



**DATE:** July 15, 2024  
**TO:** Commonwealth of Kentucky Medicaid Pharmacy Network  
**FROM:** MedImpact Healthcare Systems  
**Subject:** [Pharmacy Claim Reprocessing](#)

**Status:**

MedImpact identified claims for generic drugs that adjudicated for Kentucky Medicaid Managed Care and Fee-for-Service members between April 25, 2024 to April 30, 2024 that were **inadvertently paid at Wholesale Acquisition Cost (WAC) or National Average Drug Acquisition Cost (NADAC)** when a valid, lower Kentucky MAC rate was established. Therefore, the identified claims will be adjusted to recalculate pricing to utilize Kentucky MAC pricing where appropriate.

The claims will be reprocessed within the next 30 days and will appear on your Remittance Advice (RA) or 835.

**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	KYMFSS@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	