



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF IMPROVEMENT AND INTEGRITY

Jeffrey A. Meyers
Commissioner

129 PLEASANT STREET – THAYER BUILDING, CONCORD, NH 03301-3857
603-271-8763 1-800-852-3345 Ext. 8763
Fax: 271-8113 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Tashia Blanchard
Administrator

FEE FOR SERVICE MEDICAID MEMBERS ONLY
INSTRUCTIONS FOR REIMBURSEMENT OF CO-PAYS
FOR MAIL ORDER DRUGS FOR MEDICAID RECIPIENTS

State Law, RSA 167:10-a II precludes Medicaid from paying for medical services and medications covered by other medical insurance. However, the Medicaid program is aware that a co-payment may be required upfront to utilize your mail order insurance.

If your other insurance requires you to get your prescription drugs through a mail order pharmacy and pay a co-payment, please follow these steps so that NH Medicaid can reimburse you for the co-payments.

Please fill in the attached form AND provide the following:

- A receipt or invoice (from your insurer or the mail order pharmacy) for each prescription drug. The mail order pharmacy usually provides this receipt or invoice when your prescription is sent to you. It should include the name of the person the prescription is for, the prescription number, quantity or amount of the prescription sent to you, and the co-payment amount.
- Proof that the co-payment has been paid (this may be included on the receipt or invoice).
- The person receiving the prescription must be eligible for NH Medicaid Fee for Service on the date each prescription was ordered.

Please mail the items above and the form to the following address:

NH Department of Health & Human Services
Medicaid – TPL
129 Pleasant Street – Thayer Bldg
Concord, NH 03301-9846

Please note:

- You can only request reimbursement for co-payments for drugs that are covered by NH Medicaid. If a medication is not a Medicaid-covered drug or you are a member of a Care Management Organization, then you cannot be reimbursed for the co-payment.
- Many prescription drugs are covered by Medicare. If you have Medicare, NH Medicaid is not allowed to pay for these drugs. This means that NH Medicaid cannot reimburse you for any co-payments (including mail order) for Medicare-covered drugs. NH Medicaid cannot pay for these drugs even if you choose not to use your Medicare coverage.
- Special Handling and Rush Shipping charges will not be paid.

Once NH Medicaid has received the form (filled out correctly) and a copy of the receipt/invoice (with the information listed above), you should receive reimbursement within 60 days.

If you have questions or need more information, please contact Denise Kitson, Program Specialist, directly at (800) 852-3345, extension 5108 or (603) 271-5108.



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF IMPROVEMENT AND INTEGRITY**

**Jeffrey A. Meyers
Commissioner**

**Tashia Blanchard
Administrator**

**Fee for Service Medicaid Members only
Medicaid Third Party Liability
Mail Order Prescription Co-Pay Reimbursement Form**

Patient Name: _____

Medicaid ID #: _____

Patient Address: _____

Phone # _____

**Name of Person to whom Reimbursement check
should be Addressed: (Please PRINT)**

**Mailing
Address**

Total Co-Payment Amount Requested \$ _____

Please return this completed form along with:

- ☐ Mail Service Invoice/receipt for each prescription drug for which reimbursement is requested.
- ☐ Proof of payment for each co-payment for which reimbursement is requested (If not noted on invoice).

To the following address:

NH Department of Health & human Services
Medicaid - TPL
129 Pleasant Street – Thayer Bldg.
Concord, NH 03301

I am requesting reimbursement from the Medicaid program for mail order medication co-payments paid under my private insurance policy requirements. My signature below acknowledges my understanding of the following: **1)** The expenses attached have not been reimbursed nor will I seek reimbursement for these expenses from any other source; **2)** The expenses must qualify for reimbursement under the Medicaid program; **3)** Reimbursement expense cannot be claimed as credits or deductions on my personal income tax; **4)** I have retained copies of the documentation submitted with this request, as these materials will not be returned; **5)** The expenses noted in this package were paid for by me, and the medications were for an active Medicaid member at the date of purchase.

Signature

Date

Please make additional copies of this form for future use