



New Hampshire

**NEW HAMPSHIRE MEDICAID
FEE-FOR-SERVICE PHARMACY PROGRAM**

MagellanRx
MANAGEMENTSM

TO: New Hampshire Medicaid Pharmacy Providers
FROM: New Hampshire Department of Health and Human Services (DHHS)
DATE: August 24, 2016
SUBJECT: Cost of Dispensing Survey

State Medicaid agencies are being directed by the federal Centers for Medicare and Medicaid Services (CMS) to adopt fee-for service pharmacy payment policies designed to pay pharmacies for the actual acquisition cost of drugs plus a reasonable professional dispensing fee, based on the actual cost to the pharmacy of dispensing drugs to Medicaid beneficiaries.

This letter is to inform you that DHHS will be performing a pharmacy cost of dispensing survey to analyze the cost of dispensing prescription medications to N. H. Medicaid beneficiaries. To perform this survey DHHS has partnered with the New England States Consortium Systems Organization (NESCSO) and the accounting firm of Myers and Stauffer LC, a reputable firm with extensive experience in pharmacy costs and reimbursement.

In the next couple of weeks you will be receiving a pharmacy cost of dispensing survey packet as part of the process to evaluate the costs associated with dispensing prescription medication. All N.H. Medicaid pharmacy providers should complete the survey.

Your cooperation in providing the information for this survey process will be greatly appreciated

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.