



PHARMACY FACTS

*Current information for pharmacists about
the MassHealth Pharmacy Program*

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Updates About MassHealth Managed Care Entities

This Pharmacy Facts provides guidance about pharmacy billing and coverage for MassHealth members enrolled with managed care entities (MCEs).

Changes to MassHealth Accountable Care Organizations

[All Provider Bulletin 410](#) describes health plan, service area, hospital, and primary care provider changes for Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs), effective January 1, 2026.

- Effective January 1, 2026, the Tufts Health Together Managed Care Organization (MCO) will no longer be available.

Changes to MassHealth Senior Care Options (SCO) and One Care Plans

- Effective January 1, 2026, WellSense Health Plan SCO will no longer be available as a SCO plan.
- Effective January 1, 2026, Mass General Brigham Health Plan will be offered as a new SCO plan.
- Effective January 1, 2026, Mass General Brigham Health Plan and Molina One Care will be offered as new One Care plans.

SCO Medicaid Only Transition to MassHealth Fee-for-Service (FFS)

[Managed Care Entity Bulletin 131](#) describes new eligibility requirements for individuals enrolled in or seeking to enroll in SCO plans. Please note the following key changes:

- Effective August 1, 2025, only MassHealth Standard Members who are also enrolled in Medicare Parts A and B are eligible to newly enroll in Senior Care Options (SCO) plans.
- Effective January 1, 2026, any person enrolled in a SCO plan who is NOT enrolled in Medicare Parts A and B will be transitioned from their SCO plan to MassHealth Fee-for-Service (FFS).

Beginning January 1, 2026, members who transition to FFS should present their MassHealth ID card at the pharmacy, not their SCO plan card. If they do not have their MassHealth ID card or are waiting for a replacement, they may present a photo ID and their MassHealth ID number. Members can request a new MassHealth ID card by calling the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711.

If a pharmacy bills a SCO plan for a member who has transitioned to FFS, the pharmacy should receive a denial message and should instead bill MassHealth FFS using the member's MassHealth ID and processing information found in Appendix A.

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, non-refillable 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.

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.

Eligibility Verification and Billing Operations

Pharmacies may continue using a member's plan-specific enrollment card 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 MCEs and MassHealth FFS is in Appendix A of this document.

If the member does not have the plan-specific enrollment card available when requesting service at a pharmacy (or if the BIN/PCN/group is unavailable for any reason), then 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 at the [MassHealth Provider Online Service Center](#).
3. Submit a claim to MassHealth's Pharmacy Online Processing System (POPS). If the pharmacy is unsure of a member's MassHealth coverage, it may bill POPS. If the member is enrolled in the PCC Plan or a primary care accountable care organization (PCACO), the claim will be processed as usual. If the member is enrolled in an MCO or accountable care partnership plan (ACPP), SCO plan, or One Care plan, POPS will send information back in the denial message to help the pharmacy identify the correct plan to bill. Once a member's plan is identified, the pharmacy can gather additional required information (such as the member's plan-specific ID number) using contact information in Appendix C of this document.

Current MassHealth 340B Policy and Plan Payments

For members enrolled in an MCO or an 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. As of April 1, 2023, MCO and ACPP pharmacy benefits are unified with the MassHealth Drug List.
- MCOs and ACPPs may not pay pharmacies that are associated with federally qualified health centers (FQHCs), rural health centers (RHCs), and are enrolled in the federal 340B Drug Pricing Program, as determined by the Executive Office of Health and Human Services, for drugs purchased through the federal 340B Drug Pricing Program.

For the purposes of this Pharmacy Facts, pharmacies associated with FQHCs or RHCs include, but are not limited to, pharmacies with a contractual relationship with an FQHC or RHC and pharmacies at the same location as an FQHC or RHC. (See [Pharmacy Facts 217](#)). Except as described below, MCOs and ACPPs are permitted to pay pharmacies associated with hospitals, hospital-licensed health centers, and other provider types that are not FQHCs or RHCs for drugs purchased through the 340B Drug Pricing Program.

For members enrolled in the PCC Plan or a PCACO:

- MassHealth pays all 340B-covered entities (including eligible FQHCs) for drugs purchased through the 340B Drug Pricing Program.
- Covered entities interested in using 340B stock for MassHealth Fee-for-Service, PCC Plan, or PCACO pharmacy claims must fill out the *Application for Participating in 340B Drug-Pricing Program for MassHealth Members* form, found at [Community Health Center Provider Forms](#) and [Outpatient Hospital Provider Forms](#). Interested providers must fill out the application and register directly with the MassHealth Pharmacy Program.

Pharmacies are reminded of the following bulletins relating to payment of 340B pharmacy claims.

- [Managed Care Organization Bulletin 6](#): MCOs are directed not to pay for Hepatitis C Virus drugs if the provider uses 340B stock.
- [Managed Care Entity Bulletin 112](#): Managed care entities are directed not to pay for select GLP-1 medications if the provider uses 340B stock.
- [All Provider Bulletin 390](#) and [Managed Care Entity Bulletin 114](#): Eleven drugs are excluded from being purchased through the 340B Program for applicable MassHealth members.
- [All Provider Bulletin 407](#) and [Managed Care Entity Bulletin 132](#): Seven additional drugs are excluded from being purchased through the 340B Drug Pricing Program for applicable MassHealth members.

340B Pharmacy Claim Processing Information

Pharmacies must use submission clarification code 20 to identify pharmacy claims for drugs purchased through the 340B Drug Pricing Program and dispensed to MCO, ACPP, SCO, and One Care members.

Billing requirements for pharmacies dispensing drugs purchased through the 340B Drug Pricing Program and dispensed to members enrolled in MassHealth Fee-for-Service, PCC Plan, or PCACO are described in the [POPS Billing Guide](#) and are provided to pharmacies upon registration. Additional information on MassHealth Fee-for-Service, PCC Plan, or PCACO 340B registration and claims requirements can be found in [Pharmacy Facts 238](#).

Appendix A

ACPPs, PCACOs, MassHealth FFS, MCOs, PCC Plan, PACE, SCO, and One Care Pharmacy Billing Information

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

Effective January 1, 2026

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	OptumRx	610011	ORX	RX1653	(844) 368-8732
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	MASS PROD	MassHealth	(866) 246-8503 (Conduent/POPS) (800) 745-7318 (DUR)
Revere Health Choice	Conduent	009555	MASS PROD	MassHealth	(866) 246-8503 (Conduent/POPS) (800) 745-7318 (DUR)

Please direct any questions or comments (or to be removed from this fax distribution) to

PharmFactsMA@Conduent.com.

MassHealth FFS	PBM	BIN	PCN	Group	Pharmacy Help Desk
MassHealth Fee-for-Service (FFS)	Conduent	009555	MASS PROD	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)

PCC Plan	PBM	BIN	PCN	Group	Pharmacy Help Desk
Primary Care Clinician (PCC) Plan	Conduent	009555	MASS PROD	MassHealth	(866) 246-8503 (Conduent/POPS) (800) 745-7318 (DUR)

SCO Plan	PBM	BIN	PCN	Group	Pharmacy Help Desk
Commonwealth Care Alliance	CVS	004336	MEDD ADV	RX24BP	(866) 693-4620
Senior Whole Health	CVS	028272	MOHM CARE	RX51DU	800-364-6331
Point32Health (Tufts)	OptumRx	610011	CTRX MEDD	RXMEDD	855-679-2639
UnitedHealthcare	OptumRx	610097	9999	MPDCSMA	(877) 889-6510
Fallon Navicare	OptumRx	610011	CTRX MEDD	FCHPSO DL	(844) 368-8734
Mass General Brigham Health Plan	OptumRx	610097	9999	MPDCSMA	(844) 368-8732

One Care Plan	PBM	BIN	PCN	Group	Pharmacy Help Desk
Commonwealth Care Alliance	CVS	004336	MEDD ADV	RX24BP	(866) 693-4620
UnitedHealthcare	OptumRx	610097	9999	MPDCSMA	(877) 889-6510
Point32Health (Tufts)	OptumRx	610011	CTRX MEDD	RXMEDD	(855) 679-2639
Mass General Brigham Health Plan	OptumRx	610011	CTRX MEDD	MGBH1611	(844) 368-8732
Molina One Care	CVS	028272	MOHM CARE	RX51DU	(800) 364-6331

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 prior authorization. Prescribers may contact the pharmacy and request an override. 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)	11112222333
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

Fee-for-service, PCACOs and PCC Plan	Emergency Override Code
Community Care Cooperative (C3)	Value of "03" in field 418 (claims processed through POPS)
MassHealth Fee-for-service	Value of "03" in field 418 (claims processed through POPS)
Revere 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	Emergency Override Code
WellSense Essential MCO	PA Type 1, Code 1111

Appendix C

ACO/MCO/PCC 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	ACO Customer Service
Community Care Cooperative (C3)	(866) 676-9226
Revere Health Choice	(855) 860-4949
Primary Care Clinician (PCC) Plan	(800) 841-2900
MCOs	ACO Customer Service
WellSense Essential MCO	(888) 566-0010