



# PHARMACY FACTS

*Current information for pharmacists about  
the MassHealth Pharmacy Program*

[www.mass.gov/masshealth-pharmacy-facts](http://www.mass.gov/masshealth-pharmacy-facts)

Editor: Vic Vangel

Contributors: Paul Jeffrey, Kim Lenz, Nancy Schiff, Vic Vangel

## **Pharmacy: Frequency Asked Questions for ACO launch**

### **Claims submission and adjudication**

#### **1. How will pharmacy claims be processed starting March 1, 2018?**

Consistent with current practice, pharmacies will be paid by a member's plan, subject to its rules, formulary, and rates:

- If the member is in the PCC Plan or a Primary Care ACO, the pharmacy will be paid by MassHealth, according to the current MassHealth rate methodology. Pharmacies should submit claims to POPS the same way they already do.
- If the member is in an MCO or an Accountable Care Partnership Plan, the pharmacy will be paid by the appropriate MCO (or its pharmacy benefit manager (PBM)). Rates are based on contracts between the MCO/Partnership Plan and pharmacies. As is currently the case, MCOs (and Partnership Plans) maintain their own formularies, and may have minor formulary differences from each other and from the MassHealth Drug List.

### **Pharmacies contracted in ACOs**

#### **2. How will pharmacy networks change starting March 1?**

For members in the PCC Plan and Primary Care ACOs, all pharmacies (both retail and specialty) that are contracted with MassHealth will be in-network. For members in Accountable Care Partnership Plans and MCOs, pharmacies must be contracted with

the appropriate MCO in order to be in-network.

Pharmacies who are contracted with MCOs should confirm directly with these MCOs: (1) that those contracts extend past March 1, 2018; and (2) if the MCO will offer multiple ACO and/or MCO products as of March 1, 2018, which products the contract applies to.

#### **3. What if a member switches to a new plan that does not contract with their current pharmacy provider?**

To ensure that members transition to their new plans successfully and continue to have access to all the services they need, all members enrolling into a new plan on or after March 1, 2018, will have a minimum 30-day continuity of care period. The continuity of care period begins on the first day the member is enrolled with the plan. During this period, members may continue to be served by their previous providers (including specialty pharmacies), even if that provider is not part of the member's new plan network.

If providers are not part of the new plan's network, they will need to make appropriate arrangements with the Accountable Care Partnership Plan, MCO, or MassHealth in order to be paid by the new plan after the continuity of care period.

For any other questions regarding pharmacy networks (including specialty pharmacies), call the Plan and PBM phone numbers listed in Appendix A.

**4. Will co-pays change after March 1, 2018, due to the new ACO and MCO contracts?**

No. Pharmacy co-pays for all MassHealth ACO and MCO members will be unchanged.

**Eligibility verification and billing operations**

**5. What changes in member enrollment can I expect on March 1, 2018?**

A significant number of members will shift to a different plan, since by default a member will move to whichever plan his or her primary care provider participates in.

Members have the option to switch plans for the first 90 days of their enrollment.

Members who change plans on March 1, 2018, may also experience a change in their PBM.

**6. How can pharmacies know which plan a member is in after March 1?**

As is the case today, pharmacies should identify the member's plan on the date of service, and should bill the appropriate plan or PBM. After March 1 pharmacies can continue using members' plan-specific enrollment cards to verify eligibility. Each ACO (including each Primary Care ACO as well as each individual Partnership Plan) and MCO will issue its own unique card to its members, which members may bring with them to the pharmacy. BIN/PCN/group number combinations are provided on these cards. A list of BIN/PCN/group number combinations can also be found in this document in Appendix C.

Pharmacies can also check MassHealth's Eligibility Verification System (EVS) to see a member's eligibility and plan enrollment information at <https://newmmis-portal.ehs.state.ma.us/EHSPortals/providerLanding/providerLanding.jsf>.

**7. What if a MassHealth member does not have his/her membership ID card available at the pharmacy?**

If the member does not have the card available when requesting service at a pharmacy, below are two ways to confirm MassHealth eligibility and plan enrollment:

- a) Consult MassHealth's Eligibility Verification System (EVS) at <https://newmmis-portal.ehs.state.ma.us/EHSPortals/providerLanding/providerLanding.jsf>
- b) Submit a claim to MassHealth's Pharmacy Online Processing System (POPS). If pharmacies are unsure which plan a MassHealth member is in, they may choose to bill POPS. If the member is enrolled in an MCO or ACO Partnership Plan, POPS will send information back in the denial message to help the pharmacy identify the correct plan to bill.

Once a member's ACO/MCO plan is identified, additional required information (such as the member's plan-specific ID number) can be obtained by calling the plan (see contact info in Appendix A below).

**8. What if the member's new plan/ PBM denies a pharmacy claim?**

Pharmacists should call the new plan's pharmacy help desk to address the issue. The contact info for all plans is listed below in Appendix A.

**9. Can a member switch plans if she or he is dissatisfied with the new plan or PBM?**

All MassHealth members may switch plans for any reason during the first 90 days of their enrollment.

**Authorizations and emergency overrides**

**10. If a member has an existing prior authorization and switches plans on March 1, will the new plan honor the existing prior authorization?**

Yes, the authorization will be honored by the new plan for at least the 30-day continuity of care period or until the end date of the authorization, whichever is first. MassHealth and Partnership plans are making every effort

to ensure existing PAs are transferred to a member's new plan before March 1, 2018.

More information about continuity of care can be found in Pharmacy Facts 111 at <https://www.mass.gov/service-details/pharmacy-facts-2018>.

If a member's plan has not yet authorized a prescription fill, pharmacists may submit emergency override claims to ensure members do not experience gaps in care.

#### **11. How can I submit emergency override claims?**

For members in the MassHealth PCC plan or a Primary Care ACO, pharmacies can submit claims with a value of "03" for Level of Service (field 418). MassHealth will pay the pharmacy for at least a 72-hour, non-refillable supply of the drug. After the prescription is adjudicated, the pharmacy should remove the "03" from the level of service field before the next fill. The DUR unit at UMass must be contacted during normal business hours to obtain PA for additional refills. DUR can be reached at 1-800-745-7318.

For members in Partnership ACO plans and MCOs, pharmacies should follow the specific directions listed below in Appendix B in order to submit emergency override claims.

#### **12. How long are emergency override claims valid for?**

Emergency override claims must cover at least a 72-hour, non-refillable supply of the drug.

#### **Continuity of care**

#### **13. If a prescription has no remaining refills and the original prescriber is not in the member's new plan, will a new prescription from that prescriber be honored?**

Yes, the new prescription will be honored.

#### **14. If a member's previous plan restricted the member to using only one pharmacy under a controlled substances management program (CSMP), does this**

#### **restriction carry over after March 1? What if that pharmacy is not in the new network?**

MCOs and Partnership ACO plans will be notified of new members who are currently enrolled in a CSMP at MassHealth or their previous MCO. The new plan will evaluate the member's case and make a determination about future CSMP participation.

#### **15. If a member cannot get an appointment with a physician to obtain a new prescription or prior authorization within 30 days, what should the member do?**

Members, as well as the pharmacy, should contact the provider to get a new prescription on file as soon as possible.

If a prior authorization is needed, members and pharmacies should work with the provider to ensure the necessary documentation is submitted to the new plan. Pharmacies should issue emergency overrides to ensure that appropriate continuity of care is provided while the authorization is in process.

#### **16. For drugs where prior authorization has been granted for multiple months but where the member must make a monthly office visit for each 30-day refill (e.g., narcotics), what should the member do if the prescriber is not in the member's new plan?**

If the prescriber is not in the new plan, members (and their providers) should contact their new plan to make appropriate arrangements. During the 30-day continuity of care period, the member can see their existing provider, even if the provider is not in the new plan's network. If the member will continue to need a new prescription every 30 days for the medication, a new prior authorization may be required by the plan. Providers, members, and pharmacies should work together to ensure the new plan has all of the necessary information.

**Escalation process****17. What should I do if a member's PBM isn't responsive in addressing an issue?**

Call the member's ACO or MCO plan at the phone numbers listed below in Appendix A.

**18. What should I do if a member's ACO or MCO plan isn't responsive in addressing an issue?**

Call MassHealth's Customer Service Center at 1-800-841-2900 or 1-800-497-4648 (TTY).

**Other questions****19. Will medical supplies currently billed under the MassHealth pharmacy benefit (e.g., diabetic test strips) continue to be covered under the pharmacy benefit by all MassHealth ACOs and MCOs?**

All medical supplies currently covered under MassHealth's pharmacy benefit will continue to be available through a member's MCO or ACO plans' pharmacy benefit. Pharmacists should direct questions regarding billing and dispensing procedures to the member's MCO or ACO plan.

**20. How is MassHealth changing its 340B policy effective March 1, 2018?**

Starting March 1, 2018, ACO Partnership Plans and MCOs will no longer be permitted to pay Community Health Centers (CHCs) for drugs purchased through the 340B program. CHCs are defined by MassHealth as health centers that are not hospital licensed health centers.

ACO Partnership Plans and MCOs may continue to pay hospitals and hospital licensed health centers for drugs purchased through the 340B program. ACO Partnership Plans and MCOs must continue to identify all 340B claims when reporting encounters to MassHealth using Submission Clarification Code 20.

The PCC Plan and Primary Care ACOs will continue to pay all 340B covered entities (including eligible CHCs) for drugs purchased through the 340B program, consistent with current policy. Billing practices do not need to change for these members.

**Appendix A: Customer Service and Pharmacy Help Desk Contact Info for all Plans**

<b>Accountable Care Partnership Plans</b>	<b>ACO Customer Service</b>	<b>Pharmacy Help Desk</b>
Be Healthy Partnership (HNE)	1-800-786-9999	1-800-918-7545 (Optum Rx)
Berkshire Fallon Health Collaborative	1-855-203-4660  1-866-275-3247 (Eligibility Verification)	1-800-364-6331 (CVS Caremark)
BMC HealthNet Plan Community Alliance	1-888-566-0010	1-888-566-0010 (choose pharmacy option in call menu to reach Envision, BMC's PBM)
BMC HealthNet Plan Mercy Alliance	1-888-566-0010	1-888-566-0010 (choose pharmacy option in call menu to reach Envision, BMC's PBM)
BMC HealthNet Plan Signature Alliance	1-888-566-0010	1-888-566-0010 (choose pharmacy option in call menu to reach Envision, BMC's PBM)
BMC HealthNet Plan Southcoast Alliance	1-888-566-0010	1-888-566-0010 (choose pharmacy option in call menu to reach Envision, BMC's PBM)
Fallon 365 Care	1-855-508-3390  1-866-275-3247 (Eligibility Verification)	1-800-364-6331 (CVS Caremark)
My Care Family (NHP)	1-800-462-5449	1-800-421-2342 (CVS Caremark)
Tufts Health Together with Atrius Health	1-888-257-1985	877-683-6174 (CVS Caremark)
Tufts Health Together with BIDCO	1-888-257-1985	877-683-6174 (CVS Caremark)
Tufts Health Together with Boston Children's ACO	1-888-257-1985	877-683-6174 (CVS Caremark)
Tufts Health Together with CHA	1-888-257-1985	877-683-6174 (CVS Caremark)
Wellforce Care Plan (Fallon)	1-855-508-4715  1-866-275-3247 (Eligibility Verification)	1-800-364-6331 (CVS Caremark)
<b>Primary Care ACOs</b>	<b>ACO Customer Service</b>	<b>Pharmacy Help Desk</b>
Community Care Cooperative (C3)	1-866-676-9226	1-866-246-8503 (Conduent/POPS)
Partners HealthCare Choice	1-800-231-2722	1-866-246-8503 (Conduent/POPS)
Steward Health Choice	1-855-860-4949	1-866-246-8503 (Conduent/POPS)
<b>MCOs</b>	<b>ACO Customer Service</b>	<b>Pharmacy Help Desk</b>
BMC HealthNet Plan	1-888-566-0010	1-888-566-0010 (choose pharmacy option in call menu to reach Envision, BMC's PBM)
Tufts Health Together	1-888-257-1985	877-683-6174 (CVS Caremark)
<b>PCC Plan</b>	<b>ACO Customer Service</b>	<b>Pharmacy Help Desk</b>
Primary Care Clinician (PCC) Plan	1-800-841-2900	1-866-246-8503 (Conduent/POPS)

**Appendix B: Emergency Override Codes for Plans**

<b>Accountable Care Partnership Plans</b>	<b>Emergency Override Code</b>
Be Healthy Partnership (HNE)	Call 1-800-918-7545 (Optum Rx) for override
Berkshire Fallon Health Collaborative	Value of “03” in field 418 (level of service)
BMC HealthNet Plan Community Alliance	Overrides by phone call only: 1-888-566-0010
BMC HealthNet Plan Mercy Alliance	Overrides by phone call only: 1-888-566-0010
BMC HealthNet Plan Signature Alliance	Overrides by phone call only: 1-888-566-0010
BMC HealthNet Plan Southcoast Alliance	Overrides by phone call only: 1-888-566-0010
Fallon 365 Care	Value of “03” in field 418 (level of service)
My Care Family (NHP)	11112222333
Tufts Health Together with Atrius Health	11112222333
Tufts Health Together with BIDCO	11112222333
Tufts Health Together with Boston Children’s ACO	11112222333
Tufts Health Together with CHA	11112222333
Wellforce Care Plan (Fallon)	Value of “03” in field 418 (level of service)
<b>Primary Care ACOs</b>	<b>Emergency Override Code</b>
Community Care Cooperative (C3)	Value of “03” in field 418 (level of service)
Partners HealthCare Choice	Value of “03” in field 418 (level of service)
Steward Health Choice	Value of “03” in field 418 (level of service)
<b>MCOs</b>	
BMC HealthNet Plan	Overrides by phone call only: 1-888-566-0010
Tufts Health Together	11112222333
<b>PCC Plan</b>	<b>Emergency Override Code</b>
Primary Care Clinician (PCC) Plan	Value of “03” in field 418 (level of service)

**Appendix C: BIN/PCN/Group Numbers for ACOs, MCOs and PCC Plan**

<b>Accountable Care Partnership Plans</b>	<b>MCO Partner</b>	<b>PBM</b>	<b>BIN</b>	<b>PCN</b>	<b>Group</b>
Be Healthy Partnership (HNE)	HNE	OptumRx	610593	MHP	HNEMH
Berkshire Fallon Health Collaborative	Fallon	CVS Caremark	004336	ADV	RX6429
BMC HealthNet Plan Community Alliance	BMCHP	Envision	610342	BCAID	MAHLTH
BMC HealthNet Plan Mercy Alliance	BMCHP	Envision	610342	BCAID	MAHLTH
BMC HealthNet Plan Signature Alliance	BMCHP	Envision	610342	BCAID	MAHLTH
BMC HealthNet Plan Southcoast Alliance	BMCHP	Envision	610342	BCAID	MAHLTH
Fallon 365 Care	Fallon	CVS Caremark	004336	ADV	RX6430
My Care Family (NHP)	NHP	CVS Caremark	004336	ADV	RX1653
Tufts Health Together with Atrius Health	Tufts	CVS Caremark	004336	ADV	RX1143
Tufts Health Together with BIDCO	Tufts	CVS Caremark	004336	ADV	RX1143
Tufts Health Together with Boston Children's ACO	Tufts	CVS Caremark	004336	ADV	RX1143
Tufts Health Together with CHA	Tufts	CVS Caremark	004336	ADV	RX1143
Wellforce Care Plan (Fallon)	Fallon	CVS Caremark	004336	ADV	RX6431
<b>Primary Care ACOs</b>	<b>MCO Partner</b>	<b>PBM</b>	<b>BIN</b>	<b>PCN</b>	<b>Group</b>
Community Care Cooperative (C3)	MassHealth	Conduent	009555	MASSPRO D	MassHealth
Partners HealthCare Choice	MassHealth	Conduent	009555	MASSPRO D	MassHealth
Steward Health Choice	MassHealth	Conduent	009555	MASSPRO D	MassHealth
<b>MCOs*</b>	<b>MCO Partner</b>	<b>PBM</b>	<b>BIN</b>	<b>PCN</b>	<b>Group</b>
BMC HealthNet Plan	BMCHP	Envision	610342	BCAID	MAHLTH
Tufts Health Together	Tufts	Caremark	004336	ADV	RX1143
<b>PCC Plan</b>	<b>MCO Partner</b>	<b>PBM</b>	<b>BIN</b>	<b>PCN</b>	<b>Group</b>
Primary Care Clinician (PCC) Plan	MassHealth	Conduent	009555	MASSPRO D	MassHealth

\*Members of the Lahey Clinical Performance Network ACO should submit claims to the appropriate MCO using the information above.