MPPA Contact Center:
877.838.5085

Wait…

Once DMS approves your update, allow a 21-day period for that information to be validated by your banking institution and forwarded to MedImpact.
may still receive paper checks during this time

Inquire…

If your EFT information has been approved by DMS and you continue to receive paper remittances after 21 days have elapsed, please contact the MedImpact team at:
KYMFFS@MedImpact.com

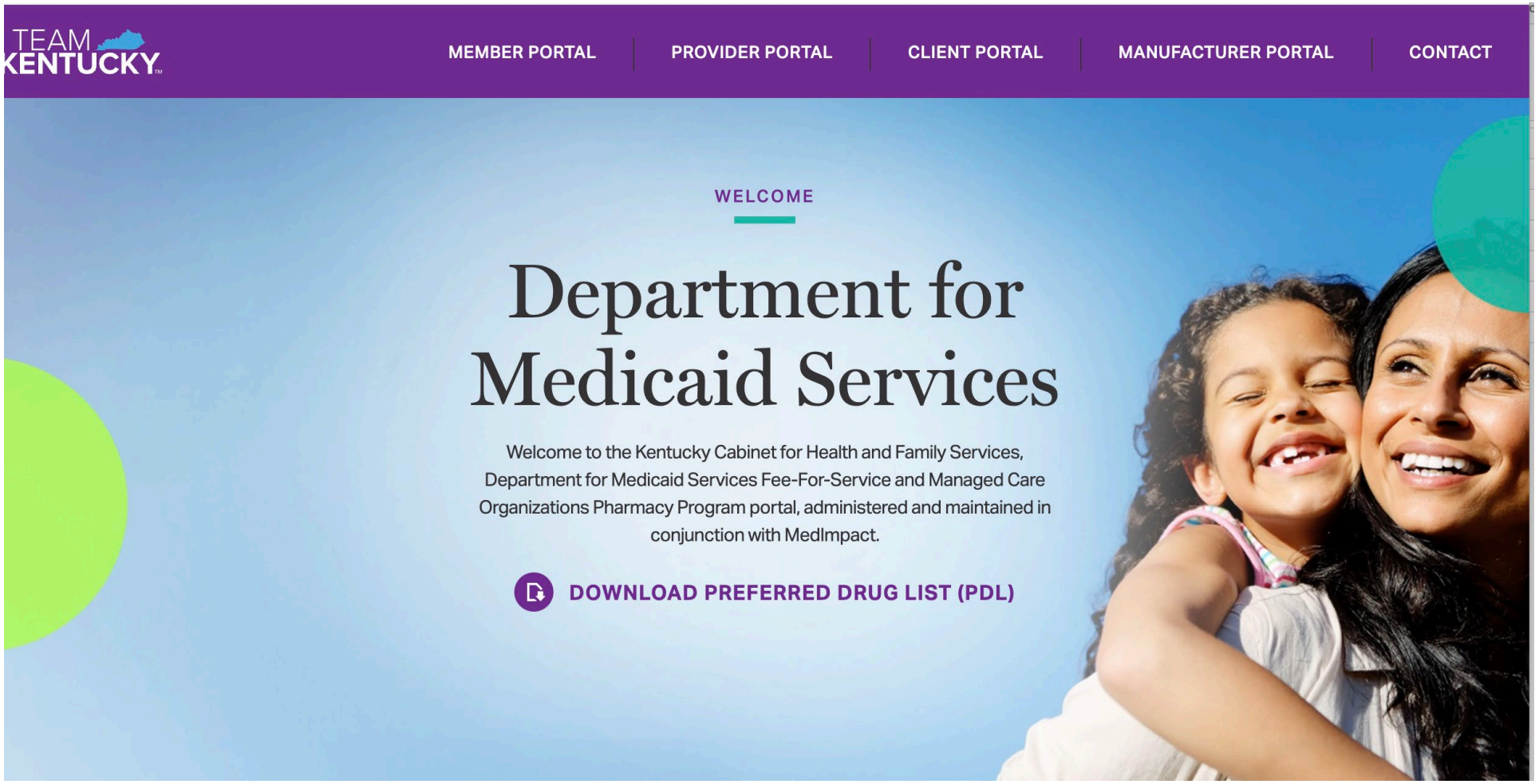
EthicsPoint

- 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.

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