



DATE: December 1, 2023
TO: Commonwealth of Kentucky Medicaid Pharmacy Provider Network
FROM: Department for Medicaid Services

Subject: Effective 1/1/2024: Fee-For-Service Medicaid Pharmacy Benefit Manager Transition – 340B Claims Submissions BIN—026309 PCN KYPROD1

Effective **January 1, 2024**, the Kentucky Fee-For-Service (FFS) Medicaid Pharmacy Benefit Manager (PBM) will transition from Magellan Rx to MedImpact. Please see below for changes regarding 340B claims submission.

New Requirements for FFS 340B Claims only: Starting 1/1/2024, pharmacy providers submitting 340B claims for Kentucky FFS members should **submit the actual acquisition cost (AAC) under INGREDIENT COST SUBMITTED (NCPDP field #409-D9)**. Providers should submit the actual usual & customary (U&C) value under USUAL AND CUSTOMARY CHARGE (NCPDP field #426-DQ).

Additionally, Submission Clarification Code (SCC) 20 (NCPDP field #420-DK) and/or Basis of Cost Determination (BCD) 8 (NCPDP field #423-DN) are not required to be submitted for 340B claims. However, claims with SCC 20 or BCD 8 will be treated as a 340B claim and the submitted ingredient cost will be evaluated as AAC for reimbursement.

Field #	NCPDP Field Name	Value	Payer Usage	Notes
409-D9	INGREDIENT COST SUBMITTED	340B Actual Acquisition Cost	Required	FFS 340B claims only
426-DQ	USUAL AND CUSTOMARY CHARGE	Pharmacy U&C Charges	Required	Do not submit AAC as U&C
420-DK	SUBMISSION CLARIFICATION CODE	20	Optional	Can be submitted with or without BCD 8
423-DN	BASIS OF COST DETERMINATION	8	Optional	Can be submitted with or without SCC 20

MedImpact Contact Information:

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