HSN NEW PHARMACY FORM

Please complete the fields below and send the form to HSNHelpDesk@massmail.state.ma.us as well as aimee.evers@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.

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 (PID/SL) Where Payment should be Sent:_____
(For HSN Use: Pharmacy New MMIS Pay to Billing Number (do not enter Service Location letter in CMS2)

Is the Entity 340B Eligible: Yes ☐ No ☐

==========

New Pharmacy's Name: _____

Pharmacy's Address: _____

Pharmacy Contact Name & Job Title:_____

Pharmacy Contact Phone & Email:_____

Pharmacy's NPI: _____
(For HSN Use: National Provider Identification Number – Pharmacy)

Pharmacy MassHealth Provider Number: _____
(For HSN Use: MassHealth Provider Number)

Will the Pharmacy be Dispensing 340B Drugs? Yes ☐ No ☐

Pharmacy's Relationship to the Entity: Owned ☐ Contracted ☐

License Held by the Pharmacy: Clinic ☐ Retail ☐ (select all that apply)

Requested Effective Start Date of HSN Relationship: _____

For Internal POPS Use:	*For Internal HSN Use:*
Eligible for 004A: Yes ☐ No ☐	Entity OrgID: _____ Pharmacy OrgID: _____
0004 ☐ 004A ☐ 0005 ☐ 0006 ☐ 0007 ☐	004A Exception: Yes ☐ No ☐
Approved by:	Approved by: