

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 1/1/2021

NH Medicaid Prescription POS Billing Information	BIN	PCN	Group
NH Managed Care Medicaid:			
AmeriHealth Caritas New Hampshire 888-765-6394	019595	PRX00800	
NH Health Families (CVS Caremark) 866-769-3085	004336	MCAIDADV	RX5436
Well Sense Health Plan (Express Scripts) 877-882-4187	003858	MA	WLSNS
NH Fee-for-Service Medicaid (Magellan Rx Management) 866-664-4511	009513	P002002286	“all”

Note the change in PBM for Well Sense Health Plan effective 1/1/2021.

Billing Information Effective 9/1/2019:

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 (CVS Caremark) 866-769-3085	004336	MCAIDADV	RX5436
Well Sense Health Plan (Envision) 800-361-4542	009893	ROIRX	WLSNS
NH Fee-for-Service Medicaid (Magellan Rx Management)	009513	P002002286	“all”