



NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM

New Hampshire



TO: New Hampshire Medicaid Pharmacy Providers

FROM: New Hampshire Department of Health and Human Services,
AmeriHealth Caritas NH, NH Healthy Families, and Well Sense Health Plan

DATE: August 1, 2019

SUBJECT: Preferred Drug List and Changes to the Pharmacy Carve Out

On Sept. 1, 2019 a new Medicaid Managed Care contract will go into effect. AmeriHealth Caritas NH will be joining the two existing health plans NH Healthy Families and Well Sense Health Plan.

Billing Information Effective 9/1/2019:

NH Medicaid Prescription POS Billing Information	BIN	PCN	Group
NH Managed Care Medicaid: AmeriHealth Caritas New Hampshire 888-765-6394	019595	PRX00800	
NH Healthy Families (CVS Caremark) 866-769-3085	004336	MCAIDADV	RX5436
Well Sense Health Plan (Envision) 800-361-4542	009893	ROIRX	WLSNS
NH Fee-for-Service Medicaid (Magellan Rx Management)	009513	P002002286	"all"

Also effective September 1, 2019, the Department of Health and Human Services (DHHS) will be making the following change to the Managed Care carve out: coverage of drugs for the treatment of Hepatitis C will no longer be carved out and are to be billed to the member's Medicaid Managed Care plan (AmeriHealth Caritas NH, NH Healthy Families or Well Sense Health Plan).

Medications for the treatment of hemophilia and the drugs Carbaglu and Ravicti will remain carved out¹ of the Managed Care Contracts. Pharmacy claims for the treatment of hemophilia and Carbaglu and Ravicti will continue to be processed through the Magellan point of sale (POS) system.

Pharmacy Billing Changes

Carve Out Changes:

Beginning September 1, 2019, **ALL** pharmacy claims for Hepatitis C drugs must be billed through the member's Managed Care Plan. Claims billed to Magellan for a member enrolled with an MCO will deny with a primary error code of AF- Patient Enrolled Under Managed Care and a secondary message containing information on which Medicaid MCO to bill.

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

Preferred Drug List (PDL) Changes:

Beginning September 1, 2019, the Medicaid Managed Care plans will follow the State Fee-for-Service PDL. The Medicaid Managed Care plans may set their own requirements for therapeutic classes not managed by the State's PDL. The link to the Preferred Drug List is:

<https://www.dhhs.nh.gov/ombp/pharmacy/documents/preferred.pdf>

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 member'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, or (c) may send the recipient bills.