



PHARMACY FACTS

*Current information for pharmacists about
the MassHealth Pharmacy Program*

www.mass.gov/mashealth-pharmacy-facts

Editor: Vic Vangel

Contributors: Jennifer Banks, Aimee Evers, Neha Kashalikar, Kim Lenz, Nancy Schiff, Mckenzie McVeigh, Vic Vangel

This Pharmacy Facts includes important information from MassHealth for all providers about continuity of care (CoC) during the MassHealth transition to new managed care arrangements. Pharmacy providers, including specialty pharmacies, should carefully review this document.

Effective April 1, 2023, new MassHealth health plans will be available to MassHealth members as a result of the reprocurement of the MassHealth Accountable Care Organization (ACO) program. ACOs comprise integrated networks of physicians, hospitals, and other community-based health care providers. These organizations are accountable for the quality, cost, and member experience of care for 1.3 million MassHealth members; and responsible for providing high-value, cross-continuum care across a range of measures.

Fifteen of the newly reprocured ACOs are accountable partnership plans (ACPPs), and two are primary care accountable care organizations (PCACOs). MassHealth members will continue to have access to the two existing managed care organizations (MCOs), as well as the Primary Care Clinician (PCC) Plan.

The sections below provide responses to key questions about the new MassHealth health plans that will be available to members on April 1, 2023.

Authorizations and Emergency Overrides

1. If a member has an existing prior authorization (PA) and switched plans on April 1, will the new plan honor the existing PA?

Yes, the existing PA will be honored by the new plan for at least the 90-day CoC period, which starts on April 1, 2023, or until the end date of the PA, whichever is first.

2. If a prescription lacks the required PA, what should the pharmacy do?

The pharmacist must notify both the member and the prescriber of the PA requirement. Additionally, the pharmacist should ensure that the prescriber is aware of the member's new plan so that the PA is submitted appropriately. Please note: the pharmacist should bill an emergency override for the medication to the new plan, if appropriate, while the prescriber works on getting the PA.

3. How long can a pharmacy provide an emergency supply using the "emergency override" mechanism?

MassHealth (for the PCC Plan and Primary Care ACOs), ACPPs, and MCOs are working to add approved PAs into their pharmacy claims systems for members who are transitioning between plans; however, there may be a delay in PA transfers for members transitioning to a new plan.

All MassHealth plans will coordinate with their pharmacy networks and pharmacy benefit managers (PBMs), as applicable, to ensure that pharmacies are able to dispense (and be

reimbursed for) a seven-to-30-day supply of medications, as appropriate, using an emergency override, if a member's current pharmacy-related PA information is not yet available. This policy must be in place until members' current PA information is stored in the health plans' systems, as described above, which is anticipated to be on or around April 7, 2023.

During the 90-day CoC period, plans must allow up to a 30-day emergency supply. After that, an emergency override must be for at least a 72-hour supply of medicine.

4. How can a pharmacy submit emergency override claims?

For members in the MassHealth PCC plan or a PCACO, pharmacies can submit claims for an emergency supply by placing an "03" in the 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. The MassHealth Drug Utilization Review (DUR) unit can be reached during normal business hours at (800) 745-7318 to obtain PA for additional refills.

For members in ACPPs and MCOs, pharmacies should follow the specific directions listed in Appendix B to submit emergency override claims.

5. What if a member switches to a new plan that does not contract with their previous pharmacy provider?

During the 90-day CoC period starting April 1, 2023, members will be allowed to use their previous pharmacy even if it is out of network for the member's new plan. This includes specialty pharmacy networks.

If a pharmacy is not part of the new plan's network, the pharmacy will need to make appropriate arrangements with the member's new plan in order to be paid by the new plan during the CoC period.

For any other questions regarding pharmacy networks, including specialty pharmacies, pharmacists should call the Pharmacy Help Desk phone numbers listed in Appendix A of this Pharmacy Facts.

Eligibility Verification and Billing Operations

6. What changes in enrollment can members expect after April 1, 2023?

Members will be enrolled in the plan that their primary care practice (PCP) participates in. This may result in a significant number of members shifting to a different plan as of April 1, 2023.

Members may switch plans for any reason for the first 90 days of their enrollment. Members who are enrolled in the PCC Plan may switch into an ACO or MCO at any time.

Members who changed plans on April 1, 2023, may also experience a change in their PBM. Please see Appendix A for Pharmacy Help Desk numbers for each ACO plan and their respective PBM.

7. How can a pharmacy know which plan a member is enrolled in after April 1?

Pharmacies can continue using members' plan-specific enrollment cards to verify eligibility. Each plan will issue its own unique card to its members, which should be presented at the pharmacy. BIN/PCN/group number combinations are provided on these cards.

8. What if a MassHealth member does not have their membership ID card available at the pharmacy?

If the member does not have the card available when requesting service at a pharmacy (or if the BIN/PCN/group is unavailable for any reason), there are three ways to confirm MassHealth eligibility and plan enrollment:

- 1) See the list of BIN/PCN/Group number combinations in Appendix A.
- 2) Consult MassHealth's Eligibility Verification System (EVS) at <https://newmmis-portal.ehs.state.ma.us/EHSProviderPortal/providerLanding/providerLanding.jsf>.
- 3) Submit a claim to MassHealth's Pharmacy Online Processing System (POPS). If the pharmacy is unsure which plan a MassHealth member is in, it may bill POPS. If the member is enrolled in the PCC Plan or PCACO, the claim will be processed as usual. If the member is enrolled in an MCO or ACPP, POPS will send information back in the denial message to help the pharmacy identify the correct plan to bill. Once a member's ACPP/MCO plan is identified, additional required information (such as the member's plan-specific ID number) can be gathered using contact information in Appendix C.

9. What if the member's new plan or PBM denies a pharmacy claim?

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

10. Can a member switch plans if they are dissatisfied with the new plan or PBM?

All MassHealth members enrolled in an ACO or MCO as of April 1, 2023, may switch plans for any reason for 90 days. Members enrolled in the PCC Plan may switch to an ACO or MCO at any time.

Continuity of Care**11. If a member cannot get an appointment with a physician to obtain a new prescription or PA within 90 days, what should the member do?**

Members and pharmacists should contact the provider to get a new prescription on file as soon as possible. If a PA is needed, members and pharmacists should work with the provider to ensure that the necessary documentation is submitted to the new plan. Pharmacists should issue emergency overrides to ensure that appropriate continuity of care is provided while the authorization is in process.

12. What should be done if a member has a PA on file for a medication, but the prescription is expired and 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 90-day CoC period, the member can continue to see any provider with whom they have a preexisting relationship, even if the provider is not in the new plan's network. If the member continues to need a new prescription every 30 days for the medication, a new PA may be required by the plan. Providers, members, and pharmacies should work together to ensure that the new plan has all of the necessary information.

Escalation Process

13. What should a pharmacist do if a member's medication is denying?

Emergency override codes listed in Appendix B of this Pharmacy Facts can be used on claims. If the denial persists, pharmacists should call the member's health plan PBM or DUR line at the phone numbers listed in Appendix A. If there is no resolution, pharmacists may contact the health plan directly at the phone numbers listed in Appendix C of this Pharmacy Facts.

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

They should call MassHealth's Customer Service Center at (800) 841-2900, TDD/TTY: 711.

Claims Submission and Adjudication

15. How will pharmacies be reimbursed for claims after April 1, 2023?

If the member is in the PCC Plan or in a PCACO, the pharmacy will be paid by MassHealth, according to the MassHealth rate methodology. Pharmacies should submit claims to the Pharmacy Online Processing System (POPS) as they have in the past. If the member is in an MCO or an ACPP, the pharmacy will be paid by the appropriate MCO or ACPP (or its PBM). Rates are based on contracts between the MCO or ACPP or its PBM and pharmacies.

16. Should the pharmacy bill the member's new health plan during the CoC period?

Pharmacies should bill claims with dates of service April 1, 2023, and later to the member's new plan.

Other Questions

17. Will medical supplies previously billed under the MassHealth pharmacy benefit (for example, diabetic test strips) continue to be covered under the pharmacy benefit by all MassHealth plans?

Yes. All medical supplies previously covered under MassHealth's pharmacy benefit will continue to be available through the pharmacy benefit.

Appendix A

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

The following table outlines the most recent billing and contact information for ACPPs, PCACOs, MCOs, and the PCC Plan. MassHealth may include updated versions of this list in a future edition of Pharmacy Facts.

Effective April 1, 2023

| Accountable Care Partnership Plans | PBM | BIN | PCN | Group | Pharmacy Help Desk |
|---|-----------------|------------|------------|--------------|---------------------------|
| Fallon Health-Atrius Health Care Collaborative | OptumRx | 610011 | IRX | FCHPMCD | (844) 368-8734 |
| Berkshire Fallon Health Collaborative | OptumRx | 610011 | IRX | FCHPMCD | (844) 368-8734 |
| Fallon 365 Care | OptumRx | 610011 | IRX | FCHPMCD | (844) 368-8734 |
| Be Healthy Partnership Plan (HNE) | OptumRx | 610593 | MHP | HNEMH | (800) 918-7545 |
| Mass General Brigham Health Plan with Mass General Brigham ACO | CVS Caremark | 004336 | ADV | RX1653 | (800) 421-2342 |
| Tufts Health Together with Cambridge Health Alliance (CHA) | OptumRx | 610011 | IRX | RXMCDMA | (866) 828-6668 |
| Tufts Health Together with UMass Memorial Health | OptumRx | 610011 | IRX | RXMCDMA | (866) 828-6668 |
| East Boston Neighborhood Health WellSense Alliance | Express Scripts | 003858 | MA | MAHLTH | (877) 401-2069 |
| Wellsense Beth Israel Lahey Health (BILH) Performance Network ACO | Express Scripts | 003858 | MA | MAHLTH | (877) 401-2069 |
| WellSense Boston Children's ACO | Express Scripts | 003858 | MA | MAHLTH | (877) 401-2069 |
| WellSense Care Alliance | Express Scripts | 003858 | MA | MAHLTH | (877) 401-2069 |

| | | | | | |
|-----------------------------------|-----------------|------------|------------|--------------|--|
| WellSense Community Alliance | Express Scripts | 003858 | MA | MAHLTH | (877) 401-2069 |
| WellSense Mercy Alliance | Express Scripts | 003858 | MA | MAHLTH | (877) 401-2069 (ESI) |
| WellSense Signature Alliance | Express Scripts | 003858 | MA | MAHLTH | (877) 401-2069 (ESI) |
| WellSense Southcoast Alliance | Express Scripts | 003858 | MA | MAHLTH | (877) 401-2069 (ESI) |
| Primary Care ACOs | PBM | BIN | PCN | Group | Pharmacy Help Desk |
| Community Care Cooperative (C3) | Conduent | 009555 | MASSPROD | MassHealth | (866) 246-8503 (Conduent/POPS) (800) 745-7318 (DUR) |
| Steward Health Choice | Conduent | 009555 | MASSPROD | MassHealth | (866) 246-8503 (Conduent/POPS) (800) 745-7318 (DUR) |
| MCOs | PBM | BIN | PCN | Group | Pharmacy Help Desk |
| WellSense Essential MCO | Express Scripts | 003858 | MA | MAHLTH | (877) 401-2069 (ESI) |
| Tufts Health Together | OptumRx | 610011 | IRX | RXMCDM A | (866) 828-6668 (Optum Rx) |
| PCC Plan | PBM | BIN | PCN | Group | Pharmacy Help Desk |
| Primary Care Clinician (PCC) Plan | Conduent | 009555 | MASSPROD | MassHealth | (866) 246-8503 (Conduent/POPS) (800) 745-7318 (DUR) |

Appendix B

Emergency Override Codes for Plans

To ensure that MassHealth members do not experience gaps in care, pharmacists may initiate an emergency override if they encounter a rejected claim for a medication requiring PA. Prescribers may contact the pharmacy and request that an override be provided. MassHealth will pay the pharmacy for at least a 72-hour, non-refillable supply of the drug. The following table lists emergency override codes.

| Accountable Care Partnership Plans | Emergency Override Code |
|---|--|
| Fallon Health-Atrius Health Care Collaborative | 11112222333 |
| Berkshire Fallon Health Collaborative | 11112222333 |
| Fallon 365 Care | 11112222333 |
| Be Healthy Partnership Plan (HNE) | Call (800) 918-7545 (Optum Rx) for override |
| Mass General Brigham Health Plan with Mass General Brigham ACO | 11112222333 |
| Tufts Health Together with Cambridge Health Alliance (CHA) | 11112222333 |
| Tufts Health Together with UMass Memorial Health | 11112222333 |
| East Boston Neighborhood Health WellSense Alliance | PA Type 1, Code 1111 |
| WellSense Beth Israel Lahey Health (BILH) Performance Network ACO | PA Type 1, Code 1111 |
| WellSense Boston Children's ACO | PA Type 1, Code 1111 |
| WellSense Care Alliance | PA Type 1, Code 1111 |
| WellSense Community Alliance | PA Type 1, Code 1111 |
| WellSense Mercy Alliance | PA Type 1, Code 1111 |
| WellSense Signature Alliance | PA Type 1, Code 1111 |
| WellSense Southcoast Alliance | PA Type 1, Code 1111 |
| PCACOs and PCC Plan | |
| Community Care Cooperative (C3) | Value of "03" in field 418 (claims processed through POPS) |
| Steward Health Choice | Value of "03" in field 418 (claims processed through POPS) |
| Primary Care Clinician (PCC) plan | Value of "03" in field 418 (claims processed through POPS) |
| MCOs | |
| WellSense Essential MCO | PA Type 1, Code 1111 |
| Tufts Health Together | 11112222333 |

Appendix C

ACO Customer Service Numbers

| Accountable Care Partnership Plans | ACO Customer Service |
|---|---|
| Fallon Health-Atrius Health Care Collaborative | (866) 473-0471 866-275-3247 (for eligibility verification) |
| Berkshire Fallon Health Collaborative | (855) 203-4660 866-275-3247 (for eligibility verification) |
| Fallon 365 Care | (855) 508-3390 866-275-3247 (for eligibility verification) |
| Be Healthy Partnership Plan (HNE) | (800) 786-9999 |
| Mass General Brigham Health Plan with Mass General Brigham ACO | (800) 462-5449 |
| Tufts Health Together with Cambridge Health Alliance (CHA) | (888) 257-1985 |
| Tufts Health Together with UMass Memorial Health | (888) 257-1985 |
| East Boston Neighborhood Health WellSense Alliance | (888) 566-0010 |
| WellSense Beth Israel Lahey Health (BILH) Performance Network ACO | (888) 566-0010 |
| WellSense Boston Children's ACO | (888) 566-0010 |
| WellSense Care Alliance | (888) 566-0010 |
| WellSense Community Alliance | (888) 566-0010 |
| WellSense Mercy Alliance | (888) 566-0010 |
| WellSense Signature Alliance | (888) 566-0010 |
| WellSense Southcoast Alliance | (888) 566-0010 |
| PCACOs and PCC Plan | |
| Community Care Cooperative (C3) | (866) 676-9226 |
| Steward Health Choice | (855) 860-4949 |
| Primary Care Clinician (PCC) plan | (800) 841-2900 |
| MCOs | |
| WellSense Essential MCO | (888) 566-0010 |
| Tufts Health Together | (888) 257-1985 |