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| **banner**  **Number 123, December 14, 2018** |

**Updates on Payment Care and Delivery Innovations (PCDI)**

On Jan. 1, 2019, there will be some changes related to MassHealth Accountable Care Organizations (ACOs).

**Changes Effective Jan. 1, 2019**

* Neighborhood Health Plan will be known as AllWays Health Partners.
* Twenty-three provider groups are joining ACO plans in the central and western Massachusetts regions. MassHealth and its health plans are making every effort to ensure that existing prior authorizations are transferred to impacted members’ new plans before Jan. 1, 2019.
* Pharmacies in these areas may see a number of members changing plans. A list of new provider organization sites may be found at [https://www.mass.gov/service-details/primary-care-provider-organizations-joining-masshealth-acos-on-january-1-2019.](https://www.mass.gov/service-details/primary-care-provider-organizations-joining-masshealth-acos-on-january-1-2019)

**Eligibility Verification and Billing Operations**

* Members who change plans on Jan. 1, 2019, may experience a change in their pharmacy benefits manager (PBM). 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 Jan. 1, 2019, pharmacies may continue using members’ plan-specific enrollment cards to verify eligibility. Each plan will issue its own unique card to its members. BIN/PCN/group number combinations are provided on these cards. A list of BIN/PCN/ group number combinations for MassHealth

MCO, ACO, and PCC plans also may be found in Appendix A of this document.

When a member does not have their new card, the pharmacy may identify the member’s pharmacy coverage by the following methods.

* Consult MassHealth’s Eligibility Verification System (EVS) at [https://newmmis-portal.ehs. state.ma.us/EHSProviderPortal/providerLanding/providerLanding.jsf.](https://newmmis-portal.ehs/)
* Submit a claim to MassHealth’s Pharmacy Online Processing System (POPS). If the member is enrolled in an Accountable Care Partnership Plan (ACPP), POPS will send information back in the denial message to help the pharmacy identify the correct plan to bill. The pharmacy may then contact the plan’s pharmacy help desk for processing information. (Please refer to Appendix A for contact information.)

**Emergency Overrides**

To ensure MassHealth members do not experience gaps in care, pharmacists may initiate an emergency override if they encounter a rejected claim for a medication requiring prior authorization. MassHealth will pay the pharmacy for at least a 72-hour, nonrefillable supply of the drug.

To obtain an emergency override, pharmacists should contact the Drug Utilization Review Unit at (800) 745-7318 during normal business hours.

If outside of business hours, pharmacies may submit an emergency override claim with a value of “03” for Level of Service (field 418). After the prescription is adjudicated, the pharmacy should remove the “03” from the level of service field before the next fill. (A listing of emergency overrides may be found in Appendix B.)

*(cont.)*

**Current MassHealth 340B Policy and Plan Payments**

For members enrolled in an MCO or an Accountable Care partnership Plan (ACPP):

* Pharmacies are paid by the appropriate MCO or ACPP (or their PBM). Rates are based on contracts between the MCO or ACPP and the pharmacy. Currently, MCOs and ACPPs maintain their own formularies and may have minor formulary differences from each other and the MassHealth Drug List.
* MCOs and ACPPs are not permitted to pay Community Health Centers (CHCs) for drugs purchased through the 340B program. Note that this restriction does not apply to hospital licensed health centers, which are excluded from MassHealth’s definition of CHCs.
* MCOs and ACPPs are permitted to pay hospitals and hospital licensed health centers for drugs purchased through the 340B program. MCOs and ACPPs must continue to identify all 340B claims when reporting encounters to MassHealth using Submission Clarification Code 20.

For members enrolled in the PCC Plan or a Primary Care ACO:

* The PCC Plan and Primary Care ACOs pay all 340B covered entities (including eligible CHCs) for drugs purchased through the 340B program.

*Please see below for Appendix A and Appendix B attachments.*

**APPENDIX A**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Accountable Care Partnership Plans** | **MCO Partner** | **PBM** | **BIN** | **PCN** | **Group** | **Pharmacy Help Desk** |
| Be Healthy Partnership (HNE) | HNE | OptumRx | 610593 | MHP | HNEMH | (800) 918**-**7545  (Optum Rx) |
| Berkshire Fallon Health Collaborative | Fallon | CVS Caremark | 004336 | ADV | RX6429 | (800) 364*-*6331  (CVS Caremark) |
| BMC HealthNet Plan Community Alliance | BMCHP | Envision | 610342 | BCAID | MAHLTH | (888) 566**-**0010  (Choose pharmacy option in call menu to reach Envision, BMC’s PBM) |
| BMC HealthNet Plan Mercy Alliance | BMCHP | Envision | 610342 | BCAID | MAHLTH | (888) 566**-**0010  (Choose pharmacy option in call menu to reach Envision, BMC’s PBM) |
| BMC HealthNet Plan Signature Alliance | BMCHP | Envision | 610342 | BCAID | MAHLTH | (888) 566**-**0010  (Choose pharmacy option in call menu to reach Envision, BMC’s PBM) |
| BMC HealthNet Plan Southcoast Alliance | BMCHP | Envision | 610342 | BCAID | MAHLTH | (888) 566**-**0010  (Choose pharmacy option in call menu to reach Envision, BMC’s PBM) |
| Fallon 365 Care | Fallon | CVS Caremark | 004336 | ADV | RX6430 | (800) 364-6331  (CVS Caremark) |
| My Care Family | AllWays Health Partners | CVS Caremark | 004336 | ADV | RX1653 | (800) 421**-**2342  (CVS Caremark) |
| Tufts Health Together with Atrius Health | Tufts | CVS Caremark | 004336 | ADV | RX1143 | (877) 683**-**6174  (CVS Caremark) |
| Tufts Health Together with BIDCO | Tufts | CVS Caremark | 004336 | ADV | RX1143 | (877) 683-6174  (CVS Caremark) |
| Tufts Health Together with Boston Children’s ACO | Tufts | CVS Caremark | 004336 | ADV | RX1143 | (877) 683**-**6174  (CVS Caremark) |
| Tufts Health Together with CHA | Tufts | CVS Caremark | 004336 | ADV | RX1143 | (877) 683**-**6174  (CVS Caremark) |
| Wellforce Care Plan (Fallon) | Fallon | CVS Caremark | 004336 | ADV | RX6431 | (800) 364**-**6331  (CVS Caremark) |

**APPENDIX A** (cont.)

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

|  |  |  |  |  |  |  |
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| **Primary Care ACOs** | **MCO Partner** | **PBM** | **BIN** | **PCN** | **Group** | **Pharmacy Help Desk** |
| Community Care Cooperative (C3) | MassHealth | Conduent | 009555 | MASSPROD | MassHealth | (866) 246**-**8503 (Conduent/POPS)  (800) 745**-**7318 (DUR) |
| Partners HealthCare Choice | MassHealth | Conduent | 009555 | MASSPROD | MassHealth | (866) 246**-**8503 (Conduent/POPS)  (800) 745**-**7318 (DUR) |
| Steward Health Choice | MassHealth | Conduent | 009555 | MASSPROD | MassHealth | (866) 246-8503 (Conduent/POPS) (800) 745**-**7318 (DUR) |
| **MCOs\*** | **MCO Partner** | **PBM** | **BIN** | **PCN** | **Group** | **Pharmacy Help Desk** |
| BMC HealthNet Plan | BMCHP | Envision | 610342 | BCAID | MAHLTH | (888) 566-0010  (Choose pharmacy option in call menu to reach Envision, BMC’s PBM) |
| Tufts Health Together | Tufts | Caremark | 004336 | ADV | RX1143 | (877) 683**-**6174 (CVS Caremark) |
| **PCC Plan** | **MCO Partner** | **PBM** | **BIN** | **PCN** | **Group** | **Pharmacy Help Desk** |
| Primary Care Clinician (PCC) Plan | MassHealth | Conduent | 009555 | MASSPROD | MassHealth | (866) 246-8503 (Conduent/POPS)  (800) 745**-**7318 (DUR) |

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

**APPENDIX B**

**Emergency Override Codes for Plans**

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|  | **Emergency Override Code** |
| Be Healthy Partnership (HNE) | Call (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: (888) 566**-**0010 |
| BMC HealthNet Plan Mercy Alliance | Overrides by phone call only: (888) 566-0010 |
| BMC HealthNet Plan Signature Alliance | Overrides by phone call only: (888) 566-0010 |
| BMC HealthNet Plan Southcoast Alliance | Overrides by phone call only: (888) 566-0010 |
| Fallon 365 Care | Value of “03” in field 418 (level of service) |
| My Care Family | 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) |
| **Primary Care ACOs** | **Emergency Override Code** |
| 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) |
| **MCOs** |  |
| BMC HealthNet Plan | Overrides by phone call only: (888) 566-0010 |
| Tufts Health Together | 11112222333 |
| **PCC Plan** | **Emergency Override Code** |
| Primary Care Clinician (PCC) Plan | Value of “03” in field 418 (level of service) |