



New Hampshire Fee-For-Service Medicaid Pharmacy Program

TO: New Hampshire Medicaid Providers
FROM: New Hampshire Department of Health and Human Services/ Magellan Rx Management
DATE: November 2, 2023
SUBJECT: NH Medicaid 340B Drug Discount Program

340B Covered Entities, except for DHHS approved family planning providers, shall not bill NH Medicaid for drugs purchased through the 340B Program.

Billing Information Effective 1/1/2024:

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 (Express Scripts) 877-250-5227	003858	MA	2EVA
Well Sense Health Plan (Express Scripts) 877-882-4187	003858	MA	WLSNS
NH Fee-for-Service Medicaid (Magellan Rx Management)	009513	P002002286	"all"

Note the change in PBM for New Hampshire Healthy Families is effective 1/1/2024.

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 Co-payment

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.
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New Hampshire Medicaid Web Portal

Prescribers and pharmacies have access to NH FFS Medicaid drug specific data including coverage, prior authorization required, preferred drugs, quantity limits, dose optimization and the pharmacy provider manual. You can access this information at nh.magellanrx.com.

Email notifications

If you wish to receive e-mail notifications regarding New Hampshire FFS Medicaid Pharmacy Program changes, please enter your e-mail address at nh.magellanrx.com under the Resources, Contact Us tab.