

11.15.2023

## NH Healthy Families Claim Processing Update

Effective January 1, 2024, NH Healthy Families will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for NH Healthy Families members.

<b>BIN:</b>	<b>003858</b>
<b>PCN:</b>	<b>MA</b>
<b>Rx Group:</b>	<b>2EVA</b>

### Sample ID Cards

 <p><b>nh healthy families.</b></p> <p><b>Pharmacists Only:</b> 1-833-750-4477 RXBIN: 003858 RXPCN: MA RXGROUP: 2EVA</p> <p><b>Member Name:</b> John Doe <b>Member ID:</b> 123456789 <b>DOB:</b></p> <p><b>Plan Type:</b> Medicaid</p> <p><small>If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization. <a href="http://www.NHhealthyfamilies.com">www.NHhealthyfamilies.com</a></small></p>	<p><b>IMPORTANT CONTACT INFORMATION</b></p> <p><b>Members:</b> Member Services: 1-866-769-3085 TDD/TTY: 1-855-742-0123 24/7 Nurse Advice Line: 1-866-769-3085 Vision: 1-866-769-3085 Pharmacy: 1-866-769-3085 File a Grievance or Appeal: 1-866-769-3085 Transportation: 1-888-597-1192 Suicide &amp; Crisis Lifeline: 988</p> <p><b>Medical Claims:</b> NH Healthy Families Attn: Claims PO Box 4060 Farmington, MO 63640-3831</p> <p><b>Providers:</b> Provider Services: 1-866-769-3085 IVR Eligibility Inquiry - Prior Auth: 1-866-769-3085 Vision: 1-877-865-1527 Pharmacy: 1-877-250-5227</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p><b>NH Healthy Families Address:</b> 2 Executive Park Drive Bedford, NH 03110</p> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p><b>EDI/EFT/ERA please visit Provider Resources at <a href="http://www.NHhealthyfamilies.com">www.NHhealthyfamilies.com</a></b></p> </div>
 <p><b>nh healthy families.</b></p> <p><b>Pharmacists Only:</b> 1-833-750-4477 RXBIN: 003858 RXPCN: MA RXGROUP: 2EVA</p> <p><b>Member Name:</b> John Doe <b>Member ID:</b> 123456789 <b>DOB:</b></p> <p><b>Plan Type:</b> Granite Advantage</p> <p><small>If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization. <a href="http://www.NHhealthyfamilies.com">www.NHhealthyfamilies.com</a></small></p>	<p><b>IMPORTANT CONTACT INFORMATION</b></p> <p><b>Members:</b> Member Services: 1-866-769-3085 TDD/TTY: 1-855-742-0123 24/7 Nurse Advice Line: 1-866-769-3085 Vision: 1-866-769-3085 Pharmacy: 1-866-769-3085 File a Grievance or Appeal: 1-866-769-3085 Transportation: 1-888-597-1192 Suicide &amp; Crisis Lifeline: 988</p> <p><b>Medical Claims:</b> NH Healthy Families Attn: Claims PO Box 4060 Farmington, MO 63640-3831</p> <p><b>Providers:</b> Provider Services: 1-866-769-3085 IVR Eligibility Inquiry - Prior Auth: 1-866-769-3085 Vision: 1-877-865-1527 Pharmacy: 1-877-250-5227</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p><b>NH Healthy Families Address:</b> 2 Executive Park Drive Bedford, NH 03110</p> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p><b>EDI/EFT/ERA please visit Provider Resources at <a href="http://www.NHhealthyfamilies.com">www.NHhealthyfamilies.com</a></b></p> </div>

If you need a member's specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>. If you still need assistance processing a claim, please call the Pharmacy Help Desk at **833.750.4477**.

# ambetter from NH Healthy Families Claim Processing Update

Effective January 1, 2024, ambetter from NH Healthy Families will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for ambetter from NH Healthy Families members.

BIN:	003858
PCN:	A4
Rx Group:	2DHA

## Sample Cards

 <p><b>INSURED</b> Under the Jurisdiction of the New Hampshire Insurance Commissioner</p> <p>Subscriber: [Jane Doe] Member: [John Doe]</p> <p>Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]</p>  <p>PCP: [\$10 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$18,900]</p> <p>Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only</p> <p>RXBIN: 003858 RXPCN: A4 RXGROUP: 2DHA</p> <p><b>REFERRAL NOT REQUIRED</b></p>	<p><b>Ambetter.NHhealthyfamilies.com</b></p> <p>Member/Provider Services: 1-844-265-1278 (TTY 1-855-742-0123) 24/7 Nurse Line: 1-844-265-1278</p> <p>Medical Claims Address: NH Healthy Families Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010</p> <p>Numbers below for providers: Pharmacist Only: 1-833-750-3759 EDI Payor ID: 68069 [Envolve Vision]: 1-844-258-4615 [Envolve Dental Powered by United Concordia]: 1-844-258-4615</p> <p><small>Ambetter from NH Healthy Families is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the New Hampshire Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Celtic Insurance Company. All rights reserved. The policy, application, or other form is a translation that has not been approved by the commissioner and The English version of the policy, application, or other forms shall control in any disputes, complaints, or litigation.</small></p> <p>AM23-NH-C-00048</p>
 <p><b>INSURED</b> Under the Jurisdiction of the New Hampshire Insurance Commissioner</p> <p>Subscriber: [Jane Doe] Member: [John Doe]</p> <p>Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]</p>  <p>AmbetterHealth.com/copays PCP: [\$0 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$18,900]</p> <p><b>VIRTUAL ACCESS</b> Babylon Virtual Access App Access Code: AVANH</p> <p>Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only</p> <p>RXBIN: 003858 RXPCN: A4 RXGROUP: 2DHA</p> <p><b>REFERRAL REQUIRED</b></p>	<p><b>Ambetter.NHhealthyfamilies.com</b></p> <p>Member/Provider Services: 1-844-265-1278 (TTY 1-855-742-0123) 24/7 Nurse Line: 1-844-265-1278</p> <p>Medical Claims Address: NH Healthy Families Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010</p> <p>Numbers below for providers: Pharmacist Only: 1-833-750-3759 EDI Payor ID: 68069</p> <p><small>Ambetter from NH Healthy Families is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the New Hampshire Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Celtic Insurance Company. All rights reserved. The policy, application, or other form is a translation that has not been approved by the commissioner and The English version of the policy, application, or other forms shall control in any disputes, complaints, or litigation.</small></p> <p>AM23-NH-V-C-00048</p>

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