



# Pharmacy Services

ACO Implementation



**WellSense**  
HEALTH PLAN

## Delivered by:

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# Objectives

- Explain pharmacy transition timelines and impact to members
- Summarize WellSense pharmacy benefit changes
- Describe WellSense retail, specialty, and mail order pharmacy network
- Demonstrate how to review drug coverage on the WellSense website
- Identify important MassHealth resources

# Agenda

- **What we will cover today?**

- WellSense Pharmacy Transitions
- WellSense Pharmacy Benefit changes
- WellSense Pharmacy Network
  - Retail, Specialty and Mail Order
- WellSense alignment with MassHealth Formulary
  - Prior authorizations (PAs) transition period
  - Prior authorizations (PAs) submission process
- Important Pharmacy Resources (MassHealth and WellSense)

- **What we will not cover today?**

- Pharmacy transition workflows
- Communication materials and timeline for members and providers

# Pharmacy Transitions

# New WellSense Member Pharmacy Transition Timelines

Pharmacy Transition Stream <sup>1</sup>	Member Impact	Member Communication <sup>1</sup>
Retail network	Members will have 90 days (by 7/5) to transfer prescriptions to a pharmacy in the ESI/WS narrow retail network (Walgreens excluded). Prior to 7/5, members will have access to ESI's broad retail network (Walgreens included).	Retail network disruption letter (first round by 5/1, second round by 6/1). <sup>2</sup>
Specialty network	Members will have fill allowances for their specialty drug at any in-network <u>retail</u> pharmacy until 7/5 (for up to 96 days supply of medication). After this, members will need to use an in-network <u>specialty</u> pharmacy.	Specialty network disruption letter (first round by 5/1, second round by 6/1), and specialty fill allowance letter after first fill at retail pharmacy.
Formulary	MH UPPL formulary will be effective 4/1 for all members. New members will be granted a transition period until 7/5 that will allow existing prescriptions that may otherwise require PA to pay temporarily	Formulary disruption letter (first round by 5/1, second round by 6/1).
Open drug authorizations	Medical benefit drug authorizations will be transferred once received. Prescription benefit drug authorizations will be loaded until 10/1/23 OR until the current expiration date (whichever is sooner). <sup>3</sup>	Formulary disruption letter (first round by 5/1, second round by 6/1).

# **April 1, 2023: MA Medicaid Overview**



# WellSense Massachusetts Medicaid Population (ACO and MCO)

*On April 1, 2023, four new Accountable Care Organizations (ACOs) will join WellSense.*

## Existing ACO's/Population

Boston Accountable Care Organization (BACO)

Mercy Medical Center

Signature Healthcare

South Coast Health

WellSense MCO

## New ACO's/Groups

Beth Israel Lahey Health (BILH)

Boston Children's Hospital (BCH)

Care Alliance(Tufts Medicine)

East Boston Neighborhood Health Center

New to BACO : Cape Cod, Compass, Harvard Street

## Member Lives

300,000 New Member Lives

+

280,000 Existing Member Lives

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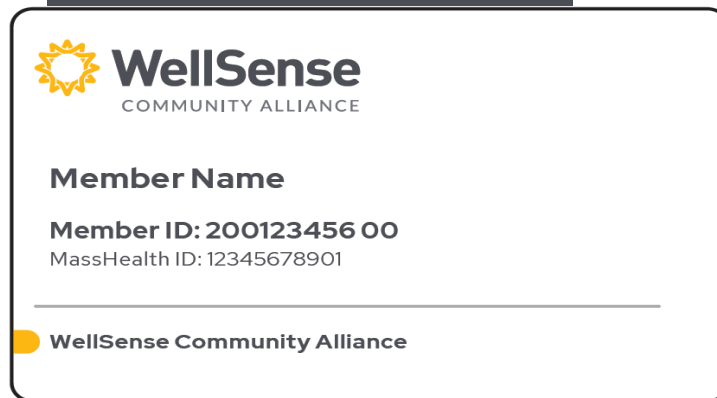
580K+ Member Lives



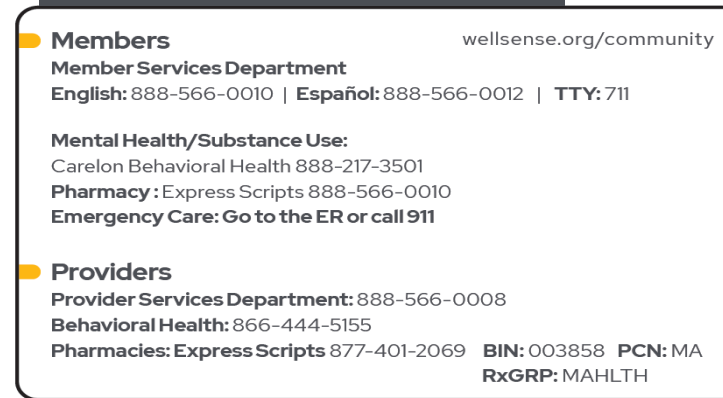
# WellSense Member IDs

- Members enrolled with new provider groups, or transitioning to a different provider group, will be assigned a new ID number.
- All Members are individual subscribers with unique IDs.
- Member ID numbers are 9 digits with a 2 digit person code (#####-00). *Please note: ESI uses only the first 9-digits*
- Members should present to the pharmacy with their WellSense Health Plan ID Cards (not their MH or MIIS ID's)
- BIN: 003858; PCN: MA; Group: MAHLTH is required for all pharmacy claims

Sample Member ID Card: Front



Sample Member ID Card: Back



WellSense Member ID cards are being mailed to members (mailing batches started March 3<sup>rd</sup>)

# NEW: April 1, 2023

On April 1, 2023, there will be changes to the WellSense MA Medicaid Benefit Structure, Pharmacy Network and Formulary

	What's New	What we are doing to support transition
Benefits	<ul style="list-style-type: none"> <li>✓ 90 day-supply dispensing minimums, mandatory and allowable</li> <li>✓ \$0 copay charges during redetermination period, effective 5/1/2023</li> <li>✓ Medical Benefit only drug list coverage</li> </ul>	<ul style="list-style-type: none"> <li>✓ 90 day-supply exceptions allowed via override</li> <li>✓ 1<sup>st</sup> fill allowed at 30-day supply for mandatory 90-day supply drugs</li> <li>✓ \$0 copay for all point of service claims for all members</li> </ul>
Network	<ul style="list-style-type: none"> <li>✓ Narrow pharmacy network for new ACOs</li> <li>✓ Expanded Specialty Pharmacy Network (+ ACO Partner Specialty Pharmacies)</li> </ul>	<ul style="list-style-type: none"> <li>✓ 90-day transition period where ESI's national network is available (includes Walgreens)</li> <li>✓ Members can fill specialty drugs at in-network retail pharmacies until 7/5</li> </ul>
Formulary	<ul style="list-style-type: none"> <li>✓ Fully Unified Pharmacy Product List (i.e. formulary)</li> <li>✓ Adoption of MassHealth clinical policy criteria</li> </ul>	<ul style="list-style-type: none"> <li>✓ 90-day transition period: covers existing prescriptions that would otherwise require PA</li> <li>✓ Honor active authorizations from prior MCO through the authorization end date, or 10/1/2023 (whichever is sooner).</li> </ul>

# Benefit Changes

# 90-Day Supply Program

Effective April 1, 2023, WellSense will implement MassHeath’s 90-day supply program.

This applies to all MassHealth eligible Members.

## Dispensing Requirements

- **NEW:** Mandatory 90-Day (M90): Requires certain drugs to be dispensed as a 90-day supply per fill
- Allowable 90-Day (A90): Allows certain drugs to be dispensed as a 90-day supply per fill
- Limited to 30-Days: All other drugs are limited to a 30-day supply.

There are some **exceptions** to the Mandatory 90-day supply dispensing requirement. Exceptions are available under **select circumstances**. Providers, Members, and Pharmacies **may request exceptions** by contacting ESI’s call center/helpdesk.

## M90 Exceptions

- New-to-Therapy – **One 30-day supply fill allowed for first fills**
- Residing in a nursing facility, assisted living facility, etc.
- Specialty packaging, such as compliance packaging
- If the prescriber (or pharmacist) in their professional judgement thinks it is dangerous or otherwise inappropriate for the member to have a 90-day supply

90-day supply is available at participating in-network retail pharmacies and at Cornerstone Health Solutions mail order pharmacy for maintenance drugs

For M90 drugs, members will receive a notification after the one-time 30-day supply fill and each attempt to fill less than a 90-day supply

Dear <First Name><Last Name>,

Your prescription benefit requires certain drugs to be filled as a 90-day supply or at a specialty pharmacy under your MassHealth coverage with WellSense Health Plan. You are receiving this letter because you recently attempted to fill your prescription for one of these drugs as outlined in the table below.

If this was your first time doing so, we have approved your fill as a one-time courtesy. You should now follow the instructions below to ensure you are able to fill your prescriptions the next time you are due for a refill.

If you try to fill your prescription as a 30-day supply or at a non-preferred pharmacy again, WellSense will be unable to cover your prescription. That means that WellSense will not pay any amount toward covering the prescription. To ensure that your next prescription fill is covered by WellSense, please follow the instructions below.

**Your next steps**

The table below outlines which prescriptions you tried to fill and the steps you need to take the next time you fill your prescriptions. Please review each line and find additional instructions below the table.

Medication	Current fill amount	Pharmacy	Action	Instructions
<Specialty>	<1>	<Current>	Transfer this	Fill your specialty medications at

# Medical Drug Benefits

In addition to the UPPL unification, MassHealth has designated a specific drug list available **ONLY** through the medical benefit (i.e. must be buy & bill).

## Key Points

1. Medical Benefit Drugs (MB) **will not be paid** when dispensed through a **retail pharmacy**
2. All other drugs are allowed through either pharmacy (i.e. retail pharmacy/specialty pharmacy) OR medical (i.e. buy & bill)
3. Existing Medical Drug Rebate Policies and Process is unchanged
4. Medical Benefit Drug Policies/Criteria are out of scope of MassHealth UPPL (i.e., continues to be managed by WS)

## PA Process for Providers

### 1. MB Only Drugs

1. Check the [MassHealth Drug List](#) to determine if a medication is a Medical Benefit Only Drug
2. Check the [HCPCS Tool](#) to see if the drug requested requires a prior authorization
3. Submit the standard [PA Form](#) via fax to 866-539-7185 (or call 877-417-1822 to request a PA via phone)

### 2. All other drugs available through either Pharmacy or Medical

1. Check the [HCPCS Tool](#) to see if the drug requested requires a prior authorization
2. Check the [WellSense Preferred HCPCS Drug list](#) to see if WellSense has a preferred drug for the therapeutic class
3. Review the [WellSense Medical Drug Policy](#) before submitting a PA request
4. Submit a PA Form via fax to 866-539-7185 (or call 877-417-1822 to request a PA via phone)
  - [WellSense Preferred Drug PA Forms](#)
  - [PA Forms](#) for all other drugs

### Important Information

- » MB Drug List will be available on [wellsense.org](#) and on MassHealth's Drug List, designated as 'MB'
- » Exceptions to MB Only coverage may be requested and evaluated on a case-by-case basis
- » There may be differences in coverage based on formulation. Ex. Actemra vial = MB, Actemra pen = Rx/MB
- » Medical Benefit Drug Policies/Criteria are out of scope of UPPL (i.e. continues to be managed by WS)

# Information on Refill Accumulation

Refill Accumulation monitors how much drug has been dispensed per day supply for each date of service and calculates expected drug on hand (i.e. remaining available drug) over a rolling 6 month period.

If the member continually refills early, the Member will accumulate an excess of drug quantity available. When the system detects an excess quantity of a 30-day supply, the next refill will reject and a new refill allowed date will be determined.

Example: First fill for a 30-day supply on 1/1/2023 → Refill on 1/23/2023 for a 30-day supply. Member has 37 days of drug on hand.  
Refill on 2/15/2023 for a 30-day supply. Member now has 44 days of drug on hand.

The count of actual drug available based on dates of fill, quantity filled, and day supply will accumulate. If the Member continues to fill 23 days after the last refill, the claim will reject when the system detects an excess quantity of 30-days supply. The next allowed refill date will shift forward until sufficient drug has been reduced to a 30-day supply.

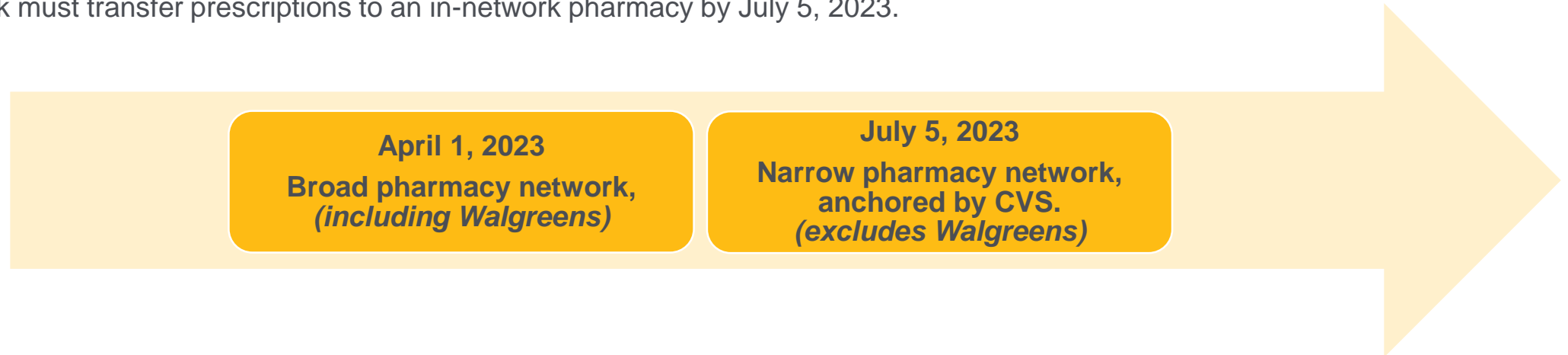
**Effective April 1, 2023**, refill accumulation will be turned on for all MassHealth members. **Overrides** may be considered on a case-by-case basis. Providers, Members, and Pharmacies **may request exceptions** by contacting ESI's call center/helpdesk.

# Network

# Retail Pharmacy Network

WellSense participates in a narrow pharmacy network (CAN network) that is anchored by CVS (excludes Walgreens).

- **Effective April 1, 2023, new members will have access to WellSense's broad pharmacy network for 90 days, which includes Walgreens** chain and other pharmacies otherwise excluded from the narrow network
- The shift to a broad network will allow members to access prescription drugs at most existing retail pharmacies, including Walgreens, allowing for longer transition to the Health Plan for new members
- WellSense will resume the CAN network beginning **July 5, 2023**. All members utilizing a pharmacy not participating in the CAN network must transfer prescriptions to an in-network pharmacy by July 5, 2023.





# Retail Pharmacy Network: Pharmacy Finder Tool

Members negatively impacted by our narrow network pharmacy, following the switch to WellSense, will receive a Network Disruption letter by 5/1/2023. A second round of disruption letters will be sent by 6/1/2023

- Use the Find a Pharmacy Tool\* to search for in-network retail pharmacies
- This tool allows members to **search for nearby in-network retail pharmacies by zip code**
- The Find a Pharmacy tool includes the CAN network only (narrow network)
- **Important messaging to members:**
  - If a member's current pharmacy does not display on the network directory, the pharmacy does not participate in our narrow network
  - These members **must** transition their prescriptions to a nearby in-network pharmacy prior to **July 5, 2023**

**Get Prescriptions**

WellSense is committed to providing quality and affordable medications for Massachusetts members through our prescription drug benefit.

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**Prescription Drug Overview**

*Note: MassHealth is updating its list of covered drugs, effective 4/1/2023. The current list of covered drugs is valid through 3/31/23.*

[Find a Pharmacy](#) [Check Coverage](#)

<https://www.wellsense.org/members/ma/masshealth/prescriptions>

## Example of claims processing at a pharmacy in the ESI/WS Broad Retail Network (ex. Walgreens)

- April 1<sup>st</sup> through June 30<sup>th</sup>: Claims will process as 'Paid'
- Starting July 5<sup>th</sup>: Claims will Reject.

## Example of claims processing at a pharmacy not in the ESI/WS Broad Retail network (OON) (ex. Caremark)

- Claims will Reject for all dates of service as Caremark does not participate in either the narrow or broad network.

# Mail Order Pharmacy Network

**Cornerstone Health Solutions (CHS) Mail Order will continue to be WellSense's preferred mail order pharmacy**

CHS will be able to fill Mandatory 90-day supply and Allowable 90-day supply maintenance drugs. There is no change to the current process.

## **How providers can enroll a patient for CHS:**

- Complete a [Mail Order Enrollment Form](#)
- Fax to 781-805-8221
- Email to [CornerstoneMailOrderPharmacy@wellsense.org](mailto:CornerstoneMailOrderPharmacy@wellsense.org)

## **Questions about our mail order pharmacy network**

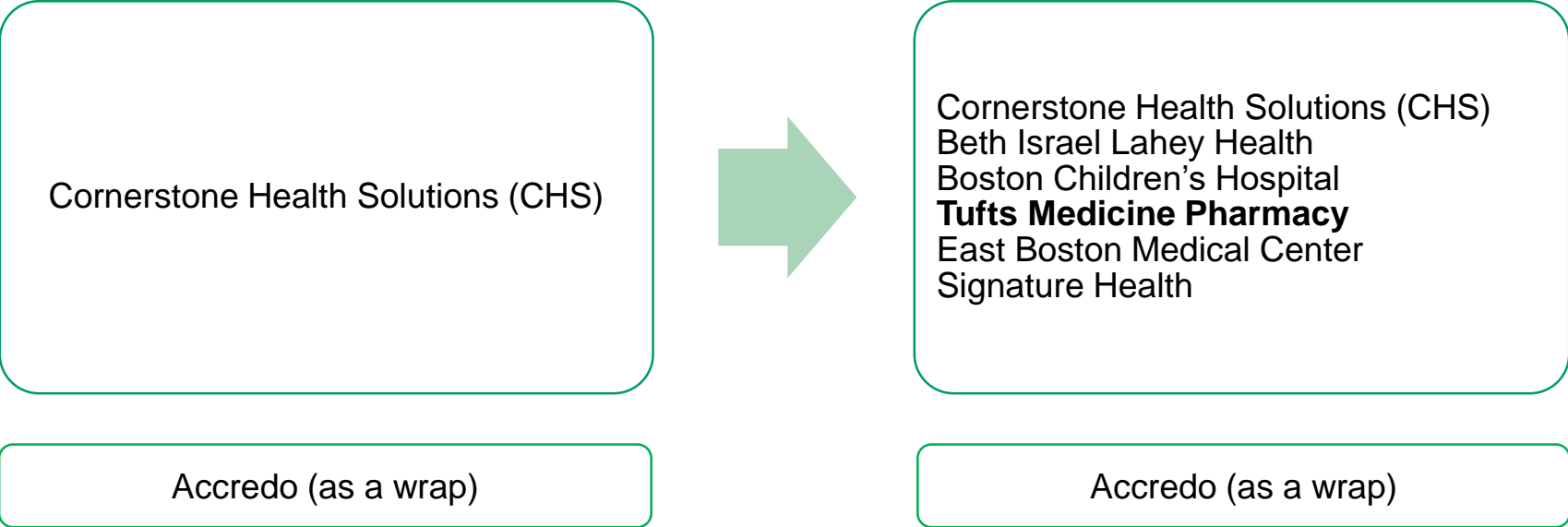
- Visit our [Mail Order Pharmacy](#) page
- Call Cornerstone Health Solutions at 844-319-7588
- Visit [cornerstonehealthsolutions.org](http://cornerstonehealthsolutions.org)

**Please note that all Tufts Pharmacies (Tufts Medicine, Circle, TMC – Atrium 3) have mail delivery capabilities upon the patient's request**

# Specialty Pharmacy Network

WellSense participates in a closed-specialty pharmacy network, with Cornerstone Health Solutions (CHS) as primary and Accredo as secondary (or wrap).

- Effective April 1, 2023, five new ACO partner specialty pharmacies will be added to the network



# Specialty Pharmacy Network

Certain Specialty Drugs must be filled at a WellSense preferred specialty pharmacy. The list of preferred specialty pharmacies and specialty drugs is available at [Pharmacy Programs | MassHealth | WellSense Health Plan](#).

- **Beginning April 1<sup>st</sup>, WellSense will have a new network of specialty pharmacies. Members will have the option to fill at any in-network retail pharmacy for specialty drugs until July 5th**
  - Members who currently fill at an out-of-network pharmacy will not be allowed a first fill at their current pharmacy and will need to switch pharmacies before their first fill.
  - **By July 5th, all WellSense members** will need to use an in-network specialty pharmacy. The list of in-network specialty pharmacies will be available at [wellsense.org](http://wellsense.org).
- We are guiding our ACO patients to transfer their specialty prescriptions to their ACO partner pharmacy or Cornerstone Health Solutions, as these pharmacies are in the WS specialty pharmacy network.
- Accredo is our wrap pharmacy. This means that Accredo serves as the back-up pharmacy when Cornerstone is unable to fill a prescription.

For specialty drugs, members will receive a notification after each fill at a WS broad network retail pharmacy prior to 7/5

Dear <First Name><Last Name>,


Your prescription benefit requires certain drugs to be filled as a 90-day supply or at a specialty pharmacy under your MassHealth coverage with WellSense Health Plan. You are receiving this letter because you recently attempted to fill your prescription for one of these drugs as outlined in the table below.

If this was your first time doing so, we have approved your fill as a one-time courtesy. You should now follow the instructions below to ensure you are able to fill your prescriptions the next time you are due for a refill.

If you try to fill your prescription as a 30-day supply or at a non-preferred pharmacy again, WellSense will be unable to cover your prescription. That means that WellSense will not pay any amount toward covering the prescription. To ensure that your next prescription fill is covered by WellSense, please follow the instructions below.

**Your next steps**

The table below outlines which prescriptions you tried to fill and the steps you need to take the next time you fill your prescriptions. Please review each line and find additional instructions below the table.

Medication	Current fill amount	Pharmacy	Action	Instructions
 <Specialty>	<1>	<Current>	Transfer this	Fill your specialty medications at

# Unified Pharmacy Product List (UPPL)

# What is the UPPL?

Effective April 1<sup>st</sup>, the MassHealth (MH) UPPL (Unified Pharmacy Product List) will be **live for all WellSense (WS) MassHealth members. New members will be granted a transition period until July 5<sup>th</sup>** that will allow prescriptions that may otherwise require PA to be temporarily approved without a PA

- **Starting July 5<sup>th</sup>**, prior authorization will be required to continue coverage of these prescriptions. Even though the PA transition period will be in effect, **WS is encouraging providers to follow the WS/MassHealth formulary when writing new prescriptions during this time**, as it will help minimize the need for new PA's once this transition period is over after **July 5<sup>th</sup>**.
- For members with open prescription authorizations received by WS from MH, WS will transfer all medical benefit drug authorizations until their existing expiration date.

PA Expiration Date	PA Transfer Rules
Between 4/1-10/1/23	WS will transfer open prescription benefit prescription authorizations with expiration dates between 4/1-10/1/23, to continue to the existing expiration date
After 10/1/23	Prescription authorization will expire on 10/1/23

- WS's ability to load open prescription authorization information is conditional on the quality of data received from MH.
- On April 1, 2023, excluded drugs will continue to be excluded (ex. weight loss drugs, non-FDA approved drugs) in accordance with the requirements for Medicaid benefit coverage and the Member Handbook. There are some exceptions to the process for select categories.

**Note:** Compound coverage and Cumulative MME for opioid prescriptions are excluded from the UPPL alignment. Refer to WellSense policies for more information on coverage.

# The PA submission process will depend on the PA expiration date

## PA Submission process

– Providers may submit an authorization renewal if clinically necessary in advance of the expiration date.

PA Submission Scenario	Submission Mode	Instructions
<p>PA renewal submitted within 60 days of the expiration date</p> <p><u>OR</u></p> <p>PA renewal submitted after the expiration date</p>	Electronic (ePA)	<ul style="list-style-type: none"><li>• Complete coverage questionnaire and submit supporting documentation, both electronically</li><li>• Surescripts, CoverMyMeds, or ExpressPAth are all acceptable ePA portals</li></ul>
PA renewal submitted more than 60 days before the expiration date (through October 1, 2023)	Fax	<ul style="list-style-type: none"><li>• Complete PA Form (<a href="#">available online here</a>)</li><li>• Fax to 833-951-1680</li></ul>

**Note:** WS's ability to load open prescription authorization information is conditional on the quality of data received from MH.

# Requesting a Prior Authorization Request

Prior Authorization Requests may be submitted for review for drug coverage. Visit [Pharmacy – Prior Authorizations | Providers - Massachusetts | WellSense Health Plan](#) for information on how to submit a PA request.

Home > Providers > MA > Pharmacy > Prior Authorizations

## Prior Authorizations

Request prior authorization for a medication

If you believe that it is medically necessary for a member to take a medication excluded by our pharmacy program and you have followed the procedures required by our pharmacy programs, you may request a coverage review. Select the member's plan below to get started.

MassHealth

ConnectorCare and Qualified Health Plans

Senior Care Options

Information on how to submit a prior authorization request is available at [wellsense.org](https://wellsense.org). To find covered alternatives or to determine which drugs require prior authorization, search the MH drug list, which will be available at [wellsense.org](https://wellsense.org) beginning April 1<sup>st</sup>. Prior to then, providers may access the MH drug list directly on the MH website [here](#). The MH drug list reflects current coverage information.

### MassHealth

Here is our current prior authorization (coverage review) process:

1. Check the [formulary](#) to see if prior authorization is required for a medication.
2. If you believe that it is medically necessary for a member to take a medication that is not covered by our pharmacy program, you may submit a coverage review request online through one of these ePA portals: [Surescripts](#), [CoverMyMeds](#), or [ExpressPath](#).
3. If you do not have access to an ePA system you can contact 877-417-1822 for MassHealth members or 877-417-0528 for Qualified Health Plan members. Or, you can submit the appropriate Standard Medication Prior Authorization Form: [MassHealth](#)
4. As always, please view our [Pharmacy Policies](#) before submitting your coverage review requests.



# Request a Prior Authorization or Appeal

**Important Information:** There are no changes to the PA submission process for pharmacy drugs.

Requesting a PA				
LOB	PA Management	ePA Channels	Fax Number	Phone Number
MA Medicaid	WS Pharmacy Operations	CoverMyMeds SureScripts ExpressPAth	(833) 951-1680	(877) 417-1822

**Important Information:** There are no changes to the Appeal process for pharmacy drugs.

Requesting an Appeal			
Line of Business	Phone Number	Fax Number	Mail/In Person
MA Medicaid	(888) 566-0010	(617) 897-0805	WellSense Health Plan Attn: Member Appeals 529 Main Street, Suite 500 Charlestown, MA 02129

# Resources

# MassHealth Resources

## MassHealth Drug List

- An alphabetical list of commonly prescribed drugs and therapeutic class tables. The List specifies which drugs need prior authorization (PA) when prescribed for MassHealth members.
  
- Important Pages on the MassHealth Drug List
  - » [MH Drug List A-Z](#)
  - » Therapeutic Class Table
  - » Prior Authorization Forms
  - » Upcoming and Recent Updates
  - » MH Drug List 90-day Supply Page
  - » MH Brand Preferred Over Generic List
  - » MH Over-the-Counter List
  - » MH Supplemental Rebate/Preferred Drug List
  - » MH Non-Drug List

The screenshot shows the MassHealth website interface. At the top left is the Mass.gov logo. To the right is a search bar with the text "Search..." and a dropdown menu for "Drug Name" with a search icon. Below the search bar is a navigation menu with the following items: MHDL HOME, MHDL UPDATE, MASSHEALTH DRUG LIST A-Z, THERAPEUTIC CLASS TABLE, PRIOR AUTHORIZATION FORMS, and ARCHIVED DOWNLOADS. The main content area is titled "MassHealth Drug List" and contains the following sections:

- Pharmacy Program Public Health Emergency Response**  
Link to MassHealth Pharmacy Program Public Health Emergency Response information. Please note, guidance will be updated as needed and as additional information is available.  
Icons for DOCX and PDF files.
- Introduction to MassHealth Drug List →**  
Information about the MassHealth Drug List and updates to the list. [Sign up](#) to receive e-mail notification of when updates to the MassHealth drug list are posted on the Web.
- Upcoming and Recent Updates →**  
Link to the most recent updates to the MassHealth Drug List. May be subject to change.
- MassHealth Drug List A - Z →**

[Link: MassHealth Drug List - Health and Human Services \(conduent.com\)](#)

# MassHealth Resources

## MassHealth Drug List A-Z

- A listing of drugs covered by MassHealth.

## Therapeutic Class Tables

- A listing of therapeutic categories and the drugs encompassed within

## Prior Authorization Forms for Pharmacy Services

- A listing of drug specific prior authorization forms for select therapeutic categories available for coverage under MassHealth.

## Upcoming and Recent Updates Page

- A resource page that outlines all recent and upcoming updates to the MassHealth formulary for MA Medicaid members.

## MassHealth Drug List 90-day Supply Page

- A drug list that describes the types of drugs that are allowed or required to be dispensed as a 90-day supply
  - » To access this list visit the [MassHealth Drug List](#) and select the most recent *MassHealth Drug List 90-day Supply Page* DOCX or PDF.

# MassHealth Resources

## MassHealth Brand Name Preferred Over Generic Drug List

- A list of Brand name drugs that MassHealth prefers over the generic equivalent.
  - » To access this list visit the [MassHealth Drug List](#) and select the most recent *MassHealth Brand Name Preferred Over Generic Drug List* DOCX or PDF.

## MassHealth Over-the-Counter Drug List

- A list of drugs that are the only non-legend drugs, with the exception of insulins, that are covered by MassHealth without a prior authorization
  - » To access this list visit the [MassHealth Drug List](#) and select the most recent *MassHealth Over-the-Counter Drug List* DOCX or PDF.

## MassHealth Supplemental Rebate/Preferred Drug List

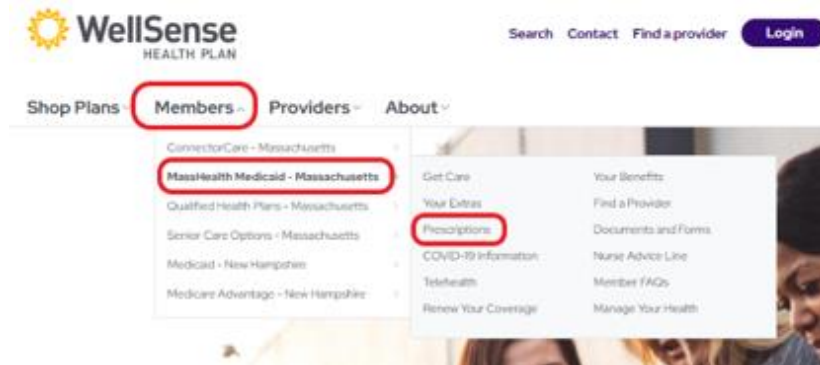
- A list of drugs preferred by MassHealth based on supplemental rebate agreements between MassHealth and drug manufacturers
  - » To access this list visit the [MassHealth Drug List](#) and select the most recent *MassHealth Supplemental Rebate/Preferred Drug List* DOCX or PDF.

## MassHealth Non-Drug Product List

- A list of non-drug products that MassHealth pays for through the Pharmacy Online Processing System (POPS)
  - » To access this list visit the [MassHealth Drug List](#) and select the most recent *MassHealth Non-Drug product List* DOCX or PDF.

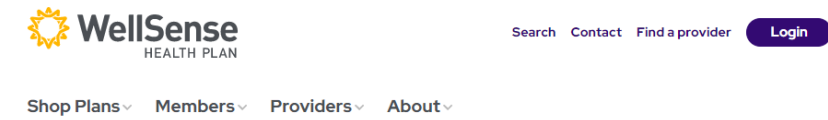
# WellSense Resources: Members

Members > MassHealth Medicaid – Massachusetts > Prescriptions



On our prescription page members can learn more about

- » Prescription Drug Costs
- » Mail Order Pharmacy
- » Specialty Pharmacy
- » Pharmacy Programs



Home > Members > MA > MassHealth > Prescriptions

## Prescriptions

WellSense is committed to providing quality and affordable medications for MassHealth members through our prescription drug benefit.

**Our prescription drug benefit offers:**

- Coverage of thousands of medications
- Coverage of nondrug pharmacy items
- Coverage of some over-the-counter drugs like aspirin or certain allergy medicines
- Affordable copays for generic medications
- Choose from more than 1,000 pharmacies through Massachusetts to get your prescriptions filled
- Get specialty medications, like injectable and biotech drugs, that are used treat members with rare or chronic conditions

# WellSense Resources: Providers

Providers > Massachusetts Provider Resources > Pharmacy

On our pharmacy page, providers can learn more about Pharmacy and Medical drug

- » Pharmacy and medical drug coverage
- » Pharmacy and medical drug policies
- » Pharmacy and medical drug prior authorization requirements and submission processes
- » Pharmacy Programs



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## Pharmacy Information and Resources



Access information and resources necessary for prescribing medications to WellSense members.

### List of covered drugs

Before prescribing a prescription or over-the-counter medication, check to make sure it's covered by the member's plan. Utilize the links below to find the List of Covered drugs for each plan.

#### Massachusetts

- [MassHealth MCO & ACOs](#)
- [Qualified Health Plans](#)
- [ConnectorCare](#)
- [Senior Care Options](#)

#### New Hampshire

- [New Hampshire Medicaid](#)
- [New Hampshire Medicare Advantage](#)

### More pharmacy resources



#### Prior authorizations »

Submit a coverage review request for a medication that is not covered by our pharmacy program.



#### Pharmacy policies »

Find detailed policies for individual drugs covered by WellSense health plan.



#### Pharmacy programs »

We use a number of pharmacy programs to promote the safe and correct use of certain drugs.

# Important MA Medicaid Contact Information

PA Processing Hours (24/7)  
PA Phone Hours (24/7)

General Pharmacy Questions		Pharmacy Claims Processing	
Members	Member Services: 888-566-0010	Members	Member Services: 888-566-0010
Providers	Provider Services: 888-566-0080	Providers	Provider Services: 888-566-0080
Pharmacy Drug PA Assistance (includes initiation and status checks)		Medical Drug PA Assistance	
Members	Clinical PA Line: 877-417-1822 <i>Option 1: Providers, Option 2: Members, Option 3: Pharmacies</i>	Members	Member Services: 888-566-0010
Providers		Providers	Provider Services: 888-566-0080



# Frequently Asked Questions

# Frequently Asked Questions (FAQs)

1. **What insurance ID number should my patient present to the pharmacy for their prescriptions?**

*WS members should present their WS member ID to the pharmacy (not their MassHealth ID)*

2. **My patient has an open PA for their medication that I know will expire soon in April. How soon can I submit a PA renewal request to WS?**

*WS can only begin to review PA renewal requests for new members beginning April 1 when the member's WS insurance becomes active.*

3. **What is the preferred process for submitting drug PA requests to WS for review?**

*Electronic (ePA) is the preferred PA submission process. WS processing hours for ePA is 24/7.*

4. **My patient is filling their specialty medication at a CVS retail location today. When do they need to start using a WS specialty pharmacy?**

*Members can continue to fill their specialty drug at a retail location until July 5 (for up to 96 days supply of medication). After this, their specialty medication must be filled at a specialty pharmacy in the WS network.*