



NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM

TO: New Hampshire Medicaid Pharmacy Providers
FROM: New Hampshire Department of Health and Human Services
DATE: October 30, 2014
SUBJECT: New Hampshire Medicaid and NH Health Protection Program (NHHPP)
 Reinstatement of Co-payments. Reminder about Emergency Drug Coverage.

Effective November 1, 2014, co-payments will be reinstated for Medicaid recipients, including those enrolled with the Medicaid Care Management Organizations: Well Sense Health Plan and New Hampshire Healthy Families. Clients will be charged a co-payment based upon the individual client's Federal Poverty Level (FPL) and the program under which they are eligible. The client's co-payment responsibility will be returned in the patient pay amount of the NCPDP transaction. Previously, co-payments were not tied to FPL. Note that exemptions from co-payments remain as they were previously.

Co-payment amounts for those above 100% of the FPL and not exempted are:

Medicaid Program (Fee-for-Service and Medicaid Care Management)

<i>Drug</i>	<i>Co-payment Amount</i>
Brand Name Prescription	\$2.00
Generic Prescription	\$1.00

NH Health Protection Program (NHHPP)

<i>Drug</i>	<i>Co-payment Amount</i>
Brand Name Prescription	\$4.00
Generic Prescription	\$1.00

Medicaid enrollees with questions or concerns should be directed to call the DHHS Client Service Center toll free at 1-800-852-3345 x4344 or 603-271-4344.

Pharmacy providers with questions should call the appropriate provider relations number:

Magellan (Fee-for-Service Medicaid)

1-800-884-3238

Well Sense Health Plan

Envision Rx

1-877-957-1300, option 3

New Hampshire Healthy Families

US Script

1-866-769-3085

Emergency Drug Coverage

Pharmacies are reminded that federal statute requires Medicaid programs (Fee-for-Service and managed care) provide payment for the dispensing of at least a 72-hour supply for some drugs requiring prior authorizations in an emergency situation 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 Care Management health plan.