



Lori A. Shibinette
Commissioner

Meredith J. Telus
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PROGRAM QUALITY AND INTEGRITY
BUREAU OF PROGRAM INTEGRITY - THIRD PARTY LIABILITY UNIT
129 PLEASANT STREET, 2ND FLOOR THAYER BUILDING, CONCORD, NH 03301
603-271-8063 1-800-852-3345 Ext. 8063
Fax: 603-271-8113 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

*** EEE FOR SERVICE MEDICAID MEMBERS ONLY ***
INSTRUCTIONS FOR REIMBURSEMENT OF CO-PAYS
FOR MAIL ORDER DRUGS FOR MEDICAID RECIPIENTS

NH State Law RSA 167:10-a II precludes Medicaid from paying for medical services and medications covered by other medical insurance. However, the Medicaid program is aware that a co-payment may be required upfront to utilize your mail order insurance.

If your other insurance requires you to get your prescription drugs through a mail order pharmacy and pay a co-payment, please complete the attached form AND include the following when mailing your request:

- The first time you submit a request for reimbursement you will need to complete an **Alternate W-9 form** (see link to form on web page).
- **A receipt or invoice** from your insurer or the mail order pharmacy for each prescription drug. The mail order pharmacy usually provides this receipt or invoice when your prescription is sent to you. **It should include** the name of the person the prescription is for, the prescription number, quantity or amount of the prescription sent to you, and the co-payment amount.
- **Proof that the co-payment has been paid** (this may be included on the receipt or invoice).
- The person receiving the prescription must be eligible for NH Medicaid Fee for Service on the date each prescription was ordered.

Please note:

- **You can only request reimbursement for co-payments for drugs that are covered by NH Medicaid.** If a medication is not a Medicaid-covered drug or you are a member of a Care Management Organization, then you cannot be reimbursed for the co-payment.
- **Many prescription drugs are covered by Medicare. If you have Medicare, NH Medicaid is not allowed to pay for these drugs.** This means NH Medicaid cannot reimburse you for any co-payments (including mail order) for Medicare-covered drugs. NH Medicaid cannot pay for these drugs even if you choose not to use your Medicare coverage.
- Special Handling and Rush Shipping charges will not be paid.
- Requests for reimbursement must be submitted within one year of the prescription receipt date.

Once NH Medicaid has received the form and all receipts/invoices properly completed & including all required information as listed above, you should receive reimbursement within approximately 60 days.

If you have questions or need more information, please contact Denise Kitson, Program Specialist, Toll Free in NH (800) 852-3345, extension 5108 or (603) 271-5108.



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**REQUEST FOR REIMBURSEMENT OF CO-PAYS
FOR MAIL ORDER DRUGS (FOR MEDICAID RECIPIENTS)**

Patient Name: _____ Medicaid ID #: _____

Patient Address: _____ Phone # () _____

(Please PRINT clearly)

Name of Person to whom the Reimbursement check should be Made Payable to:

**Mailing
Address**

Total Co-Payment Amount Requested \$ _____ be sure to Return this form along with:

- Mail Service Invoice/receipt for each prescription drug for which reimbursement is requested.
- Proof of payment for each co-payment for which reimbursement is requested (If not noted on invoice).
- If this is the first time you are submitting a reimbursement request, you must also include an **Alternate W-9 form** (see link to form on web page)

Return form(s) along with invoices/receipts/proof of payments to:

NH Department of Health & Human Services
Medicaid - TPL
129 Pleasant Street – Thayer Bldg.
Concord, NH 03301

I am requesting reimbursement from the Medicaid program for mail order medication co-payments paid under my private insurance policy requirements.

My signature below acknowledges my understanding of the following:

- 1) The expenses attached have not been reimbursed nor will I seek reimbursement for these expenses from any other source;
- 2) The expenses must qualify for reimbursement under the Medicaid program;
- 3) Reimbursement expense cannot be claimed as credits or deductions on my personal income tax;
- 4) I have retained copies of the documentation submitted with this request, as these materials will not be returned;
- 5) The expenses noted in this package were paid for by me, and the medications were for an active Medicaid member at the date of purchase.
- 6) The expenses attached are within a year of the date of service.

Signature

Date