DATE: June 1, 2021

TO: Commonwealth of Kentucky Medicaid Pharmacy Network

FROM: MedImpact Healthcare Systems

Subject: Kentucky Managed Care Organization Single Pharmacy Benefit Manager Announcement

---

Status: Effective July 1, 2021 MedImpact Healthcare Systems, Inc. will begin processing pharmacy claims and prior authorizations for all Kentucky Medicaid Managed Care Organizations (MCOs).

Contact Info beginning 7/1	
Technical Help Desk	800-210-7628
Prior Authorizations	844-336-2676

Claims with Date of Service (DOS)	PBM	Notes
Prior to July 1, 2021	Submit to previous MCO PBM	
On and after July 1, 2021	Submit to MedImpact	Any claim submitted to MedImpact with a DOS prior to 7/1 will be rejected.

Please note:

While the member's Kentucky issued Medicaid ID number (which will be used as the Member ID for billing/claim submission) will not change, please confirm that the Member ID number you submit on or after July 1, 2021 is the member's Medicaid ID and not an alternate ID assigned by the previous claims processor/PBM.

Providers may find the member's KY Medicaid ID number by looking up the member on KYHealthNet by visiting http://www.kymmis.com

Prior authorizations obtained prior to July 1, 2021will be transferred to MedImpact. Members with prescription medications that are no longer included on the preferred drug list or have new utilization management criteria assigned to them will be able to receive those prescription medications without a reject for the first ninety days post implementation (from July 1, 2021 through September 28, 2021).

Payer specifications are available on MedImpact's informational website and the Provider Portal. Please visit: https://pharmacy.MedImpact.com

All claims will need to be routed to MedImpact using the new BIN/PCN/Group information described below. Members will be issued new ID Cards by the Managed Care Organization in which they are enrolled.

NCPDP Transaction Header Segment

Field #	NCPDP Field Name	Value	Payer Usage	Notes
101-A1	BIN #	**023880**	Mandatory	Same value for all KY Medicaid MCO members
104-A4	PCN #	**KYPROD1**	Mandatory	Same value for all KY Medicaid MCO members
301-C1	Group ID	**KYM01**	Mandatory	Same value for all KY Medicaid MCO members

Provider Network: 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 Managed Care pharmacy program.

Contact Information: If you have any questions about the transition of PBM services for the MCOs, please contact the MedImpact team at the email below:

Team	Question Type	Contact Info
KY Account Team	Program questions	KYMCOPBM@medimpact.com
Pharmacy Provider Network Questions	EFT, RA questions	Email: PharmacyOperationsSups@MedImpact.com or Web: https://pharmacy.MedImpact.com

Upcoming Informational Sessions

To facilitate information exchange and answer your questions, MedImpact will hold a series of web-based monthly informational meetings as outlined below.

Date	Topic	Audience
June 15, 2021 1PM-2PM ET	Timeline and status updates. Operational readiness Answer questions	All providers: https://medimpact.webex.com/medimpact/onstage/g.php?MTID=e2fea4817951e6b330b92110476be8e23
July 15, 2021 9AM-10AM ET	Status updates. Answer questions.	All providers: https://medimpact.webex.com/medimpact/onstage/g.php?MTID=e3572ff3d0d89e942ee62ce041ac60d42