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

Eligibility Letter 248

DATE: March 2024

TO: MassHealth Staff

FROM: Elizabeth LaMontagne, Chief Operating Officer

RE: **Elimination of Copayments for MassHealth Members**

MassHealth has updated its regulations at 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements* and 130 CMR 520.000: *MassHealth: Financial Eligibility*.

The regulations at 130 CMR 506.000 describe the financial requirements for MassHealth applicants and members based on modified adjusted gross income (MAGI) methodology, while the regulations at 130 CMR 520.000 describe the financial eligibility rules for MassHealth applicants and members based on non-MAGI methodology. Both of these regulations include rules for copayments.

Copayments are eliminated for MassHealth members, effective April 1, 2024. Copayments had been temporarily eliminated since May 1, 2023; this update extends this policy indefinitely.

Manual Upkeep

Insert	Remove	Transmitted By
506.000	506.000	EL 245
506.001	506.001	EL 245
506.014	506.014	EL 245
	506.016	EL 245
	506.018	EL 245
520.000	520.000	EL 239
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506.001: Introduction

(A) 130 CMR 506.000 describes the rules governing financial eligibility for MassHealth. Financial eligibility includes household composition, countable income, deductibles, calculation of premiums, and copayments for all coverage types described in 130 CMR 505.000: *Coverage Types*.

(B) Financial eligibility for MassHealth Medicare Savings Programs is determined in accordance with 130 CMR 519.010: *Medicare Savings Program (MSP) – Qualified Medicare Beneficiaries (QMB)*, 130 CMR 519.011: *Medicare Savings Program (MSP) – Specified Low Income Medicare Beneficiaries and Qualifying Individuals*, and 130 CMR 520.000: *Financial Eligibility*.

506.002: Household Composition

(A) Determination of Household Composition. MassHealth determines household size at the individual member level. MassHealth determines household composition in two ways.

(1) MassHealth Modified Adjusted Gross Income (MAGI) Household Composition. MassHealth uses the MassHealth MAGI household composition rules to determine member eligibility for the following benefits:

(a) MassHealth Standard, as described in 130 CMR 505.002(B), (C), (D), (F), and (G);
(b) MassHealth CommonHealth, as described in 130 CMR 505.004(F) and (G);
(c) MassHealth CarePlus, as described in 130 CMR 505.008: *MassHealth CarePlus*;
(d) MassHealth Family Assistance, as described in 130 CMR 505.005(B) through (E);
(e) MassHealth Limited, as described at 130 CMR 505.006: *MassHealth Limited*; and
(f) Children's Medical Security Plan (CMSP), as described in 130 CMR 522.004: *Children's Medical Security Plan (CMSP)*.

(2) MassHealth Disabled Adult Household. MassHealth uses the MassHealth Disabled Adult household composition rules to determine member eligibility for the following benefits:

(a) MassHealth Standard, as described in 130 CMR 505.002(E): *Disabled Adults*;
(b) MassHealth CommonHealth, as described in 130 CMR 505.004(B) through (E); and
(c) MassHealth Family Assistance, as described in 130 CMR 505.005(F): *Eligibility Requirement for Disabled Adults Who Are Qualified Noncitizens Barred, Nonqualified Individuals Lawfully Present, and Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth Disabled Adult Household at or below 100% of the Federal Poverty Level*.

506.014: Copayments Required by MassHealth

The MassHealth agency does not require its members to make any copayments.

(130 CMR 506.015 through 506.017 Reserved)

506.018: Maximum Cost Sharing

Members are responsible for the MassHealth premiums described in 130 CMR 506.012 up to a monthly maximum of 3% of applicable monthly income, except no such limit applies to CommonHealth members. Each member's monthly premium cap will be calculated using 3% of the lowest income in the MassHealth MAGI household or the MassHealth Disabled Adult household, as applicable. A further explanation of this calculation is publicly available on MassHealth's website.

(130 CMR 506.019 Reserved)

REGULATORY AUTHORITY

130 CMR 506.000: M.G.L. c. 118E, §§ 7 and 12.

Trans. by E.L. 248
Rev. 04/01/24

MASSHEALTH
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(B) Expenses Used to Meet the Deductible. The MassHealth agency applies bills to meet the deductible in the following order:

(1) Medicare and other health-insurance premiums credited prospectively for the cost of six months' coverage, deductibles, enrollment fees, or coinsurance charges incurred by the individual and the spouse;

(2) expenses incurred by the individual and the spouse for necessary medical and remedial-care services that are recognized under state law but are not covered by MassHealth, including guardianship fees and related expenses as described in and allowed under 130 CMR 520.026(E)(3); and

(3) expenses incurred by the individual, a family member, or financially responsible relative for necessary medical and remedial-care services that are covered by MassHealth.

(C) Expenses That Cannot Be Used to Meet the Deductible. Expenses that may not be applied to meet the deductible include, but are not limited to, the following:

(1) cosmetic surgery;
(2) rest-home care;
(3) weight-training equipment;
(4) massage therapy;
(5) special diets; and
(6) room-and-board charges for individuals in residential programs.

520.033: Verification of Medical Expenses

(A) Medical expenses must be verified by a bill or written statement from a health-care provider with the exception of expenses for nonprescription drugs, which must be verified by a receipt from the provider of the drug. Any unpaid bill incurred before the deductible period must be verified by a bill dated within the six-month deductible period.

(B) Verifications must include all of the following information:

(1) the name of the provider;
(2) the type of service provided;
(3) the name of the individual for whom the service was provided;
(4) the amount charged for the service including the current balance; and
(5) the date of service.

520.034: Interim Changes

The applicant or member must notify the MassHealth agency of any changes occurring before meeting the deductible or during the deductible period. These changes include an increase or decrease in income or an increase in assets.

520.035: Conclusion of the Deductible Process

When the total of submitted bills is equal to or greater than the deductible and all other eligibility requirements continue to be met, the MassHealth agency notifies the applicant that he or she is eligible. The member is eligible for payment of all covered medical expenses incurred during that deductible period, other than those submitted to meet the deductible, as long as the member continues to meet all other eligibility requirements during the balance of the deductible period.

520.036: Copayments Required by the MassHealth Agency

The MassHealth agency does not require its members to make any copayments.

(130 CMR 520.037 through 520.039 Reserved)

520.040: Maximum Cost Sharing

Members are responsible for MassHealth premiums described in 130 CMR 506.012 up to a monthly maximum of 3% of applicable monthly income, except no such limit applies to CommonHealth members. Each member's monthly premium cap will be calculated using 3% of the lowest income in the MassHealth MAGI household or the MassHealth Disabled Adult household, as applicable. A further explanation of this calculation is publicly available on MassHealth's website.

(130 CMR 520.041 Reserved)

REGULATORY AUTHORITY

130 CMR 520.000: M.G.L. c. 118E, §§ 7 and 12.