



# Understanding MassHealth Cost Sharing Policy Updates

**June 9, 2021**

# Webinar Objective

- Define MassHealth's Cost Sharing Policy
- Explain Upcoming Changes to Copay and Premiums
- Identify New Member Notices and Resources

# Agenda

- MassHealth's Cost Sharing Policy Changes
  - Full Implementation
  - Who's Not Subject to Copays and Premiums
  - Premium Hardship Waivers
- What Members Need to Know
- Resources

# MASSHEALTH COST SHARING CHANGES

# MassHealth Cost Sharing: Phase 1

## Phase 1 (7/01/20)

**Annual** copay caps on drugs dispensed by the pharmacy and monthly premium amounts



### *Copays*

- \$250 per calendar year on drugs dispensed by pharmacies. New member exclusions will apply

*Note, acute inpatient hospital copays have been eliminated as of 3/18/20.*

# MassHealth Cost Sharing Update

## Phase 2 (7/1/21)

**Member's total cost sharing will not exceed 5% of the members' monthly household income.**

### *Copays*

- Members will be assigned a **monthly** copay cap not to exceed 2% of family income for drugs dispensed by the pharmacy



- Members will be subject to this new copay policy starting July 1, 2021. However, for the duration of the COVID-19 Public Health Emergency, members will not be charged more than \$250 in total copays annually
- The updated copay policy will apply to members in MassHealth Standard, CarePlus, Family Assistance, and CommonHealth
- The updated copay policy will not apply to Children's Medical Security Plan (CMSP) members and any drugs that are charged through Health Safety Net (HSN) will continue to be subject to the \$250 annual pharmacy copay cap

# MassHealth Cost Sharing Update

## Phase 2 (7/1/21)

Member's total cost sharing will not exceed 5% of the members' monthly household income.

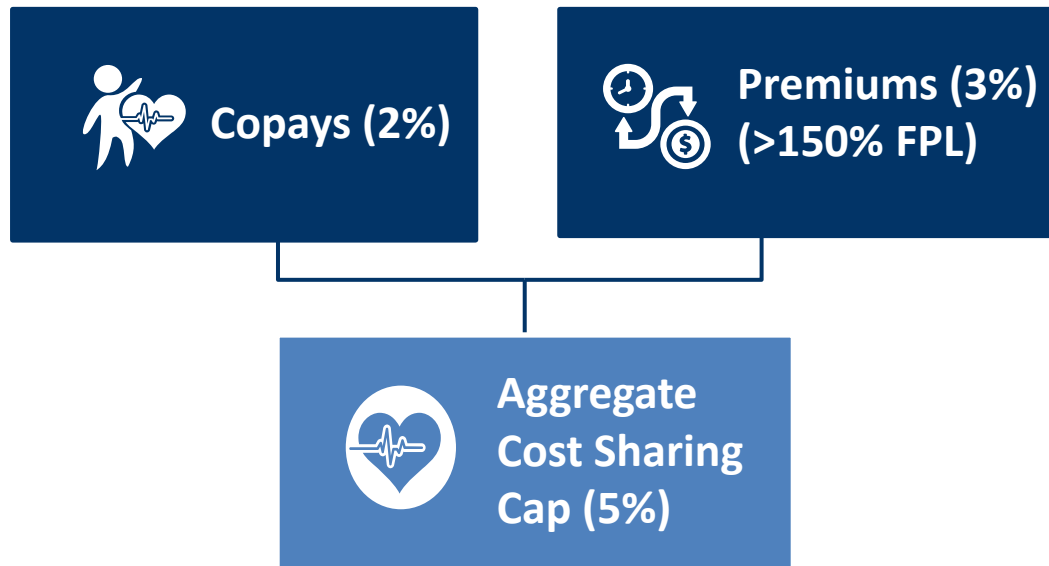
### *Premiums*



- Members' premiums will not exceed 3% of family income on a **monthly** basis, if applicable
  - This limit does not apply to CommonHealth members
  - Members experiencing undue financial hardship can request a waiver or reduction of their premium

# Calculating Cost Sharing

Copays and premiums comprise the aggregate cost sharing cap





# Who is Not Subject to Cost Sharing

## Populations excluded from Cost Sharing (copays)

### MEMBERS

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• <i>Members with incomes at or below 50% FPL</i></li> <li>• <i>Members categorically eligible for MassHealth because they are receiving other public assistance such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program</i></li> <li>• Members under the age of 21 years old</li> <li>• Pregnant women and those who are in their postpartum period             <ul style="list-style-type: none"> <li>• MassHealth defines the postpartum period as the time through the last day of the second calendar month after the end of the member's pregnancy. (For example, if the member gave birth on May 15th, the postpartum period ends July 31st)</li> </ul> </li> <li>• MassHealth Limited members</li> </ul> | <ul style="list-style-type: none"> <li>• MassHealth Senior Buy-In members or MassHealth Standard members for drugs covered under Medicare Parts A and B only, when provided by a Medicare-certified provider</li> <li>• Members in a long-term care facility such as nursing facilities, chronic-disease or rehabilitation hospitals, or intermediate-care facilities for individuals with intellectual disabilities or who are admitted to a hospital from such a facility or hospital</li> <li>• Members who are receiving hospice services</li> <li>• Members who are former foster care individuals eligible for MassHealth Standard, until the age of 21 or 26 as specified by 130 CMR 505.002(H)</li> <li>• Members who are American Indians or Alaska Natives currently receiving or have ever received services at the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization</li> <li>• Members who have reached a cost sharing cap<sup>9</sup></li> </ul> |
|---|---|

# Services Excluded from Cost Sharing

## Services excluded from Cost Sharing (copays)

### SERVICES

#### Excluded services from copays include:

- *Copays for FDA-approved medications for detoxification and maintenance treatment of substance use disorders (SUD)*
- *Preventive services rated Grade A & B by the US Preventive Services Task Force (USPSTF) or broader exclusion specified by MassHealth, and vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP)*
- Emergency services
- Family Planning services and supplies
- Smoking cessation products and drugs
- Provider-preventable services

# MASSHEALTH COPAYS

# Key Terms



## Copays

The dollar amount charged by a provider to a member for use of a covered service or item



## Copay Cap

The maximum dollar amount of copays that a member can be charged in a given time period.

# Key Terms



## Copay Band

A copay range based on FPL and family size that is used to calculate an individual's monthly copay cap.



## Copay Cap Start Dates

The date on which a member's copay cap becomes effective (calculated as the first day of the next month from date of determination) and copays start accumulating.

# MassHealth Copay Caps

## **Individual monthly copay caps will be assigned by band and will not exceed 2% of family income:**

- Members will be subject to this new copay policy starting July 1, 2021. However, for the duration of the COVID-19 Public Health Emergency, members will not be charged more than \$250 in total copays annually
- Copay caps are calculated using the lowest income in the individual's MAGI household
- Members who fall in the \$0 - \$9.99 copay cap band will be exempt from copays
- Copays will be tracked on a monthly member-specific basis

## **Individual copay cap amounts will be banded as follows:**

- A maximum out-of-pocket amount will be calculated for each member
- Members will be assigned a final individual copay cap (Column 2) based on the copay cap band range (Column 1) that their maximum out-of-pocket amount falls within

# Copay Caps

Copay Cap Bands	Individual Copay Cap
\$0 – \$9.99	No Copays
\$10 – \$19.99	\$10
\$20 – \$29.99	\$20
\$30 – \$39.99	\$30
\$40 – \$49.99	\$40
\$50 – \$59.99	\$50
>\$60	\$60

# Copay Cap Start Date

- **Copay caps calculated on the first day of the month** will be applied to the entire month regardless of changes in the member's circumstances during the month
- If a member has a change in circumstances (e.g., an income change) that requires the copay cap amount to change, the new copay cap would start on the first day of the following month, regardless of whether the copay cap increases or decreases
- **New member's** copay tracking will start on the first day of the month following the eligibility start date
  - A member is not responsible for copays during the first month of eligibility





# Calculating Cost Sharing

## Scenario

Jenny is disabled; Jenny's countable household income is \$26,400/year or \$2,200/month (203% FPL for a family of 1).

## Example of Cost Sharing Cap Calculation

- *5% monthly aggregate cap =*
  - *~\$110/ family (divide by number of family members)*
  - *\$110/family member (children are exempt, each adult would have a \$110 cap for the month)*
- *2% monthly copays =*
  - *~\$44 family (divide by number of family members)*
  - *~\$44/ family member*

### 1) Family of One



**Household Income:** \$26,400

**Household Size:** 1

**FPL:** 203%

# Calculating Cost Sharing

## Scenario

Jenny is disabled; Jenny's countable household income is \$26,400/year or \$2,200/month (203% FPL for a family of 1).

## Example of Cost Sharing Cap Calculation

- The maximum monthly out-of-pocket cost for each family member would be \$44.
- Using the copay cap bands *on slide 17*, each adult would then be subject to a \$40 monthly copay cap.

### 1) Family of One



**Household Income:** \$26,400

**Household Size:** 1

**FPL:** 203%

# Calculating Cost Sharing

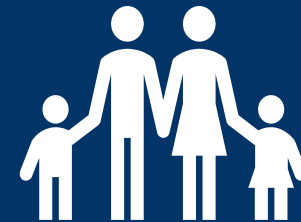
## Scenario

Matt and Mary are married and will be filing their taxes jointly. They will claim both of their children, Andrew & Alyssa. The family's household income is \$51,706/year or \$4,308/month (206% FPL for family of 4).

## Example of Cost Sharing Cap Calculation

- *5% monthly aggregate cost sharing cap* =
  - ~\$150/family (divide by number of family members)
  - ~\$37/family member (children are exempt, each adult would have a \$37 cost sharing aggregate cap for the month)
- *2% monthly copays* =
  - ~\$60 family (divide by number of family members);
  - ~15\$/family member (children are exempt, each adult would have a \$15 copay cap for the month)

### 2) Family of Four



**Household Income:** \$51,706

**Household Size:** 4

**FPL:** 206%

# Calculating Cost Sharing

## Scenario

Matt and Mary are married and will be filing their taxes jointly. They will claim both of their children, Andrew & Alyssa. The family's household income is \$51,706/year or \$4,308/month (206% FPL for family of 4).

## Example of Cost Sharing Cap Calculation

- The maximum monthly out-of-pocket cost for each family member would be \$15 per person
- Using the copay cap bands on slide 17, each adult would then be subject to a \$10 monthly copay cap

### 2) Family of Four



**Household Income:** \$51,706

**Household Size:** 4

**FPL:** 206%

# Calculating Cost Sharing

## Scenario

Sophie, age 38, lives with her daughter Zia, age 6. Zia is disabled, and on MassHealth. The family's household income is \$28,752/year or \$2,396/month (165% FPL for family of 2). Sophie is enrolled in ConnectorCare.

## Example of Cost Sharing Cap Calculation

- *Family would not have a copay*
- MassHealth copay and premium only apply to MassHealth members
- Children are exempt from copays

### 3) Family of Two



**Household Income:** \$28,752

**Household Size:** 2

**FPL:** 156%

# PREMIUM HARDSHIP WAIVER OVERVIEW

# MassHealth Premium



## Premium

A charge for payment to the MassHealth agency that may be assessed to members of MassHealth Standard, MassHealth CommonHealth, MassHealth Family Assistance, or the Children's Medical Security Plan (CMSP)

# Copay and Premium Overage

Members can reach out to the MassHealth Customer Service Center (CSC) if they believe that they have been inappropriately assessed a copay or premium.



**Copays**



**Premiums**

If members believe that they have been inappropriately assessed a copay or premium, they can contact:

**MassHealth Customer Service: 1- 800- 841-2900; TTY: 1 -800- 497-4648**



# Premium Hardship Waiver Overview

**Effective July 1, 2021: MassHealth will expand the circumstances in which members can apply for a waiver or reduction of premiums for those experiencing an undue financial hardship.**

- Undue financial hardship means that the member has shown at the time the premium was or will be charged, or when the individual is seeking to reactivate benefits, that the member meets at least one of the following criteria

## Premium Hardship Waiver Criteria

***Members are potentially eligible for the premium hardship waiver if:***

***New July 1, 2021:***

- A CommonHealth member who has accessed available third-party insurance or has no third-party insurance **AND** the total monthly premium charged for CommonHealth will cause extreme financial hardship for the family, such that the paying of premiums could cause difficulty in paying for housing, food, utilities, transportation, other essential expenses, or would otherwise materially interfere MassHealth's goal of providing affordable health insurance to a low-income person

# Premium Hardship Waiver Overview

## (cont.)

**Effective July 1, 2021: MassHealth will expand the circumstances in which members can apply for a waiver or reduction of premiums for those experiencing an undue financial hardship.**

- **New July 1, 2021:** Due to a state or federally declared disaster or public health emergency the member will suffer a financial hardship within the six months prior to the date of application for a waiver or is likely to suffer in the six months following such date
- **New July 1, 2021:** Any medical or dental expenses paid by the family group within the six months prior to the date of application for a waiver, regardless of the date of service
- Has medical and/or dental expenses, totaling more than 7.5% of the family group's gross annual income, that are not subject to payment by the Health Safety Net, and have not been paid by a third-party insurance, including MassHealth. In this case "medical and dental expenses" means:
  - Any outstanding medical or dental services debt that is currently owed by the family group

# Premium Hardship Waiver Overview (cont.)

**Effective July 1, 2021: MassHealth will expand the circumstances in which members can apply for a waiver or reduction of premiums for those experiencing an undue financial hardship.**

- Is homeless, owes more than 30 days in rent or mortgage payments, or has received a current eviction or foreclosure notice
- Has a current shut-off notice, or has been shut off, or has a current refusal to deliver essential utilities (gas, electric, oil, water, or telephone)
- Has experienced a significant, unavoidable increase in essential expenses within the last six months

# WHAT MEMBERS NEED TO KNOW

# Member Notices



**Members will be notified of the changes to their MassHealth copay and premiums**



## **Monthly Copay Cap Notice**

- Notice lets members know of their monthly copay cap
- *Timeframe: Member's will receive these notices at the beginning of each month* when any change in circumstance results in a new copay obligation



## **Monthly Copay Cap Met Notice**

- *The notice informs* the member of when a copay cap has been met for the month
- *Timeframe: Next day after copay cap is met in any month*



**Call MassHealth: MassHealth Self-Service Option**

# Sample Notice: Monthly Copay Cap



**THIS IS NOT A BILL**

MassHealth  
Commonwealth of Massachusetts  
Executive Office of Health and Human Services [www.mass.gov/masshealth](http://www.mass.gov/masshealth)

«FIRSTNAME» «LASTNAME» «DATE»  
«STREET1» «STREET2»  
«CITY», MA «ZIP»

**IMPORTANT INFORMATION ABOUT YOUR MASSHEALTH COPAY**

**THIS IS NOT A BILL.**

MassHealth ID: «MASSEALTHIDNUMBER»

Dear «FIRSTNAME» «LASTNAME»:

Based on your MassHealth eligibility, your monthly copay cap is «AMOUNT», beginning «MM/DD/YYYY». A copay is the amount that a member pays out of pocket for drugs covered by MassHealth. MassHealth members pay copays for drugs unless there's an exclusion. MassHealth members who have copays also have a monthly copay cap. A monthly copay cap is the most that you have to pay in copays each month. If you reach your copay cap in a calendar month, you will not have to pay copays for the rest of the month. We will send you another letter if you reach the copay cap in any month. The system should automatically stop charging you copays for the rest of that month once you hit your copay cap.

Your copay cap will start over on the first day of the next month. Your copay cap will stay the same unless you have a change in your situation, such as income or family size, or if you meet an exclusion. You must report any changes to MassHealth within 10 days of a change or as soon as possible. If MassHealth determines that your copay cap changes, we will send another letter to let you know the new amount and start date.

You can ask for a fair hearing if you do not agree with your copay cap. Read *How to Ask for a Fair Hearing* that came with your letter.

If you have any questions about this letter, or for more information, please visit <http://www.mass.gov/masshealth>. You can also read the MassHealth Member Booklet or Senior Guide to Health Care Coverage. For a full list of copay amounts, types of members and drugs excluded from copays, and other copay policies, visit [www.mass.gov/service-details/covered-services](http://www.mass.gov/service-details/covered-services). For additional services or questions, call us at (800) 841-2900 (TTY: (800) 497-4648) Monday through Friday, between 8:00 a.m. and 5:00 p.m.

Sincerely,  
MassHealth

Advance Member Mailing Pre-Partial Implementation

MassHealth  
Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

«FIRSTNAME» «LASTNAME» «DATE»  
«STREET1» «STREET2»  
«CITY», MA «ZIP»

**Important Information about MassHealth Copays**

**THIS IS NOT A BILL. YOUR MASSHEALTH BENEFITS DO NOT CHANGE.**

MassHealth ID: «MASSEALTHIDNUMBER»

Dear «FIRSTNAME» «LASTNAME»:

Starting July 1, 2020, two types of MassHealth members will no longer have to pay copays for drugs covered by MassHealth:

- Those with income at or below 50% of the federal poverty level (NEW STARTING JULY 1, 2020)
- Members who are on MassHealth because they get certain other types of public assistance.

Also, some substance use disorder (SUD) treatments, some SUD treatment services, and acute inpatient hospital stays will not have copays. A copay is the amount that a member pays out of pocket for a member for the use of a covered service or item.

Based on our records, you may not need to pay copays starting July 1, 2020.

You do not have to pay any copays if:

- Your income is at or below 50% of the federal poverty level (NEW STARTING JULY 1, 2020)
- You are eligible for Medicaid because you are getting certain public assistance benefits such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAD) Program. See 130 CMR 306.015 and 130 CMR 320.037 (NEW STARTING JULY 1, 2020)
- You are under 21 years old
- You are pregnant or your pregnancy has recently ended
- You are getting benefits under MassHealth Limited (emergency MassHealth)

In addition, there is no copay for the following services:

- SUD treatment, such as Medication-Assisted Therapy (MAT) (for example, Suboxone or Vivitrol) (NEW STARTING JULY 1, 2020)
- Certain preventive services such as low-dose aspirin for heart conditions, drugs used for HIV prevention, and drugs used to prepare for a colonoscopy (NEW STARTING JULY 1, 2020)
- Certain vaccines and their administration (NEW STARTING JULY 1, 2020)
- Acute inpatient hospital stays (EFFECTIVE AS OF MARCH 18, 2020)
- Family planning services and supplies
- Products and drugs to help you stop smoking
- Emergency services
- Provider-preventable services, or
- Other services described in MassHealth regulations (see 130 CMR 306.015 and 130 CMR 320.037).

**Important to Know**

If you have a change in your financial situation or other circumstances, you may need to pay copays on drugs. You must report any changes to MassHealth within 10 days of a change or as soon as possible. For report changes, please call us at (800) 841-2900, Monday through Friday, between 8:00 a.m. and 5:00 p.m. For TTY, call (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled, during the same hours.

**For More Information**

If you have questions or need more information, go to [www.mass.gov/copyment-information-for-members](http://www.mass.gov/copyment-information-for-members) or call us at (800) 841-2900, Monday through Friday between 8:00 a.m. and 5:00 p.m. For TTY, call (800) 497-4648 during the same hours.

This letter is not a guarantee that you will never have to pay copays after July 1, 2020.

Sincerely,  
MassHealth


SAMPLE

# Sample Notice: Monthly Copay Cap Met



## Monthly Copay Cap Met Notice

- Notice lets members know when their copay cap has been met for tracking period.
- *Timeframe:* Next day after copay cap is met in any month.



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

«FIRSTNAME» «LASTNAME» «DATE»  
«STREET1» «STREET2»  
«CITY», MA «ZIP»

**IMPORTANT INFORMATION ABOUT YOUR MASSHEALTH COPAY**

**THIS IS NOT A BILL**

Member ID: «MMSHEALTHIDNUMBER»

Dear «FIRSTNAME» «LASTNAME»,

You do not have to pay copays starting on «MM/DD/YYYY» for the rest of «MONTH» «YEAR». This is because you have reached your monthly copay cap of «amount». MassHealth members pay copays on drugs unless there's an exclusion. A copay is the amount that a member pays the pharmacy out-of-pocket for drugs covered by MassHealth. Your monthly copay cap is the most that you have to pay in copays each month. MassHealth members who pay copays also have a monthly copay cap. You may still have to pay the copays that were used to reach your monthly cap if you did not pay at the time of service.

Your monthly copay cap will start over on the first day of each month. Your copay cap will stay the same unless you have a change in your situation, such as income or family size, or if you meet an exclusion. You must report any changes to MassHealth within **10 days** of a change or as soon as possible.

If you have any questions about this letter or need more information, please visit [www.mass.gov/masshealth](http://www.mass.gov/masshealth). You can also read the MassHealth Member Booklet or the Senior Guide to Health Care Coverage. For a full list of copay amounts, types of members and drugs excluded from copays, and other copay policies, please visit [www.mass.gov/service-details/covered-services](http://www.mass.gov/service-details/covered-services). For additional services or questions, please call us at (800) 841-2900 (TTY: (800) 497-4648) Monday through Friday, between 8:00 a.m. and 5:00 p.m.

Sincerely,  
MassHealth

# Member Resources

**For questions regarding general copay policies, members should reference:**



MassHealth Website: [www.mass.gov/masshealth](http://www.mass.gov/masshealth)



Enrollment Guide



Member Booklet

**For questions regarding individualized copay and eligibility information, members should reference:**



MassHealth Customer Service: 1- 800- 841-2900; TTY: 1 -800- 497-4648  
Self-Service IVR Option



MassHealth Enrollment Center



# WHAT MASSHEALTH PROVIDERS SHOULD KNOW

# Cost Sharing: EVS

Message Trigger Scenario	Message Structure
<b>Member Copay Panel</b>	
<b>Always show on copay panel.</b>	Copays apply only to drugs dispensed at pharmacies. All applicable copay amount(s) will be identified on the pharmacy provider’s claim remittance. For a list of copay-exempt members and drugs, refer to 130 CMR 450.130.
<b>Restrictive Eligibility Messages Panel</b>	
<b>Member has met copay cap for the tracking period.</b>	Member has met the pharmacy copay cap for the month of [MM/CCYY].
<b>Member is exempt from copays</b>	Member is exempt from pharmacy copays for the month of [MM/CCYY].

# All Provider Bulletin and Pharmacy Facts



## Provider Bulletin

Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
www.mass.gov/masshealth

MassHealth  
All-Provider Bulletin 297  
May 2020

TO: All Providers Participating in MassHealth  
FROM: Amanda Cassel Kraft, Acting Medicaid Director *Amanda Cassel Kraft*  
RE: Change in Cost Sharing Policies

**Background**

MassHealth is revising its cost sharing policies. These changes will be implemented in two phases: the first phase becomes effective on July 1, 2020, and the second phase becomes effective on January 1, 2021. Existing copay exclusions will still apply. For a more complete list of copay exclusions, please refer to 130 CMR 450.130(D) and (E).

Effective July 1, 2020, the following services are newly excluded from copays. Please note that copays for acute inpatient hospital stays were eliminated on March 18<sup>th</sup>, 2020, and no copays apply to COVID-19 testing and treatment services for the duration of the national emergency.

- FDA-approved medications for detoxification and maintenance treatment of substance use disorders (SUD);
- preventive services rated Grade A or B by the U.S. Preventive Services Task Force (USPSTF) or broader exclusions specified by MassHealth (e.g., low-dose aspirin; colonoscopy preparation); and
- vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP).

Effective July 1, 2020, the following populations are newly excluded from copays:

- members with incomes at or under 50% federal poverty level (FPL); and
- members categorically eligible for MassHealth because they are receiving other public assistance ("referred eligibles") such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program.

Pharmacy providers will be able to see the new service and population exclusions as part of the claim response in the Pharmacy Online Processing System (POPS). The Eligibility Verification System (EVS) will not be updated to display any new or additional copay information until the second phase of cost sharing changes.

Details on the second phase of cost sharing changes will be communicated to providers closer to implementation.

<sup>1</sup> As these ratings may be updated by the USPSTF.  
<sup>2</sup> As these recommendations may be updated by the ACIP.

## Pharmacy Facts

Number 145, June 24, 2020

MassHealth  
Pharmacy Program

**PHARMACY FACTS**  
Current information for pharmacists about  
the MassHealth Pharmacy Program  
www.mass.gov/masshealth-pharmacy-facts

Editor: Vic Vangel  
Contributors: Aimee Evers, Paul Jeffrey, Neha Kashalikar, Kim Lenz, Nancy Schiff, Vic Vangel

**Pharmacy Copay Changes**

MassHealth is revising its copay policies for certain services and members. Starting **July 1, 2020**, MassHealth members with an income at or below 50% of the federal poverty level (FPL) and MassHealth members categorically eligible for MassHealth because they are receiving other public assistance ("referred eligibles") such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program, will no longer be required to pay copays on drugs covered by MassHealth. Additionally, starting July 1, 2020, MassHealth members will no longer be required to pay copays on:

- FDA-approved medications for detoxification and maintenance treatment of substance use disorders;
- preventive services rated Grade A or B by the U.S. Preventive Services Task Force (USPSTF) or broader exclusions specified by MassHealth (e.g., low-dose aspirin; colonoscopy preparation); and
- vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP).

MassHealth is updating regulation 130 CMR 450 accordingly. In addition, no copays apply to COVID-19 testing and treatment services for the duration of the national emergency.

Pharmacy providers will be able to see the new service and population exclusions as part of the claim response in the Pharmacy Online Processing System (POPS). The Eligibility Verification System (EVS) will not be updated to display any new or additional copay information as part of the July 1, 2020, implementation.

**Member Notifications of These Changes**

MassHealth notified members impacted by the population exclusions (those with incomes at or under 50% FPL and "referred eligibles") in May 2020. Please note that while copays for SUD treatment, preventive services, and ACIP recommended vaccines will be eliminated for all members, this member notice was only sent to the members impacted by the population exclusions.

**Pharmacy Copayment Policy Changes**

The pharmacy copayment policy has been updated effective July 1, 2020, and can be found on the [MassHealth Pharmacy Program Publications and Notices for Pharmacy Providers](#) page. Under the [Sample Copayment Policy](#):

Pharmacies are required by MassHealth regulations at 130 CMR 450.130(F) to post a notice about MassHealth copays in areas where copays are collected. The notice must:

- be visible to the public and easily readable;
- specify the exclusions from the copay requirement listed in 130 CMR 450.130(D) and (E); and
- instruct members to inform providers if they believe they are excluded from the copay requirement.

**For More Information**

Please contact the MassHealth Pharmacy Technical Help Desk (available 24/7) at (866) 246-8503 to understand the on-file demographics (e.g., date of birth) for the MassHealth, Children's Medical Security Plan, or Health Safety Net member. However, please note that center staff cannot change a member's demographic information. Instead, the MassHealth member must contact the MassHealth Customer Service Team (CST) at (800) 841-2900 for assistance (Hours: Monday – Friday, excluding holidays, 8:00 a.m. – 5:00 p.m.).

<sup>1</sup> As these ratings may be updated by the USPSTF.  
<sup>2</sup> As these recommendations may be updated by the ACIP.

If you have questions or comments, or want to be removed from this fax distribution, please contact Josei Fernandes at (617) 423-8642.

The image features a dense, overlapping pile of small, rectangular pieces of paper in various colors including red, blue, green, yellow, pink, and white. Each piece has a large, black question mark printed on it. The papers are scattered across the frame, creating a textured, chaotic background. In the center of the image, the word "QUESTIONS" is written in a large, white, serif font with a subtle drop shadow, making it stand out against the colorful background.

# QUESTIONS