




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MassHealth
Eligibility Letter 96
January 1, 2003

TO: Division Staff

FROM: Wendy E. Warring, Commissioner 

RE: Changes to Pharmacy Copayments

The Massachusetts Legislature increased pharmacy copayments for MassHealth members from 50 cents per prescription to \$2 per prescription. This copayment increase applies to drugs covered by MassHealth, including the original prescription and all refills. MassHealth members who are enrolled in MassHealth managed-care organizations (MCOs) must follow the Division-approved copayment rules of the MCO, which cannot exceed the Division's copayment levels.

The following continue to be excluded from the copayment requirement:

- MassHealth members who have not reached their 19th birthday;
- MassHealth members who are pregnant;
- MassHealth members who are in the postpartum period that extends through the last day of the second calendar month following the month in which their pregnancy ends;
- MassHealth Limited members;
- MassHealth Senior Buy-In members or MassHealth Standard members for Medicare-covered drugs only, when furnished by a Medicare-certified provider;
- MassHealth members who are inpatients in hospitals, nursing facilities, chronic-disease or rehabilitation hospitals, and intermediate-care facilities for the mentally retarded;
- family-planning services and supplies such as oral contraceptives, contraceptive devices such as diaphragms and condoms, and contraceptive jellies, creams, foams, and suppositories;
- emergency services;
- hospice-care services; and

- persons receiving medical services through the Emergency Aid to the Elderly, Disabled and Children Program pursuant to 130 CMR 450.106, if they do not receive MassHealth Basic or MassHealth Standard.

Providers may not refuse services to a MassHealth member who is unable to pay the copayment at the time the service is provided.

These regulations are effective January 1, 2003.

MANUAL UPKEEP

<u>Insert</u>	<u>Remove</u>	<u>Trans. By</u>
508.000	508.000	E.L. 51
508.016	508.016	E.L. 81
508.018	508.018	E.L. 51
520.000	520.000	E.L. 63
520.035	520.035	E.L. 63
520.038	520.039	E.L. 63

Trans. by E.L. 96

**MASSHEALTH
MANAGED CARE REQUIREMENTS**

**Chapter 508
Page 508.000**

Rev. 01/01/03

TABLE OF CONTENTS

Section

- 508.001: MassHealth Managed Care Requirement
- 508.002: Choosing a MassHealth Managed Care Provider
- 508.003: Behavioral Health Contractor
- 508.004: Members Excluded from Participation in Managed Care
- 508.005: MassHealth Managed Care Providers
- 508.006: Right to a Fair Hearing
- (130 CMR 508.007 through 508.015 Reserved)
- 508.016: Copayments Required by the Division
- 508.017: Copayment Requirement Exclusions
- 508.018: Services Subject to Copayment
- 508.019: Members Unable to Pay Copayment

Trans. by E.L. 96**MASSHEALTH
MANAGED CARE REQUIREMENTS****Chapter 508
Page 508.016****Rev. 01/01/03**

508.016: Copayments Required by the Division

(A) The Division requires MassHealth members who are not enrolled in MCOs to make the copayments described in 130 CMR 508.018, except as excluded in 130 CMR 508.017. MassHealth members who are enrolled in MassHealth MCOs must make copayments in accordance with the MCO's MassHealth copayment policy. Those MCO copayment policies must be approved by the Division, must exclude the services and persons listed in 130 CMR 508.017, and may not exceed the MassHealth copayment amounts set forth in 130 CMR 508.018. (See also 130 CMR 450.130.)

(B) Certain MassHealth Family Assistance members and MassHealth Buy-In members whose employer-sponsored health insurance premiums are paid in part by the Division are exempt from the copayment requirement described in 130 CMR 508.018, but must pay any copayments required of them under their health insurance, except as provided in 130 CMR 505.005(B)(6).

(C) The Division will pay certain copayments required by employer-sponsored health insurance for certain MassHealth Family Assistance members. See 130 CMR 505.005(B)(6).

508.017: Copayment Requirement Exclusions

The following are excluded from the copayment requirement described in 130 CMR 508.018:

- (A) MassHealth members who have not reached their 19th birthday;
- (B) MassHealth members who are pregnant;
- (C) MassHealth members who are in the postpartum period described in 130 CMR 505.002(E)(2);
- (D) MassHealth Limited members;
- (E) MassHealth members who are inpatients in hospitals, nursing facilities, chronic-disease or rehabilitation hospitals, and intermediate-care facilities for the mentally retarded;
- (F) family-planning services and supplies such as oral contraceptives, contraceptive devices such as condoms and diaphragms, and contraceptive jellies, creams, foams, and suppositories;
- (G) emergency services;
- (H) hospice-care services; and
- (I) persons receiving medical services through the Emergency Aid to the Elderly, Disabled and Children Program pursuant to 130 CMR 450.106, if they do not receive MassHealth Basic or MassHealth Standard.

Trans. by E.L. 96

**MASSHEALTH
MANAGED CARE REQUIREMENTS**

**Chapter 508
Page 508.018**

Rev. 01/01/03

508.018: Services Subject to Copayment

(A) Drugs. All MassHealth members, except those excluded in 130 CMR 508.016(B) and 508.017, must pay \$2 for each prescription for drugs covered by MassHealth, including the original prescription and all refills.

(B) Emergency Department Services. All MassHealth members, except those excluded in 130 CMR 508.016(B) and 508.017, must pay the provider \$3 for nonemergency services covered by MassHealth provided in a hospital emergency department.

508.019: Members Unable to Pay Copayment

Providers may not refuse services to a member who is unable to pay at the time the service is furnished. However, the member remains liable to the provider for the copayment amount.

Trans. by E.L. 96**MASSHEALTH
FINANCIAL ELIGIBILITY****Chapter 520
Page 520.000**

Rev. 01/01/03**TABLE OF CONTENTS**

Section

- 520.001: Introduction to General Financial Requirements
- 520.002: Financial Responsibility
- 520.003: Asset Limit
- 520.004: Asset Reduction
- 520.005: Ownership of Assets
- 520.006: Inaccessible Assets
- 520.007: Countable Assets
- 520.008: Noncountable Assets
- 520.009: Countable-Income Amount
- 520.010: Business Expenses
- 520.011: Standard Income Deductions
- 520.012: Community Earned-Income Deductions
- 520.013: Community Unearned-Income Deductions
- 520.014: Long-Term-Care Earned-Income Deductions
- 520.015: Noncountable Income
- 520.016: Long-Term Care: Treatment of Assets
- 520.017: Right to Appeal the Asset Allowance or Minimum-Monthly-Maintenance-Needs Allowance
- 520.018: Transfer of Resources Regardless of Date of Transfer
- 520.019: Transfer of Resources Occurring on or after August 11, 1993
- 520.020: (Reserved)
- 520.021: Treatment of Trusts
- 520.022: Trusts or Similar Legal Devices Created before August 11, 1993
- 520.023: Trusts or Similar Legal Devices Created on or after August 11, 1993
- 520.024: General Trust Rules
- 520.025: Long-Term-Care Income Standard
- 520.026: Long-Term-Care General Income Deductions
- 520.027: Long-Term-Care Deductible
- 520.028: Eligibility for a Deductible
- 520.029: The Deductible Period
- 520.030: Calculating the Deductible
- 520.031: Notification of Potential Eligibility
- 520.032: Submission of Bills to Meet the Deductible
- 520.033: Verification of Medical Expenses
- 520.034: Interim Changes
- 520.035: Conclusion of the Deductible Process
- 520.036: Copayments Required by the Division
- 520.037: Copayment Requirement Exclusions
- 520.038: Services Subject to Copayment
- 520.039: Members Unable to Pay Copayment

Trans. by E.L. 96**MASSHEALTH
FINANCIAL ELIGIBILITY****Chapter 520
Page 520.035****Rev. 01/01/03**

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 Division will notify 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 Division

The Division requires MassHealth members to make the copayments described in 130 CMR 520.038, except as excluded in 130 CMR 520.037.

520.037: Copayment Requirement Exclusions

The following are excluded from the copayment requirement described in 130 CMR 520.038:

- (A) MassHealth members who have not reached their 19th birthday;
- (B) MassHealth members who are pregnant;
- (C) MassHealth members who are in the postpartum period that extends through the last day of the second calendar month following the month in which their pregnancy ends;
- (D) MassHealth Limited members;
- (E) MassHealth Senior Buy-In members or MassHealth Standard members for Medicare-covered drugs only, when furnished by a Medicare-certified provider;
- (F) MassHealth members who are inpatients in hospitals, nursing facilities, chronic-disease or rehabilitation hospitals, and intermediate-care facilities for the mentally retarded;
- (G) family-planning services and supplies such as oral contraceptives, contraceptive devices such as condoms and diaphragms, and contraceptive jellies, creams, foams, and suppositories;
- (H) emergency services;
- (I) hospice-care services; and
- (J) persons receiving medical services through the Emergency Aid to the Elderly, Disabled and Children Program pursuant to 130 CMR 450.106, if they do not receive MassHealth Basic or MassHealth Standard.

Trans. by E.L. 96

**MASSHEALTH
FINANCIAL ELIGIBILITY**

**Chapter 520
Page 520.038**

Rev. 01/01/03

520.038: Services Subject to Copayment

(A) Drugs. All MassHealth members, except those excluded in 130 CMR 520.037, must pay \$2 for each prescription for drugs covered by MassHealth, including the original prescription and all refills.

(B) Emergency Department Services. All MassHealth members, except those excluded in 130 CMR 520.037, must pay the provider \$3 for nonemergency services covered by MassHealth provided in a hospital emergency department.

520.039: Members Unable to Pay Copayment

Providers may not refuse services to a member who is unable to pay at the time the service is furnished. However, the member remains liable to the provider for the copayment amount.