



**DATE:** October 22, 2024  
**TO:** Commonwealth of Kentucky Medicaid Pharmacy Network  
**FROM:** MedImpact Healthcare Systems  
**Subject:** **MAC Program**

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**Status: MedImpact Maximum Allowable Cost (MAC) Program**

MedImpact is reminding providers of the appropriate process to send an appeal for a claim reimbursed using the MAC. The MAC Price Research Request Form must be completed along with a copy of the purchase invoice for the National Drug Code (NDC) of the claim.

MedImpact administers the MAC program for Kentucky Medicaid in compliance with Title 806 (Public Protection Cabinet – Department of Insurance) KAR 17:575 and Title 907 (Medicaid Services) KAR 23:20 of Kentucky Regulations as required. Depending on the ingredient cost reimbursement returned in your paid claim response from MedImpact in the Basis of Reimbursement Determination (NCPDP field #522-FM), the appropriate contact information is listed below for your reference.

**MedImpact will only review claims which priced at MAC as described below.**

Title 806 Chapter 17 Regulation 575 - <https://apps.legislature.ky.gov/law/kar/titles/806/017/575/>  
Title 907 Chapter 23 Regulation 20 - <https://apps.legislature.ky.gov/law/kar/titles/907/023/020/>

A professional dispensing fee of \$10.64 is paid once per member, per drug, per provider, every 23 days for any qualifying dispensed prescription. 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

For claims priced with code **4 (U&C)**, please reverse and resubmit your claim with your corrected U&C if you feel the current price is not accurate.



For claims priced with code **6 (MAC)**, please submit a MAC Price Research Request Form to [StateMACProgram@medimpact.com](mailto:StateMACProgram@medimpact.com). The form can be found here: <https://kyportal.medimpact.com/provider-documents/maximum-allowable-cost-mac>. In addition to the form, please submit the purchase invoice for the drug in question which includes details such as the date of acquisition as well as the cost. Please complete a form and submit the corresponding invoice for each drug. MedImpact does not need to receive multiple forms for the same drug simply complete for the earliest date of service as any MAC adjustments will be made retroactive to the date of service of the claim where possible.

For claims priced with code **10 (ASP)**, The Centers for Medicare & Medicaid Services (CMS) publishes the ASP prices on a quarterly basis. For questions on ASP prices, please e-mail [sec303aspdata@cms.hhs.gov](mailto:sec303aspdata@cms.hhs.gov).

For claims priced with code **13 (WAC)**, if you feel the WAC price is not reflective of your purchase price, please work with your wholesaler to ensure the manufacturer has reported the most recent pricing to the drug reference compendia.

For claims priced with code **20 (NADAC)**, we advise providers must contact the CMS NADAC vendor, Myers, and Stauffer via email [info@mslcrps.com](mailto:info@mslcrps.com) or toll-free help desk phone number (855) 457-5264. 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 weekly NADAC prices are then loaded into MedImpact’s claim adjudication system the following Friday.

For claims priced with code **24 (FUL)**, The Centers for Medicare & Medicaid Services (CMS) calculates the ACAFUL price monthly. For questions about the FUL program or data, please e-mail [FUL@cms.hhs.gov](mailto:FUL@cms.hhs.gov)

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### **KY MCO Contact Information**

Program Questions	<a href="mailto:KYMCOPBM@MedImpact.com">KYMCOPBM@MedImpact.com</a>
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	KYMFFS@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	