



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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Governor

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According to Federal Regulations in [42 U.S.C. §447.52] if a Medicaid beneficiary is at or below 100% of the Federal Poverty Level (FPL) and cannot afford their copay, services cannot be denied by any Medicaid provider. Services, **including pharmacy services**, may only be denied for failure to pay if that is:

1. The current business practice the provider uses for all patients and
2. The member's income is above 100% of the FPL.

To identify whether a member's income is at or below 100% of the FPL, the message. "**MEMBER IS AT OR BELOW 100% FPL**" will be returned in NCPDP field.

Additionally, House Bill 200 states that a beneficiary presenting with a condition that could result in harm if left untreated shall be dispensed a 72-hour emergency supply of a prescribed drug regardless of ability to afford copayment. For products dispensed in any special packaging that may not be broken, the minimum full quantity to last 72 hours should be dispensed. Partial fills of C-II substances are allowed for non-terminally ill patients who are not residents of long term care facilities per 905 KAR 55:095; should a patient request a partial fill of a C-II medication, additional dispensing shall not continue beyond 30 days. Only one dispensing fee shall be paid by the Cabinet for both the emergency supply and remainder of the prescription. Medicaid Managed Care Organizations shall determine their policies with respect to dispensing fees.

Action requested:

1. If member is at or below 100% of FPL **and** member reports an inability to pay, pharmacy services must be provided.
2. If member is above 100% of FPL **and** member reports an inability to pay, pharmacy must dispense a 72-hour emergency supply **if** condition could result in harm if left untreated.

Sincerely,

Jessin Joseph

Jessin Joseph, PharmD, MBA
Director, Pharmacy Services
Kentucky Department for Medicaid Services

