

HSN FORM FOR NEW PHARMACIES

Please complete the fields below and send the form to ryan.bettencourt@mass.gov and breeyn.green@mass.gov. All fields must be completed in full, and the pharmacy must be enrolled with MassHealth before the HSN set-up can be completed.

New pharmacy's name: _____

Pharmacy's address: _____

Pharmacy contact name & job title: _____

Pharmacy contact phone & email: _____

Dispensing pharmacy's NPI: _____

(For HSN Use: RX New MMIS NPI)

Dispensing pharmacy MassHealth provider number (PID): _____

(For HSN Use: RX 340B New MMIS Provider ID)

Pharmacy federal employer identification number (FEIN): _____

Will the pharmacy be dispensing 340B drugs? ☐ Yes ☐ No

License held by the pharmacy: ☐ Clinic ☐ Retail

Pharmacy's relationship to the entity: ☐ Owned ☐ Contracted

Requested effective start date of HSN relationship: _____

Entity name: _____

(Hospital or CHC that owns or contracts with the dispensing pharmacy)

Entity address: _____

Entity contact name & job title: _____

Entity phone & email address: _____

Entity's NPI #: _____

(For HSN Use: New MMIS NPI)

Entity's MassHealth provider number (PIDSL) where payment should be sent: _____

(For HSN Use: Pharmacy New MMIS Pay to Billing Number (without SL) (pharmacy PID on entity will link parent to child))

Entity's federal employer identification number (FEIN) where payment should be sent: _____

Is the entity 340B eligible: ☐ Yes ☐ No

For Internal POPS/HSN Use:

HSN set up type requested by pharmacy:

☐ 340B Indirect: 0004 (check if eligible for 004A)*

*only entity-owned retail licensed pharmacies with HSN
340B Indirect (0004) set up are eligible for 004A

☐ 340B Direct: 0005

☐ HSN Standard (retail) Indirect: 0007

☐ HSN Standard (retail) Direct: 0006

Pay to PIDSL/NPI: _____ / _____

Approved by: _____

For Internal POPS/HSN Use:

Is set up eligible for, and did entity request member
retail exception (004A)? ☐ Yes ☐ No

004A (member retail exception) Pay to PIDSL/NPI:

_____ / _____

Approved by: _____

For Internal HSN Use:

Entity OrgID: _____ Pharmacy OrgID: _____

004A member exception approved? ☐ Yes ☐ No

Approved by: _____