

# Understanding MassHealth's Cost Sharing Policy Updates



# Agenda

- **Understanding MassHealth's Cost Sharing Policy: Overview**
- **Approach to Implementation**
- **Phase 1 Overview – Updated slide 13 on 3/26/21**
- **What Members Need to Know**
- **Provider Outreach**
- **FAQ**
- **Tools and Resources**

# **UNDERSTANDING MASSHEALTH'S COST SHARING POLICY: OVERVIEW**

# What is Cost Sharing?

## OVERVIEW

MassHealth is updating their cost sharing policy in order to come into compliance with the rules set forth in the Affordable Care Act. (See SSA §§ 1916 & 1916A; 42 C.F.R. Parts 447 and 457).

## COST SHARING DEFINED

### *Definition*

- Dollar amounts eligible members are charged for Medicaid coverage and benefits. For MassHealth, cost sharing includes Medicaid premiums and copays.
  - Copayments – Current copayments include certain drugs dispensed at pharmacies.
  - Premium payments – Amount charged as a condition for a member to enroll in MassHealth coverage; certain members may be eligible for MassHealth subject to payment of a Premium. This is a monthly amount.

Note: The premium schedule is not expected to change at this time.

### *What will be the limit amount of cost share members need to pay?*

- Individual's cost sharing cannot exceed 5% of their family income applied on a monthly basis.
- Cap is based on copays and premiums incurred, not copays paid (i.e. a member does not have to actually have paid the copay to reach the cap).

### *Household Composition*

- Household composition for purposes of determining eligibility is the same as the household composition for purposes of calculating the 5% aggregate cost sharing limit (notwithstanding whether household is Modified Adjusted Gross Income (MAGI) or non-MAGI).

# What are Copays?



## DEFINITION

**Copays (Copayment):** The dollar amount charged by a provider to a member for use of a covered service or item.

# What are Copay Caps?

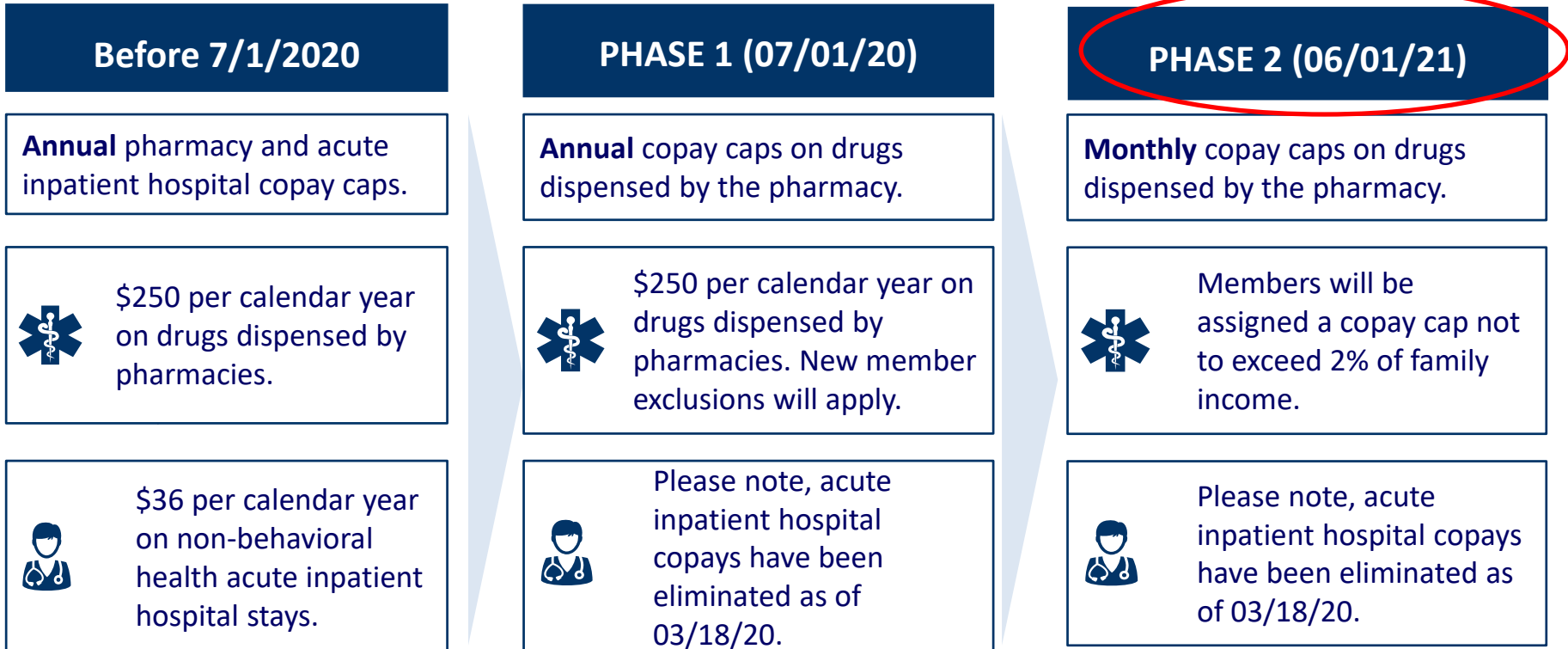


## DEFINITION

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

# APPROACH TO IMPLEMENTATION

# How are Copays Capped?



ACA rules require that states limit cost sharing to no more than 5% of each individual's family income.



# How Will Cost Sharing be Rolled Out? **MassHealth**

## IMPLEMENTATION OVERVIEW TWO PHASES

Cost sharing changes will be implemented in two phases: 1) partial implementation and 2) full implementation.

### PHASE 1

**Release Date:** July 1, 2020

**Policy Overview:**

- **Pharmacy Copays** for members with incomes at or below 50% FPL and for members categorically eligible for MassHealth because they are receiving other public assistance (“referred eligibles”) will be eliminated.
- 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) will be eliminated for all members.
- **Please note that acute inpatient hospital copays have been eliminated for all members effective 03/18/20.**

### PHASE 2

**Release Date:** **July 1, 2021**

**Policy Overview:**

- Pharmacy copay caps will change from the current \$250 annual cap to a member-specific, monthly copay cap.
- Pharmacy copays caps will not exceed 2% of income for non-exempt adult members. They will be calculated at the individual level and will be based on a member’s FPL and household size.
- Members will receive notices every time there is a change to their copay cap amount and/or when they meet their copay cap for the month.
- Please note that changes that took effect on 7/1/20 as part of the partial implementation will continue.

# PHASE 1 OVERVIEW

# What is Changing?

## WHAT IS CHANGING?

- At the end of each month, MassHealth will identify members with incomes at or under 50% FPL and referred eligibles and exclude them from copays for the following month. Even if a member's income changes during the month, their exclusion will remain in place until MassHealth identifies the members again at the end of the month.
- Copays for FDA approved medications for maintenance and 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 approved vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP), will be eliminated for all members.
- **Acute inpatient hospital copays have been eliminated for all members effective 03/18/20.**

## WHAT IS STAYING THE SAME?

- All current copay exclusions (e.g. pregnancy, Native American status, etc.) will remain in place.
- Copays will not be assessed for members enrolled in One Care, Senior Care Options (SCO), or Program of All Inclusive Care for the Elderly (PACE).
- There will be no changes to the claims submission process for providers.
- The annual \$250 pharmacy copay cap for non-exempt members will remain in place until **06/01/2021**.

# Who is Not Subject to Cost Sharing?

Populations and services currently excluded from copays remain excluded, including additions as noted (see 130 CMR 450.130):

## MEMBERS

### Excluded Populations from Cost Sharing (Copays):

- **NEW:** Members with incomes at or below 50% FPL
- **NEW:** Members categorically eligible for MassHealth because they are receiving other public assistance (“referred eligible”) 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
- Members under the age of 21 years old
- Pregnant women or those in the post-partum period
- MassHealth Limited members
- 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
- Members in a long-term care facility
- Members receiving hospice services
- 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))
- Members who are American Indians or Alaska Natives
- Members who have reached their pharmacy cost sharing cap

## SERVICES

### Excluded Services from Cost Sharing (Copays) include:

- **NEW:** Copays for FDA-approved medications for detoxification and maintenance treatment of substance use disorders (SUD)
- **NEW:** 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)
- **NEW:** Acute inpatient hospital stays
- Emergency services
- Family planning services and supplies
- Smoking cessation products and drugs
- Provider-preventable services

# What Are the Services Excluded from Copays?

## POLICY OVERVIEW: PARTIAL IMPLEMENTATION

**July 1, 2020: Copays for FDA-approved medications for detoxification and maintenance treatment of substance use disorders (SUD), preventive services** rated Grade A and B by the U.S. Preventive Services Task Force (USPSTF) or broader exclusion specified by MassHealth, and **all approved vaccines** and their administration recommended by the Advisory Committee on Immunization Practices (ACIP) will be eliminated for all members.

### Drug Categories Impacted:

- Low-dose Aspirin
- Breast cancer prevention medication
- Colonoscopy preparations
- Folic acid supplementation
- **Truvada (and generics) and Descovy**
- Statins
- Substance Use Disorder (SUD) treatment and maintenance using Federal Drug Administration (FDA)-approved medications
- ACIP approved vaccines

**For a full list of populations and services excluded from copays starting on July 1, 2020, please see the Copay Exclusion List and the Appendix listing Drugs and Vaccines Excluded from Copays.**

# WHAT DO MEMBERS NEED TO KNOW

# How Will Members be Notified?

Members will be notified by mail of the changes to their MassHealth copay obligation.



## Advance Member Mailing

- Notice notifies newly exempt members (i.e. those at or under 50% FPL and “referred eligibles”) of the change to copay policies.
- The notice will be mailed beginning on May 27th.

Advance Member Mailing Pre-Partial Implementation

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: «MASSHEALTHIDNUMBER»

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, and
- Members who are on MassHealth because they get certain other types of public assistance.

Also, some substance use disorder (SUD) treatments, some preventive services, and acute inpatient hospital stays will not have copays. A copay is the dollar amount charged by a provider to 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 MassHealth 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 (EAEDC) Program. See 130 CMR 506.015 and 130 CMR 520.037 (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)
- You are a member with MassHealth Senior Buy-In or MassHealth Standard, and you are getting a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider
- You are in a long-term care facility
- You are getting hospice services

Advance Member Mailing Pre-Partial Implementation

- You were a foster care child and you are eligible for MassHealth Standard, until age 21 or 26 as specified by 130 CMR 505.002(H)
- You are American Indian or an Alaska Native, or
- You are in another exempt category (see 130 CMR 506.015 or 130 CMR 520.037).

**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 506.015 and 130 CMR 520.037).

**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. To 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 [mass.gov/masshealth](http://mass.gov/masshealth) 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


# How Will Members Be Notified?

New members will be notified of the changes to their MassHealth copay obligation through an insert sent with the approval notice.



## Notice Insert

- Notifies new MassHealth members of the updated copay policies.
- Member's will receive notices upon being deemed eligible for MassHealth.



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

«FIRSTNAME» «LASTNAME» «DATE»  
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Dear «FIRSTNAME» «LASTNAME»:

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- Those with income at or below 50% of the federal poverty level, and
- Members who are on MassHealth because they get certain other types of public assistance.

Also, some substance use disorder (SUD) treatments, some preventive services, and acute inpatient hospital stays will not have copays. A copay is the dollar amount charged by a provider to 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:**

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- You are eligible for MassHealth 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 (EAEDC) Program. See 130 CMR 506.015 and 130 CMR 520.037 (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)
- You are a member with MassHealth Senior Buy-In or MassHealth Standard, and you are getting a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider
- You are in a long-term care facility
- You are getting hospice services

- You were a foster care child and you are eligible for MassHealth Standard, until age 21 or 26 as specified by 130 CMR 505.002(H)
- You are American Indian or an Alaska Native, or
- You are in another exempt category (see 130 CMR 506.015 or 130 CMR 520.037).

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- 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 506.015 and 130 CMR 520.037).

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

Sincerely,  
MassHealth



# Member Resources and Information

## New Feature: Benefits of Any Price, Any Time

For questions regarding general copay policies, members should reference:

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



Member Handbook



Member Booklet

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

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

# PROVIDER EDUCATION

# Provider Bulletin

Providers will be notified electronically of the changes to MassHealth's cost sharing policies:



## Provider Bulletin:

- MassHealth will notify **all providers** of the change to copay policies in Late-May.

MassHealth  
All-Provider Bulletin XXXX  
April 2020

**TO:** All Providers Participating in MassHealth  
**FROM:** Daniel Tsai, Assistant Secretary for MassHealth  
**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 7/1/2020 and the second phase becomes effective on 1/1/2021. **Existing copay exclusions will still apply.** For a complete list of copay exclusions, please refer to 130 CMR 450.130(D) and (E).

The following are the new service exclusions included in the first phase of the cost sharing changes:

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

The following are the new population exclusions included in the first phase of the cost sharing changes:

- 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 **eligible**") such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children, 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 as part of the 7/1/2020 implementation.

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

### Notifications of These Changes

Beginning in April 2020, MassHealth is sending a notice explaining these changes to members with incomes at or under 50% FPL and "referred **eligible**". A copy of the member notice is attached to this bulletin.

Pharmacies will also receive this information in a Pharmacy Facts closer to the 7/1/2020 implementation date.

### MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins web page](#).

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join [masshealth-provider-pubs@listserv.state.ma.us](mailto:masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

### Questions

#### Pharmacy Providers

Pharmacy providers who have any questions regarding Pharmacy Billing and Claims should contact the MassHealth Pharmacy Technical Help Desk at 1-866-246-8503. Pharmacy providers who have any other questions about the information in this bulletin, or member eligibility, should contact MassHealth Customer Service at 1-800-841-2900 or the Automated Voice Response (AVR): 1-800-554-0042.

#### LTSS Providers

If you have any questions about the information in this bulletin, please contact MassHealth Long Term Services and Supports (LTSS) Provider Service Center at 1-844-368-5184, or email your inquiry to [support@masshealthltss.com](mailto:support@masshealthltss.com).

#### All Other Providers

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, or email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net).


# Pharmacy Facts

Pharmacy providers will be notified of the changes to MassHealth’s cost sharing policies:




## Pharmacy Facts:

- *MassHealth will notify pharmacy providers of the change to copay policies in Mid-June.*



## 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 Copayment Changes**  
 MassHealth is revising its cost sharing 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 on **July 1, 2020**, MassHealth members will no longer have to pay copays on:

- FDA-approved medications for detoxification and maintenance treatment of substance use disorders (SUD);
- [preventive services rated Grade A and B by the US Preventive Services Task Force \(USPSTF\)](#)<sup>1</sup> 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 \(ACIP\)](#)<sup>2</sup>.

MassHealth will update regulation 130 CMR 450 accordingly. A draft of these changes is available on the [MassHealth Proposed Regulations web page](#).

The 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.

Please contact the MassHealth Pharmacy Technical Help Desk (available 24/7) at 1-866-246-8503 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 call center staff cannot change a member’s demographic information. Instead, the MassHealth member must contact MassHealth Customer Service Team (CST) at 1-800-841-2900 for assistance (Hours: Monday – Friday, excluding holidays, 8:00 a.m. – 5:00 p.m.).

**Member Notification of These Changes**  
 MassHealth notified members impacted by the population exclusions (those with incomes at or below 50% of the federal poverty level and “referred eligibles”) in May 2020. A copy of the member notice is attached to this Pharmacy Facts. Please note that while copayments 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 Copay Poster Changes**  
 The pharmacy copayment poster will be updated to reflect the new policy changes effective July 1, 2020 and will be on the MassHealth Pharmacy Web page. To download the poster, go to [www.mass.gov/masshealth/pharmacy](#) and click on the link for MassHealth Pharmacy Publications and Notices for Pharmacy Providers, then Sample Pharmacy Copayment Poster.

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

DRAFT

<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 [Jojo Fernandes](#) at (617) 423-8842.

# FREQUENTLY ASKED QUESTIONS

Question	Answer
<p><b><i>Am I exempt from Copays?</i></b></p>	<p>Members who fall under one of the categories listed on slide 12 are exempt from copays. If a member has a question about their individual situation 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.</p>
<p><b><i>Who is responsible for implementing my exemption?</i></b></p>	<p><u>Accountable Care Partnership Plans and Managed Care Organizations</u></p> <ul style="list-style-type: none"> <li>• Members with income less than 50% of FPL: MassHealth</li> <li>• Referred eligibles: MassHealth</li> <li>• All other copay exclusions: Accountable Care Partnership Plans/MCO</li> </ul> <p><u>Primary Care ACOs /Fee-For-Service /Primary Care Clinician Plan (PCC)</u></p> <ul style="list-style-type: none"> <li>• All copay exclusions: MassHealth</li> </ul>

Question	Answer
<p><b><i>What is my Copay Cap?</i></b></p>	<p>All members have an annual copay cap of \$250.</p> <p>*Note, during partial implementation, member's annual copay cap will remain \$250.</p>
<p><b><i>What if I CANNOT afford my Copay?</i></b></p>	<p>The pharmacy cannot refuse to give you the service or medicine even if you cannot pay the copayment. However, the provider can bill you later for the copayment.</p>
<p><b><i>Will I be notified if I'm exempt from copays?</i></b></p>	<p>If you are identified as having income less than or equal to 50% of FPL, or are a referred eligible, you will receive a letter explaining that you are exempt from copays beginning 7/1/20. However, if you have a change in your situation (e.g. increase in your income) and are no longer exempt, you will not receive a letter, but the pharmacy can tell you your copay at the time of service.</p>

Any Questions?





# TOOLS AND RESOURCES

## Definitions

### Accumulated Copays

Dollar amount of Copays that have accrued during a Tracking Period toward a Copay Cap.

### Copay (Copayment)

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

### Cost Sharing

Dollar amounts eligible members are charged for Medicaid coverage and benefits; for MassHealth, cost sharing includes Medicaid premiums and Copays.

### Referred Eligible

Members who are categorically eligible for MassHealth because they are receiving other public assistance (e.g. receiving Supplemental Security Income (SSI) benefits or receiving Transitional Aid to Families with Dependent Children (TAFDC) cash assistance).

# **LIST OF DRUGS AND VACCINES EXCLUDED FROM COPAYS**

# List of Drugs and Vaccines Excluded from Copays

(1/8)

Specific Therapeutic Class	GSN	Drug Label Name	Generic Name
C0D	1192	DISULFIRAM 250 MG TABLET	DISULFIRAM
C0D	1193	DISULFIRAM 500 MG TABLET	DISULFIRAM
C0D	25600	ACAMPROSATE CALC DR 333 MG TAB	ACAMPROSATE CALCIUM
H3D	16995	ASPIR EC 81 MG TABLET	ASPIRIN
H3D	4380	ASPIRIN 81 MG CHEWABLE TABLET	ASPIRIN
V1T	8832	TAMOXIFEN CITRATE 10 MG	TAMOXIFEN CITRATE
V1T	13574	TAMOXIFEN CITRATE 20 MG	TAMOXIFEN CITRATE
P4L	37022	EVISTA 60 MG	RALOXIFENE HCL
D6S	2947	DULCOLAX EC 5 MG TABLET	BISACODYL
D6S	41843	MIRALAX POWDER	POLYETHYLENE GLYCOL 3350
D6S	47401	OSMOPREP TABLET	SOD PHOSPHATE MBAS/SOD PHOS,DI
D6S	59931	NULYTELY WITH FLAVOR PACKS SOL	SODIUM CHLORIDE/NAHCO3/KCL/PEG
D6S	61457	MOVIPREP POWDER PACKET	PEG3350/SOD SUL/NAACL/KCL/ASB/C
D6S	62533	GOLYTELY SOLUTION	PEG3350/SOD SULF,BICARB,CL/KCL
D6S	62659	COLYTE WITH FLAVOR PACKS	PEG3350/SOD SULF,BICARB,CL/KCL
D6S	62661	GOLYTELY PACKET	PEG3350/SOD SULF,BICARB,CL/KCL
D6S	66670	SUPREP BOWEL PREP KIT	SODIUM, POTASSIUM,MAG SULFATES
D6S	66762	PREPOPIK POWDER PACKET	SOD PICOSULF/MAG OX/CITRIC AC
D6S	78003	CLENPIQ SOLUTION	SOD PICOSULF/MAG OX/CITRIC AC
C6M	2364	FOLIC ACID 400 MCG TABLET	FOLIC ACID

**List current as of 12/13/2019. The drugs and vaccines in this list are subject to change. Please reach out to your assigned ACO/MCO or MassHealth for the latest information.**

# List of Drugs and Vaccines Excluded from Copays

(2/8)

Specific Therapeutic Class	GSN	Drug Label Name	Generic Name
W50	57883	TRUVADA 200 MG-300 MG TABLET	EMTRICITABINE/TENOFOVIR (TDF
W50	76097	TRUVADA 100 MG-150 MG TABLET	EMTRICITABINE/TENOFOVIR (TDF
W50	76101	TRUVADA 133 MG-200 MG TABLET	EMTRICITABINE/TENOFOVIR (TDF
W50	76102	TRUVADA 167 MG-250 MG TABLET	EMTRICITABINE/TENOFOVIR (TDF
M4D	6460	LOVASTATIN 20 MG TABLET	LOVASTATIN
M4D	6461	LOVASTATIN 40 MG TABLET	LOVASTATIN
M4D	16310	LOVASTATIN 10 MG TABLET	LOVASTATIN
M4D	16366	PRAVASTATIN SODIUM 10 MG TAB	PRAVASTATIN SODIUM
M4D	16367	PRAVASTATIN SODIUM 20 MG TAB	PRAVASTATIN SODIUM
M4D	16576	SIMVASTATIN 5 MG TABLET	SIMVASTATIN
M4D	16577	SIMVASTATIN 10 MG TABLET	SIMVASTATIN
M4D	16578	SIMVASTATIN 20 MG TABLET	SIMVASTATIN
M4D	16579	SIMVASTATIN 40 MG TABLET	SIMVASTATIN
M4D	20741	PRAVASTATIN SODIUM 40 MG TAB	PRAVASTATIN SODIUM
M4D	21694	FLUVASTATIN SODIUM 20 MG CAP	FLUVASTATIN SODIUM
M4D	21695	FLUVASTATIN SODIUM 40 MG CAP	FLUVASTATIN SODIUM
M4D	29967	ATORVASTATIN 10 MG TABLET	ATORVASTATIN CALCIUM
M4D	29968	ATORVASTATIN 20 MG TABLET	ATORVASTATIN CALCIUM
M4D	29969	ATORVASTATIN 40 MG TABLET	ATORVASTATIN CALCIUM
M4D	40238	SIMVASTATIN 80 MG TABLET	SIMVASTATIN

List current as of 12/13/2019. The drugs and vaccines in this list are subject to change. Please reach out to your assigned ACO/MCO or MassHealth for the latest information.

# List of Drugs and Vaccines Excluded from Copays (3/8)

Specific Therapeutic Class	GSN	Drug Label Name	Generic Name
M4D	45772	ATORVASTATIN 80 MG TABLET	ATORVASTATIN CALCIUM
M4D	46757	FLUVASTATIN ER 80 MG TABLET	FLUVASTATIN SODIUM
M4D	49758	PRAVASTATIN SODIUM 80 MG TAB	PRAVASTATIN SODIUM
M4D	50556	ALTOPREV 20 MG TABLET	LOVASTATIN
M4D	50557	ALTOPREV 40 MG TABLET	LOVASTATIN
M4D	50558	ALTOPREV 60 MG TABLET	LOVASTATIN
M4D	51784	CRESTOR 10 MG TABLET	ROSUVASTATIN CALCIUM
M4D	51784	ROSUVASTATIN CALCIUM 10 MG TAB	ROSUVASTATIN CALCIUM
M4D	51785	ROSUVASTATIN CALCIUM 20 MG TAB	ROSUVASTATIN CALCIUM
M4D	51786	ROSUVASTATIN CALCIUM 40 MG TAB	ROSUVASTATIN CALCIUM
M4D	52944	ROSUVASTATIN CALCIUM 5 MG TAB	ROSUVASTATIN CALCIUM
M4D	53689	AMLODIPINE-ATORVAST 5-10 MG	AMLODIPINE/ATORVASTATIN
M4D	53690	AMLODIPINE-ATORVAST 5-20 MG	AMLODIPINE/ATORVASTATIN
M4D	53691	AMLODIPINE-ATORVAST 5-40 MG	AMLODIPINE/ATORVASTATIN
M4D	53692	AMLODIPINE-ATORVAST 5-80 MG	AMLODIPINE/ATORVASTATIN
M4D	53693	AMLODIPINE-ATORVAST 10-10 MG	AMLODIPINE/ATORVASTATIN
M4D	53694	AMLODIPINE-ATORVAST 10-20 MG	AMLODIPINE/ATORVASTATIN
M4D	53695	AMLODIPINE-ATORVAST 10-40 MG	AMLODIPINE/ATORVASTATIN
M4D	53696	AMLODIPINE-ATORVAST 10-80 MG	AMLODIPINE/ATORVASTATIN
M4D	57859	EZETIMIBE-SIMVASTATIN 10-10 MG	EZETIMIBE/SIMVASTATIN

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# List of Drugs and Vaccines Excluded from Copays (4/8)

Specific Therapeutic Class	GSN	Drug Label Name	Generic Name
M4D	57863	EZETIMIBE-SIMVASTATIN 10-20 MG	EZETIMIBE/SIMVASTATIN
M4D	57864	EZETIMIBE-SIMVASTATIN 10-80 MG	EZETIMIBE/SIMVASTATIN
M4D	57865	EZETIMIBE-SIMVASTATIN 10-40 MG	EZETIMIBE/SIMVASTATIN
M4D	58432	AMLODIPINE-ATORVAST 2.5-10 MG	AMLODIPINE/ATORVASTATIN
M4D	58433	AMLODIPINE-ATORVAST 2.5-20 MG	AMLODIPINE/ATORVASTATIN
M4D	58434	AMLODIPINE-ATORVAST 2.5-40 MG	AMLODIPINE/ATORVASTATIN
M4D	66349	LIVALO 1 MG TABLET	PITAVASTATIN CALCIUM
M4D	66350	LIVALO 2 MG TABLET	PITAVASTATIN CALCIUM
M4D	66351	LIVALO 4 MG TABLET	PITAVASTATIN CALCIUM
M4D	75976	FLOLIPID 20 MG/5 ML ORAL SUSP	SIMVASTATIN
M4D	75977	FLOLIPID 40 MG/5 ML ORAL SUSP	SIMVASTATIN
H3T	4513	NALOXONE 0.4 MG/ML CARPUJECT	NALOXONE HCL
H3T	4514	NALOXONE 2 MG/2 ML SYRINGE	NALOXONE HCL
H3T	4516	NALOXONE 0.4 MG/ML VIAL	NALOXONE HCL
H3T	4516	NALOXONE 4 MG/10 ML VIAL	NALOXONE HCL
H3T	4518	NALTREXONE 50 MG TABLET	NALTREXONE HCL
H3W	29312	BUPRENORPHINE 2 MG TABLET SL	BUPRENORPHINE HCL
H3W	29313	BUPRENORPHINE 8 MG TABLET SL	BUPRENORPHINE HCL
H3T	51640	BUPRENORPHN-NALOXN 2-0.5 MG SL	BUPRENORPHINE HCL/NALOXONE HCL
H3T	51641	BUPRENORPHIN-NALOXON 8-2 MG SL	BUPRENORPHINE HCL/NALOXONE HCL

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# List of Drugs and Vaccines Excluded from Copays

(5/8)

Specific Therapeutic Class	GSN	Drug Label Name	Generic Name
C0D	60935	VIVITROL 380 MG VIAL	NALTREXONE MICROSPHERES
C0D	60935	VIVITROL 380 MG VIAL + DILUENT	NALTREXONE MICROSPHERES
H3T	66635	SUBOXONE 2 MG-0.5 MG SL FILM	BUPRENORPHINE HCL/NALOXONE HCL
H3T	66636	SUBOXONE 8 MG-2 MG SL FILM	BUPRENORPHINE HCL/NALOXONE HCL
H3T	70259	SUBOXONE 4 MG-1 MG SL FILM	BUPRENORPHINE HCL/NALOXONE HCL
H3T	70262	SUBOXONE 12 MG-3 MG SL FILM	BUPRENORPHINE HCL/NALOXONE HCL
H3T	71189	ZUBSOLV 1.4-0.36 MG TABLET SL	BUPRENORPHINE HCL/NALOXONE HCL
H3T	71190	ZUBSOLV 5.7-1.4 MG TABLET SL	BUPRENORPHINE HCL/NALOXONE HCL
H3T	72219	EVZIO 0.4 MG AUTO-INJECTOR	NALOXONE HCL
H3T	72449	BUNAVAIL 2.1-0.3 MG FILM	BUPRENORPHINE HCL/NALOXONE HCL
H3T	72450	BUNAVAIL 4.2-0.7 MG FILM	BUPRENORPHINE HCL/NALOXONE HCL
H3T	72451	BUNAVAIL 6.3-1 MG FILM	BUPRENORPHINE HCL/NALOXONE HCL
H3T	73424	ZUBSOLV 8.6-2.1 MG TABLET SL	BUPRENORPHINE HCL/NALOXONE HCL
H3T	73425	ZUBSOLV 11.4-2.9 MG TABLET SL	BUPRENORPHINE HCL/NALOXONE HCL
H3T	74685	ZUBSOLV 2.9-0.71 MG TABLET SL	BUPRENORPHINE HCL/NALOXONE HCL
H3T	75222	NARCAN 4 MG NASAL SPRAY	NALOXONE HCL
H3W	76145	PROBUPHINE 74.2 MG IMPLANT	BUPRENORPHINE HCL
H3T	76734	EVZIO 2 MG AUTO-INJECTOR	NALOXONE HCL
H3T	76981	ZUBSOLV 0.7-0.18 MG TABLET SL	BUPRENORPHINE HCL/NALOXONE HCL
W7L	9679	PNEUMOVAX 23 SYRINGE	PNEUMOCOCCAL 23-VAL P-SAC VAC

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# List of Drugs and Vaccines Excluded from Copays

(6/8)

Specific Therapeutic Class	GSN	Drug Label Name	Generic Name
W7L	48548	PNEUMOVAX 23 VIAL	PNEUMOCOCCAL 23-VAL P-SAC VAC
W7Z	53370	TETANUS DIPHTHERIA TOXOIDS	TETANUS, DIPHTHERIA TOX,ADULT
W7Z	59079	BOOSTRIX TDAP VACCINE VIAL	DIPHTH,PERTUSS(ACELL),TET VAC
W7Z	59080	BOOSTRIX TDAP VACCINE SYRINGE	DIPHTH,PERTUSS(ACELL),TET VAC
W7B	60760	VARIVAX VACCINE VIAL	VARICELLA VACCINE LIVE/PF
W7B	60910	ZOSTAVAX VIAL	ZOSTER VACCINE LIVE/PF
W7B	62514	ENGERIX-B 20 MCG/ML SYRN	HEPATITIS B VIRUS VACCINE/PF
W7B	62677	RECOMBIVAX HB 40 MCG/ML VIAL	HEPATITIS B VIRUS VACCINE/PF
W7B	62678	RECOMBIVAX HB 10 MCG/ML VIAL	HEPATITIS B VIRUS VACCINE/PF
W7B	62706	HAVRIX 720 UNITS/0.5 ML VIAL	HEPATITIS A VIRUS VACCINE/PF
W7B	62708	RECOMBIVAX HB 10 MCG/ML SYR	HEPATITIS B VIRUS VACCINE/PF
W7B	62709	RECOMBIVAX HB 5 MCG/0.5 ML SYR	HEPATITIS B VIRUS VACCINE/PF
W7B	62710	RECOMBIVAX HB 5 MCG/0.5 ML VL	HEPATITIS B VIRUS VACCINE/PF
W7B	62760	HAVRIX 1,440 UNITS/ML SYRINGE	HEPATITIS A VIRUS VACCINE/PF
W7B	62812	VAQTA 50 UNITS/ML SYRINGE	HEPATITIS A VIRUS VACCINE/PF
W7B	62816	TWINRIX VACCINE SYRINGE	HEPATITIS A AND B VACCINE/PF
W7B	63059	HAVRIX 1,440 UNITS/ML VIAL	HEPATITIS A VIRUS VACCINE/PF
W7Z	63576	ACTHIB VACCINE WITH DILUENT	HAEMOPH B POLY CONJ-TET TOX/PF
W7Z	63576	HIBERIX VACCINE VIAL	HAEMOPH B POLY CONJ-TET TOX/PF
W7Z	63696	TENIVAC SYRINGE	TETANUS-DIPHTHERIA TOXOIDS/PF

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# List of Drugs and Vaccines Excluded from Copays (7/8)

Specific Therapeutic Class	GSN	Drug Label Name	Generic Name
W7Z	63697	TENIVAC VIAL	TETANUS-DIPHThERIA TOXOIDS/PF
W7Z	63698	ADACEL TDAP VIAL	DIPH,PertUSS(ACELL),TET VAC/PF
W7Q	63830	MENACTRA VIAL	MENING VAC A,C,Y,W-135 DIP/PF
W7Z	63856	M-M-R II VACCINE VIAL	MEASLES,MUMPS,RUBELLA VACC/PF
W7Z	63901	ADACEL TDAP SYRINGE	DIPH,PertUSS(ACELL),TET VAC/PF
W7B	63909	VAQTA 25 UNITS/0.5 ML VIAL	HEPATITIS A VIRUS VACCINE/PF
W7B	63910	VAQTA 50 UNITS/ML VIAL	HEPATITIS A VIRUS VACCINE/PF
W7L	66068	PREVNAR 13 SYRINGE	PNEUMOC 13-VAL CONJ-DIP CRM/PF
W7Q	66091	MENVEO A-C-Y-W-135-DIP VIAL KT	MENING VAC A,C,Y,W-135 DIP/PF
W7B	69368	VAQTA 25 UNITS/0.5 ML SYRINGE	HEPATITIS A VIRUS VACCINE/PF
W7Q	71917	BEXSERO PREFILLED SYRINGE	MENINGOCOCCAL B VACCINE,4-COMP
W7Q	73089	TRUMENBA 120 MCG/0.5 ML VACCINE	N.MENINGITIDIS B,LIPID FHBP RC
W7B	73199	GARDASIL 9 VIAL	HPV VACCINE 9-VALENT/PF
W7B	73200	GARDASIL 9 SYRINGE	HPV VACCINE 9-VALENT/PF
W7Q	73634	MENVEO MENA COMPONENT	MENING A CONJ VACC, 1 OF 2/PF
W7Q	73635	MENVEO MENCYW-135 COMPONENT	MENING C,Y,W-135 VAC 2 OF 2/PF
W7B	77837	SHINGRIX VIAL KIT	VARICELLA-ZOSTER GE/AS01B/PF
W7B	77849	SHINGRIX GE ANTIGEN COMPONENT	VARICELLA-ZOSTER GE VAC,2 OF 2
U3H	77850	SHINGRIX ADJUVANT COMPONENT	ADJUVANT AS01B/PF, VIAL 1 OF 2
W7B	77946	HEPLISAV-B 20 MCG/0.5 ML VIAL	HEPATITIS B VACCINE/CPG1018/PF

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# List of Drugs and Vaccines Excluded from Copays (8/8)

Specific Therapeutic Class	GSN	Drug Label Name	Generic Name
W7C	78262	AFLURIA QUAD 2018-2019 SYRINGE	FLU VACC QS2018-19(6MOS UP)/PF
W7C	78268	AFLURIA QUAD 2018-2019 VIAL	FLU VACC QUAD 2018-19(6MOS UP)
W7C	78321	FLUBLOK QUAD 2018-2019 SYRINGE	FLU VAC QV 2018(18YR UP)RCM/PF
W7C	78401	FLUMIST QUAD NASAL 2018-19 VAC	FLU VACC QV LIVE 2018(2-49YRS)
W7C	78405	FLUZONE QUAD 2018-2019 VIAL	FLU VACC QS2018-19 36MOS UP/PF
W7C	78407	FLUZONE HIGH-DOSE 2018-19 SYR	FLU VACC TS2018-19(65YR UP)/PF
W7C	78413	FLUCELVAX QUAD 2018-2019 VIAL	FLU VAC QS 18-19 (4YR UP) CELL
W7C	78414	FLUCELVAX QUAD 2018-2019 SYR	FLU VAC QS 18-19(4YR UP)CEL/PF
W7C	78416	FLUZONE QUAD 2018-2019 SYRINGE	FLU VACC QS2018-19 36MOS UP/PF
W7C	78438	FLUAD 2018-2019 SYRINGE	FLU VACC TS2018(65UP)/MF59C/PF
W7B	78645	HEPLISAV-B 20 MCG/0.5 ML SYRNG	HEPATITIS B VACCINE/CPG1018/PF
W7C	78690	AFLURIA 2018-2019 VIAL	FLU VACC TS 2018-19 (6 MOS UP)
W7C	79103	EZ FLU 2018-19 (FLUCELVAX) KIT	FLU VAC QS 18-19(4YR UP)CEL/PF
W7C	79152	AFLURIA 2018-2019 SYRINGE	FLU VACC TS2018-19(6MOS UP)/PF
W7B	62142	HAVRIX 720 UNIT/0.5 ML SYRINGE	HEPATITIS A VIRUS VACCINE/PF
W7B	62668	ENGERIX-B 20 MCG/ML VIAL	HEPATITIS B VIRUS VACCINE/PF