




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



MassHealth  
Transmittal Letter ALL-241  
May 2023

**TO:** All Providers Participating in MassHealth

**FROM:** Mike Levine, Assistant Secretary for MassHealth 

**RE:** All Provider Manuals (Emergency updates to Administrative and Billing Regulations: Elimination of copayments for MassHealth members))

### **Background**

This letter transmits updates to 130 CMR 450.000: *Administrative and Billing Regulations*.

New subsection 130 CMR 450.130(J) has been added to eliminate copayments from May 1, 2023 through March 31, 2024. This ensures that the Executive Office of Health and Human Services (EOHHS) complies with federal requirements barring increased copayments for members before redeterminations are completed after the end of the federal public health emergency.

450.130(D)(1)(b) has been amended to reflect that copayments are waived for 12 months post-pregnancy, including after March 31, 2024.

These regulations are effective May 1, 2023.

### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

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### **Questions**

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900 or email your inquiry to [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

### **NEW MATERIAL**

(The pages listed here contain new or revised language.)

#### **All Provider Manuals**

Pages i, 1-37, and 1-38

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manuals

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Pages 1-37 and 1-38 — transmitted by Transmittal Letter ALL-234

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(b) members who are pregnant or in the postpartum period that extends through the last day of the twelfth calendar month following the month in which their pregnancy ends (for example, if the woman gave birth May 15<sup>th</sup>, she is exempt from the copayment requirement until June 1<sup>st</sup> of the following year);

(c) MassHealth Limited members;

(d) 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;

(e) members who are inpatients in 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;

(f) members receiving hospice services;

(g) persons receiving medical services through the EAEDC Program pursuant to 130 CMR 450.106, if they do not receive MassHealth CarePlus, MassHealth Standard, or MassHealth Family Assistance;

(h) members who are former foster care individuals and who are eligible for MassHealth Standard until they reach the age of 21 or the age of 26, as specified in 130 CMR 505.002(H): *Eligibility Requirements for Former Foster-care Individuals*;

(i) members who are American Indians or Alaska Natives who are currently receiving or have ever received an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law;

(j) “referred eligible” members, who are:

1. persons who receive Supplemental Security Income (SSI) benefits from the Social Security Administration (SSA) and who receive MassHealth Standard under 130 CMR 505.002(A)(2) or 130 CMR 519.002(B);

2. persons who receive Transitional Aid to Families with Dependent Children (TAFDC) cash assistance from the Department of Transitional Assistance (DTA) and who receive MassHealth Standard under 130 CMR 505.002(A)(3);

3. children, young adults, and parents and caretaker relatives who receive Emergency Aid to the Elderly, Disabled and Children (EAEDC) cash assistance and who receive MassHealth Standard under 130 CMR 505.002(K) or 130 CMR 519.002(D), MassHealth Family Assistance under 130 CMR 505.005(G) or 130 CMR 519.013(C), or MassHealth CarePlus under 130 CMR 505.008(B);

4. children receiving medical assistance under 130 CMR 522.003: *Adoption Assistance and Foster Care Maintenance*, because they are receiving Title IV-E or state-subsidized adoption or foster-care assistance;

5. persons who receive extended eligibility for MassHealth Standard under 130 CMR 505.002(L)(1) and (2) or 130 CMR 519.002(C); and

6. persons who receive MassHealth Standard or CarePlus because they are eligible for Refugee Medical Assistance (RMA) under 130 CMR 522.002: *Refugee Resettlement Program*; and

(k) members whose applicable income for the purposes of calculating copayments is at or below 50% of the FPL when adjusted for family size.

(2) Members who are inpatients in a hospital do not have to pay a copayment for pharmacy services provided as part of the hospital stay.

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(E) Excluded Services. The following services are excluded from the copayment requirement described in 130 CMR 450.130(B):

- (1) family-planning services and supplies such as oral contraceptives, contraceptive devices such as diaphragms and condoms, and contraceptive jellies, creams, foams, and suppositories;
- (2) detoxification and maintenance treatment of an individual for substance use disorders using FDA approved medications (including methadone, buprenorphine, buprenorphine/naloxone, and naltrexone);
- (3) preventive services assigned a grade of ‘A’ or ‘B’ by the United States Preventive Services Task Force (USPSTF), or such broader exclusion as specified by MassHealth;
- (4) all approved vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP);
- (5) smoking cessation products and drugs;
- (6) emergency services; and
- (7) provider-preventable services as defined in 42 CFR 447.26(b).

(F) Notice to Members about Exclusions from the Copayment Requirement. Pharmacies must post a notice about MassHealth copayments in areas where copayments are collected. The notice must be visible to the public and easily readable and must specify the exclusions from the copayment requirement listed in 130 CMR 450.130(D) and (E), and instruct members to inform providers if members believe they are excluded from the copayment requirement.

(G) Collecting Copayments.

- (1) A member must pay the copayment described in 130 CMR 450.130(B) at the time the service is provided unless the member is exempt under 130 CMR 450.130(D) or (E), claims that he or she is exempt from the copayment, or claims that he or she is unable to make the copayment at the time the service is provided. The member's inability to make the copayment at the time service is provided does not eliminate the member's liability for the copayment, and providers may bill the member for the copayment amount.
- (2) The MassHealth agency will deduct the amount of the copayment from the amount paid to the provider, whether or not the provider collects the copayment from the member, unless the member or service is exempt according to 130 CMR 450.130(D) or (E). Providers must not deduct the copayment amount from the amount claimed.
- (3) Providers may not refuse services to any members who are unable to pay the copayment at the time service is provided.

(H) Receipt. The provider must give the member a receipt identifying the provider, service, date of service, member, and amount paid.

(I) Recordkeeping. Providers must keep all records necessary to determine if a copayment was collected from a member for a service on a specific date.

(J) Copayment Waiver during Federal Public Health Emergency Unwind. Notwithstanding 130 CMR 450.130(A) through (I), the MassHealth agency will require no copayments by its members during the period May 1, 2023, through March 31, 2024.

(130 CMR 450.131 through 450.139 Reserved)