



**** Fee-For-Service Pharmacy Provider Notice #243 – Presumptive Eligible Members****

May 7, 2020

Influx of Presumptive Eligible Members for Kentucky Department for Medicaid Services (DMS)

This notice contains information related to the influx of applicants that have been issued Presumptive (temporary) Eligibility for Kentucky Medicaid Fee-for-Service (FFS) program due to the COVID-19 Pandemic.

These members will not be issued permanent identification cards. The letter sent from DMS should serve as verification of eligibility. Members that retain their primary insurance are not considered “Dual-Eligible.” Kentucky Medicaid will consider payment for copays as a secondary insurance for members with commercial primary insurances.

For members with Medicare Part D as primary, they will still be responsible for their Part-D copays. If a member has recently enrolled with Medicare and Part D coverage has not yet begun, pharmacies can bill the Limited Income NET Program (LI NET) while members are transitioning to Medicare Part D drug coverage.

Low Income NET Program (LI NET)	
BIN	015599
PCN	05440000
Group Number	May be left blank

When billing Kentucky Medicaid FFS as secondary, a “2” should be put in the “Other Coverage Code” field if the primary insurance pays a portion of the medication. This tells the system to bill the copay only to Kentucky Medicaid FFS. If the primary insurance denies the claim, a “4” should be put in the “Other Coverage Code” field. This tells the system that the primary insurance denied and to bill the full amount to Kentucky Medicaid FFS.

Kentucky Medicaid Fee-for-Service BIN/ PCN and Group Number	
BIN	011529
PCN	P022011529
Group Number	KY Medicaid

Thank you for helping Kentucky Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible. Please contact Magellan Medicaid Administration at kyproviders@magellanhealth.com for any additional information or questions you may have.

Sincerely,

ShaLeigh Hammens, CPhT



Shaleigh Hammons, CPhT

Account Manager I

kyproviders@magellanhealth.com

****If you would like to be added to the Fee-For-Service Pharmacy Program distribution list to receive updates and information please email kyproviders@magellanhealth.com.****

Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information		
Clinical Support Center	1-800-477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request.
Pharmacy Support Center	1-800-432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center.
Provider Services	1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m.	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
Member Services	1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m.	Please contact Member Services if you are a member or if you as the provider have questions regarding the member's benefits or eligibility coverage dates.