



**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Medicaid Services**

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**INSTRUCTIONS FOR COMPLETION OF KENTUCKY MEDICAID MANAGED CARE  
340B PARTICIPATION/NON-PARTICIPATION FORM**

**PLEASE READ CAREFULLY BEFORE COMPLETING THE ATTACHED DOCUMENT**

**NOTE: This process does not apply to Fee for Service (FFS) pharmacy claims. For FFS, the HRSA quarterly Medicaid Exclusion File process still applies.**

- The 340B Participation Notice form is required to be submitted for any stand-alone Covered Entity and/or a Covered Entity and its Contract Pharmacy(ies) in order to be excluded from Medicaid rebate invoicing specific to Kentucky Medicaid Managed Care Organization (MCO) pharmacy claims.
- Covered Entities that want to subsequently end participation for it or its Contract Pharmacy(ies) for Kentucky Medicaid MCO pharmacy claims must complete the 340B Non-Participation Notice form. No initial Non-Participation Notice is required. This form should only be completed and submitted for an entity wanting to end participation.
- **Complete and accurate** information within the forms is crucial and must be provided by email to [DMS340B@ky.gov](mailto:DMS340B@ky.gov) **no later than the 15<sup>th</sup> calendar day of the last month of the quarter.** The Department for Medicaid Services (DMS) will not review any documentation received via fax or mail.
- Documentation received after the deadline will not be considered for the current quarter and the Covered Entity/Contract Pharmacy claims will not be 340B eligible until the start of the following quarter.

Examples for Notice forms:

- Notice documentation received by 3/15/22 will be effective beginning with a date of service of 1/1/22.
  - Notice documentation received on 3/16/22 will be effective with a date of service of 4/1/22.
- Once your completed form has been submitted via email, DMS will respond with the signed acknowledgement within seven (7) business days of receipt.



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- It is imperative that each Covered Entity submits the appropriate, completed form to DMS with the approved naming convention:
  - For Participation Notice:
    - Covered Entity: [Insert CE Name]\_ParticipationLtr\_date
  - For Non-Participation Notice:
    - Covered Entity: [Insert CE Name]\_NonParticipationLtr\_date
- We encourage early submission of the information so that DMS has time to properly review and respond if additional information is required. Incomplete or missing information on the form may result in a delay by a full quarter in the eligibility of 340B claims filled for Kentucky Medicaid members.
- Covered Entities participating in the 340B program for eligible Kentucky Medicaid MCO pharmacy claims are required to submit a claim file in the appropriate format and specified timeframe. Additional information will be sent to the Covered Entity upon DMS acknowledgement of participation into the program.



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