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Pharmacy Facts

MassHealth Pharmacy Program

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Children’s Medical Security Plan (CMSP) Claims

As of June 27, 2016, the Pharmacy Online Processing System (POPS) will accept claims for pharmacy services to members in the Children’s Medical Security Plan (CMSP). CMSP is a MassHealth program of primary and preventive medical and dental coverage for eligible children under the age of 19 who are Massachusetts residents at any income level, who do not qualify for MassHealth (except MassHealth Limited for some), and who are uninsured.

The CMSP-covered pharmacy services for each member consists of prescription drugs up to \$200 per state fiscal year, and \$300 per state fiscal year for equipment and supplies related to asthma and diabetes. CMSP-covered drugs are subject to a copayment of \$4.00 for a brand name drug and \$3.00 for a generic drug. There will be no copayments for equipment or supplies. There will also be no copayments or benefit limits for drugs covered under MassHealth Limited for a CMSP member who has both CMSP and MassHealth Limited.

Until now, UniCare, MassHealth’s CMSP vendor, contracted with Express Scripts, Inc. (ESI) for pharmacy services. Effective June 27, 2016, the MassHealth Pharmacy Program will begin administering the CMSP members’ pharmacy benefit directly through POPS. With the exception of the CMSP drug copayments and coverage limits described above, the pharmacy benefit will be administered in accordance with MassHealth’s drug policy, including Prior Authorization. Effective June 27, 2016, if a pharmacy submits a claim to Express Scripts Inc. for a CMSP member, Express Scripts Inc. will deny the claim with a Reject Code 69 - Coverage Terminated Response.

In such cases, providers must update the Patient Information in their software systems to change the Cardholder ID (NCPDP 302-C2) to the patient’s MassHealth ID when receiving a request to fill a CMSP member’s prescription. Many individuals eligible for CMSP have received MassHealth ID cards already but some members may not have received MassHealth cards yet. If a CMSP member is not able to produce a MH ID card the pharmacy provider should check the MassHealth Eligibility Verification System (EVS) in order to obtain MassHealth ID # and eligibility information.

Providers may also need to make changes to Group ID field (NCPDP 301-C1) depending on the CMSP member’s MassHealth aid category as shown in table below.

It is important to use the correct ‘Group ID’ to ensure that CMSP members are charged copayments only when appropriate. Please use the below chart when determining ‘Group ID’ to enter on the claim transaction

Aid Category	Description	BIN	PCN	Group ID
AX	Limited/CMSP, plus HSN	009555	MASSPROD	MASSHEALTH
AY	CMSP plus HSN	009555	MASSPROD	CMSP
BA	CMSP	009555	MASSPROD	CMSP
X1	Limited plus CMSP	009555	MASSPROD	MASSHEALTH
X2	CMSP	009555	MASSPROD	CMSP

POPS will return a response transaction in accordance with NCPDP Guidelines for the purposes of reporting any member financial obligation (Patient Pay Amount) in NCPDP field 505-F5, which will be the sum of Amount of Copay (NCPDP field 518-FI) plus the Amount Exceeding Periodic Benefit Maximum (NCPDP field # 520-FK) on a claim that adjudicates to a payable status. The Amount Exceeding Periodic Benefit Maximum will be zero unless the current claim results in the Benefit Maximum being reached. Additionally each paid claim will return the Remaining Benefit Amount, for the current claim in NCPDP field 514-FE. If the benefit is already exhausted, the claim will be denied with a Reject Code 76 (Plan Limitations Exceeded) being returned in one of the Reject Code occurrence fields NCPDP 511-FB).

CMSP members are required to pay any obligation before the medication is dispensed. Since some of these individuals are eligible in multiple programs, providers are reminded that they should examine the Group ID (NCPDP field # 301-C1) returned to determine which program the claim was processed under. If an incorrect Group ID is submitted, the claim will deny with a "Patient is not covered" response, and the Group ID should be corrected and resubmitted. Additionally, the coordination of benefits between MassHealth and CMSP or CMSP and Health Safety Net is limited to instances where one program denies the claim and cannot supplement coverage towards a paid claim.

Summary of MassHealth All Provider Bulletin 259-Ordering, Referring, and Prescribing Provider Requirements

Mass Health recently sent out All-Provider Bulletin 259, *Ordering, Referring, and Prescribing Provider Requirements*, which contains information of interest to pharmacies. The entire bulletin is found on the MassHealth web site at <http://www.mass.gov/eohhs/docs/masshealth/bull-2016/all-259.pdf>.

As background summary for pharmacies, Section 6401(b) of the Affordable Care Act includes requirements related to ordering, referring, and prescribing (ORP) providers. If MassHealth requires a service to be ordered, referred, or prescribed, then ACA Section 6401(b) requires that the ORP provider be enrolled with MassHealth as a fully participating provider or as a nonbilling provider, and that the ORP provider's NPI be included on the claim. Simply stated this means that (1) a prescriber of a drug or of medical equipment/supplies for a MassHealth Fee for Service or Primary Care Clinician member will be required to be enrolled as a MassHealth provider, and (2) the pharmacy Provider must include the prescriber's NPI on the claim.

Enrollment for ORP Provider

If the ORP provider is not listed in the Provider Bulletin as an authorized ORP provider type, or is not enrolled in MassHealth, then claims for the services they ordered, referred, or prescribed will not be paid to the billing provider. Please note that state law also requires that the providers listed in the Provider Bulletin (including pharmacists authorized to prescribe) apply to participate in MassHealth at least as a nonbilling provider in order to obtain and maintain state licensure. This licensure requirement will become effective once MassHealth promulgates the implementing regulations.

Providers who wish to enroll as nonbilling providers must fill out and return the Nonbilling Provider Application and Contract. These documents can be downloaded from the MassHealth website at:

<http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/aca-section-6401enrollment-information.html>

Pharmacists who are eligible to prescribe can only participate in MassHealth as nonbilling providers, and should contact the MassHealth Customer Service Center (CSC) at 1-800-841-2900 to obtain the Nonbilling Provider Application designed just for them.

Claims Impact

MassHealth is implementing ORP requirements in phases. Phase 1 is happening now and includes informational messaging on pharmacy claims through POPS. MassHealth is conducting significant outreach to a wide range of prescribing providers during this phase to encourage them to enroll with MassHealth. In addition, as explained in the Provider Bulletin, under state law, prescribing providers listed in the bulletin, including pharmacists eligible to prescribe, physicians, nurse practitioners, dentists and other types of prescribers, must apply to enroll with MassHealth to obtain or maintain state licensure.

Also, POPS returns this informational message to pharmacy on a claim authorized by a prescriber that is not enrolled in MassHealth during Phase 1:

PRESCRIBER OF THIS CLAIM HAS NOT ENROLLED WITH MASSHEALTH. CLAIMS WILL DENY IN FUTURE IF PRESCRIBER DOES NOT ENROLL. PLEASE INFORM MEMBER AND/OR PRESCRIBER OF THAT FACT. SEE ALL-PROVIDER BULLETIN 259 FOR MORE INFO.

In Phase 2 all claims from any billing provider that are processed by POPS that do not meet the ORP requirements will deny. This means that prescriptions receiving this informational message during Phase 1 would deny if submitted during Phase 2, if the prescriber is not enrolled in MassHealth. MassHealth will notify providers in advance before entering Phase 2. Prescriptions with a written date prior to the go-live date of Phase 2 will be exempt from the ORP denial edit. The go-live date of Phase 2 is still to be determined, and will be conveyed to pharmacies in a future edition of *Pharmacy Facts*. Providers are encouraged to use Phase 1 to become familiar with claims messages and adjust business processes to ensure that ORP requirements are met.