



New Hampshire

## NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM

MagellanRx  
MANAGEMENT<sup>SM</sup>

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**TO:** New Hampshire Medicaid Pharmacy Providers  
**FROM:** New Hampshire Department of Health and Human Services (DHHS)  
**DATE:** December 30, 2018  
**SUBJECT:** NH Premium Assistance Program (PAP) Transition to the Granite Advantage

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**Beginning in January 2019**, the New Hampshire Premium Assistance Program (PAP) will change to the Granite Advantage Health Care Program (GAHCP). On January 1, 2019, PAP individuals will transition from receiving health insurance from one of the Qualified Health Plans (QHPs) to one of NH Medicaid's Managed Care Organizations (MCO). If your patient is currently enrolled in the PAP and receives coverage from Ambetter, Anthem BlueCross BlueShield or Harvard Pilgrim Health Care, they will transition to New Hampshire Healthy Families or the Well Sense Health Plan.

Individuals were notified in October 2018 that they would have to select a health plan between November 1<sup>st</sup> and December 28<sup>th</sup>. Individuals who did not select a health plan by December 3<sup>rd</sup> were auto assigned. Members will still be able to switch until open enrollment ends on December 28<sup>th</sup>, 2018. They will also have a 90-day window beginning January 1, 2019 for a one-time switch of health plans. Ambetter members will be auto-enrolled in NH Healthy Families if they do not select either NH Healthy Families or Well Sense during open enrollment.

The health plans are required to provide 90 days of continuity of care for Medicaid covered services. The Department will be working with the QHPs and the Medicaid MCOs to identify members with existing prior authorizations in order to provide the 90-day continuity of care. However, due to differences in formularies, there may be some members who find out at the pharmacy that a prior authorization is needed because the exception is not in place. It is important that these individuals are offered the mandatory 72-hour emergency override while the continuity of care is put in place.

### **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.

### **Pharmacy Carve Out**

The pharmacy carve out for drugs used for the treatment of Hepatitis C and hemophilia, and the drugs Carbaglu and Ravicti remains in place. These carved-out drugs will continue to be paid by NH Medicaid Fee-for-Service through Magellan. Prior authorization requests for Hepatitis C medications will also continue to be handled by Magellan.

### **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.