



New Hampshire

NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM

MagellanRx
MANAGEMENTSM

TO: New Hampshire Medicaid Pharmacy Providers
FROM: New Hampshire Department of Health and Human Services,
 New Hampshire Healthy Families, and Well Sense Health Plan
DATE: July 10, 2016
SUBJECT: Pharmacy Carve Out

Effective July 1, 2016, the Department of Health and Human Services (DHHS) carved out¹ of the New Hampshire Healthy Families and Well Sense Health Plan contracts the following drugs: drugs used for the treatment of Hepatitis C and hemophilia, and the drugs Carbaglu and Ravicti. These carved-out drugs will be paid by NH Medicaid Fee-for-Service through Magellan, the DHHS pharmacy vendor, beginning August 1, 2016.

The Point of Sale (POS) system changes required to implement the billing changes could not be completed for July 1, 2016 implementation. Therefore, the effective date is August 1, 2016, in which to begin submitting the pharmacy claims for these carved-out drugs to Magellan's POS. Also, prior authorization requests for the treatment of Hepatitis C for all Medicaid recipients will be processed by Magellan beginning on August 1, 2016. Prior to August 1, 2016, all claims and prior authorizations for these carved-out drugs should continue to be billed/sent to the Medicaid recipient's Managed Care Organization (MCO) either New Hampshire Healthy Families or Well Sense Health Plan.

If the Medicaid recipient has Medicare Part D, pharmacies should continue to bill the Part D Plan. If the Medicaid recipient has primary coverage through a private health insurance, pharmacies should continue to bill these plans as the primary payer for these carved-out drugs.

Pharmacy Billing Changes

Beginning August 1, 2016, **ALL** pharmacy claims for the carved-out drugs must be billed through the Magellan POS system (BIN #009513, PCN #P002002286) using the recipient's Medicaid Identification Number (MID). Claims billed to the MCO will be denied with a primary Error Code of 70- Product/Service Not Covered and a secondary message to bill NH Medicaid.

Emergency Drug Coverage

Pharmacies are reminded that federal statute requires Medicaid programs (Fee-for-Service and managed care) provide payment for dispensing of at least a 72-hour supply for any drugs requiring prior authorizations if prior authorization cannot be obtained outside of Medicaid business hours. (*Section 1927 of the Social Security Act. Codified as Section 1396r-8 of Title 42.(d)(5) (B)*)

Pharmacies must request payment for the 72-hour supply from the client's prescription plan, either Fee-For-Service or the appropriate Medicaid MCO.

Important Reminder

Medicaid providers are not permitted to require Medicaid recipients to pay copayments as a condition for receiving services. However, the consequences for a recipient who does not pay the copayment is that the provider (a) may request the copayment each time a recipient needs an item or service; (b) may ask a recipient for outstanding copayments the next time the recipient comes in for an item or service, (c) may send the recipient bills.

¹ The Carve Out applies to Pharmacy Claims Only. Drugs billed on a medical claim form will still be billed through the MCO.