



## **\*\* Important Notice \*\***

Effective **April 15, 2015** – **New Hampshire Tuberculosis (TB) Pharmacy Program Transition to Magellan Medicaid Administration**  
Pharmacy Providers- March 16, 2015

### **New Plan Information**

On April 15, 2015, 8:00 a.m. Eastern Daylight Time (EDT), Magellan Medicaid Administration will assume administrative operation of the Pharmacy Benefit Management (PBM) program for the New Hampshire Tuberculosis (TB) Program. All potential claims from 12:00 a.m. to 7:59 a.m. should be retained until 8:00 a.m. for submission. ALL future claims transactions should be sent to Magellan Medicaid Administration after 8:00 a.m., and no longer sent as a paper claim submission. As of April 15, 2015, Magellan Medicaid Administration will accept claims with Dates of Service (DOS) from March 15, 2015 forward. Claims with DOS prior to March 15, 2015 should be submitted via the current process. Please call Magellan Medicaid Administration with any questions.

### **Important Information**

In preparation for this transition, a new Payer Specification sheet will be available on the New Hampshire TB Program website. We encourage you to review the Payer Specification sheet and contract your software vendor to make any necessary changes to support this transition.

### **Web Portal**

The Pharmacy Web Portal will go live on April 7, 2015. This site does not require secure sign-on. Here, users will have access to various materials, including the faxable forms, payer sheet, medication coverage, and other relevant program documentation.



### **\*\*Alert\*\* Claim Submission Differences**

In preparation for the transition of the New Hampshire TB Program to Magellan Medicaid Administration, the following claim submission fields and requirements are being highlighted to assist in your claim filing success. All claims must be submitted under the NCPDP Telecommunication Standard Version/Release D.0.

Transaction Header Segment				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	009513	M	
104-A4	Processor Control Number	P079006482	M	
301-C1	Group ID	TB	R	
302-C2	Cardholder ID	Soundex number/code	M	Soundex number/code <patient specific>

Where M = Mandatory, R = Required, and RW = Required When

### **Contact Information**

If you have any additional questions, please contact Thomasina Thomas using the following information:

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