



# Health Safety Net (HSN)

**Massachusetts Health Care Training Forum (MTF)**

**July 2021**

# Agenda

- Updates: COVID-19 Policy
- HSN Waiver Requests
- Adding or Changing Billing Intermediary
  - EDI Enrollment
  - HSN Enrollment
- Other reminders

# Updates: COVID-19 Policy

- COVID-19 Policy Updates
  - As of **June 2021**, the Commonwealth will remove HSN medical coverage for those who received extended coverage due to the state of emergency
    - Recipients who received extended medical coverage through HSN Temporary will see their benefits reduced to dental services only
  - Providers are urged to review Administrative Bulletin-21 for information describing HSN Service and Reimbursement Policy Flexibilities Related to the 2019 Novel Coronavirus Disease (COVID-19).
  - For more information, please visit: <https://www.mass.gov/doc/administrative-bulletin-21-15-101-cmr-61300-health-safety-net-eligible-services101-cmr-61400-health-safety-net-payments-and-funding-health-safety-net-service-and-reimbursement-policy-flexibilities-related-to-covid-19-effective-june-15-2021-0/download>

# HSN Waiver Requests

- HSN Waiver Request
  - HSN has started to follow the process that MassHealth uses for billing waiver requests and will no longer consider any 3 year billing waiver requests
  - Providers requesting 1 year, or 90 day requests, should contact Angela Gizzi ([Angela.Gizzi@state.ma.us](mailto:Angela.Gizzi@state.ma.us)) for further instructions

# Adding or Changing Billing Intermediary

- EDI Enrollment:
  - To switch vendors, EDI Enrollment with MassHealth needs to be completed
  - Please send your request on your letterhead to [EDI@MAHealth.net](mailto:EDI@MAHealth.net) or fax it to 617-988-8971
  - Please provide the information below:
    - MassHealth Provider ID / Service Location (PID/SL)
    - National Provider ID (NPI) Number
    - Vendor Name and Vendor's MassHealth Submitter ID (PID/SL) if sending and receiving transactions through a Billing Intermediary / Clearinghouse
    - Signature with printed/typed name
    - Brief explanation of the request with HIPAA transactions specified
    - For questions or needed EDI-related support, please contact MassHealth Customer Service Center at [EDI@MAHealth.net](mailto:EDI@MAHealth.net) or 800-841-2900

# Adding or Changing Billing Intermediary

- HSN Enrollment
  - HSN requires the providers to ensure that the Billing Intermediary has filled out the HSN Business Partner Agreement along with the INET User Agreement. Further documentation can be found at: <https://www.mass.gov/service-details/learn-about-hsn-inet>
  - If a provider is going to use a Billing Intermediary (BI), HSN's Business Partner Security Agreement will need to be completed and signed by both the Billing Intermediary (BI) and the provider. The Agreement Form is found at: <https://www.mass.gov/files/documents/2016/07/uo/hsn-business-partner-security-agreement.pdf>
  - The User Agreement needs to be filled out by the billing intermediary. The User Agreement is found at: <https://www.mass.gov/files/documents/2016/07/xf/hsn-user-agreement.pdf>

# Reminders

- FY 2019 Closing
  - FY19 will be closing on September 30, 2021
  - Any claims or corrections for FY19 must be completed before end of FY
  - Claims submitted after the FY closes will be denied

# QUESTIONS?

*For more information, please contact (800) 609-7232.  
or [hsnhelpdesk@state.ma.us](mailto:hsnhelpdesk@state.ma.us).*





# MassHealth

Massachusetts Health Care Training Forum (MTF)

July 2021

# Agenda

- Updated MassHealth COVID-19 Response: MEC
- Update to MassHealth's Response to COVID-19
  - MassHealth Renewal and RFI
  - New Updates: ACA-3 and SACA-2 Application
- COFA Migrants
- New Updates: MassHealth Health Plans
- Cost Sharing Policy Updates: Phase 2

# MassHealth's Response to COVID-19

# Updated MassHealth COVID-19 Response: MEC



- All MassHealth Enrollment Centers (MECs) are open for **limited walk-in** services

## **NEW MassHealth Online Appointment Service**

- **Now available**, visit the **NEW** MassHealth online appointment service for application assistance that can be completed online
- The Online Member Portal will let member's schedule:
  - phone appointments
  - video appointments: require valid working email address
- Schedule appointments for the following services:



• assistance with new applications & renewal forms

• reporting a change to address, family size, income, pregnancy, newborn or other

• verifications

• general questions



# NEW Online Appointment Scheduling Service



- The portal enables appointment scheduling for 2 business days from the current date and 20 business days into the future
- Individuals may also cancel an appointment directly through the portal
- In-Person appointments are not yet available to be scheduled
- Go to [www.mass.gov/masshealth/appointment](http://www.mass.gov/masshealth/appointment) to schedule a phone or video appointment!
- Or scan the QR code



# Response to COVID-19 Health Emergency

**The COVID-19 federal public health emergency (PHE) declaration was extended, effective July 19, 2021. This extension is for 90 days.**

- MassHealth will maintain coverage for individuals who have comprehensive coverage, as defined by federal guidance, since March 18, 2020, during the COVID-19 federal public health emergency, and through the end of the month in which such federal public health emergency period ends
- These individuals will not lose coverage except for limited circumstances. For example, coverage will end if an individual:
  - request termination of eligibility
  - is no longer a resident of Massachusetts
  - is deceased

# Update: MassHealth Eligibility Flexibilities

- Additional flexibilities not changing:
  - Access to Hospital-Determined Presumptive Eligibility (HPE)
  - Fair hearings
  - One-time deductible hardship waiver
  - Retroactive eligibility for individuals younger than age 65

# Update: MassHealth Eligibility Flexibilities

## Flexibilities that are Expiring

- Premium Hardship Waiver
  - Requests for waivers set in place for the PHE will no longer be accepted. Members requesting a premium hardship waiver should use the new Premium Hardship Waiver application
- Self-attestation for eligibility factors:
  - Starting **September 15, 2021**, MassHealth will no longer accept self-attestation for certain eligibility factors that were temporarily allowed during the public health emergency, such as:

• residency	• disability
• income	• assets

*Note:* Members or applicants can continue to use existing affidavit forms to verify information such as residency, zero income, or incarceration. Forms are available at [MassHealth member forms](#).



# MassHealth Renewal

## MassHealth began sending outstanding renewals beginning May 2021

- MassHealth will attempt to auto renew first by matching with federal and state data sources. A pre-populated form will only be sent if MassHealth cannot verify information electronically

Processes that have already restarted:

- Ex-parte (automatic) renewals for MassHealth only households
- Redeterminations for separate CHIP children turning 19 and pregnant women at end of postpartum period
  - Separate CHIP individuals are not subject to the federal continuous coverage requirements and are not being provided continuous coverage during the PHE. Therefore, they may be moved to a different coverage type (downgraded) or closed
  - Postpartum coverage is protected

# MassHealth Renewal

## MassHealth began sending outstanding renewals beginning May 2021

- Transitional renewals for MassHealth members turning age 65
  - For individuals 65 and older who have enrolled in Medicare but remain in a MAGI benefit as a result of continuous coverage, MassHealth has established an internal process to pay Medicare cross-over claims which would otherwise be denied
- Health Connector/Mixed Household renewals
- MassHealth will send renewals to members with a renewal date in the past who could not be auto renewed as well as members who have an upcoming renewal date. **All timeframes, noticing and business processes will follow typical renewal practices in place prior to the PHE**

# Request for Information (RFI)

## Who will get a Request for Information (RFI)

- Members with outstanding (more than 90-days old) RFIs that were sent during the PHE
- Members with outstanding (more than 90-days old) RFIs that may have been sent before the PHE, but that we have not yet expired due to PHE
  - These members will be sent a new RFI with an additional 30-days to respond
  - Members who have been issued an RFI and are still within the 90-days, will not be given an additional 30-days to respond
- Any application/determination going forward that requires additional proof to determine eligibility



# Request for Information (RFI)

## Who will get a Request for Information (RFI)

- Any member or applicant with an expired, existing, or future RFI timeclock will be expected to respond before that timeframe ends
  - If the member or applicant respond, MassHealth will determine eligibility based on the new information received
  - If the member or applicant do not respond, MassHealth will determine eligibility based on the current information available
  
- To continue to receive the best coverage, members and applicants should provide their most current information and report any changes to MassHealth



# Continuous Coverage during PHE

**Continuous coverage to now align with the guidelines of the Interim Final Rule (CMS-9912-IFC) issued by CMS effective November 2, 2020.**

- Under the revised federal guidelines, members will be allowed to move between coverage types grouped in the same tier
- Coverage may still be ended for the following valid reasons:
  - voluntary withdrawal;
  - moved out-of-state; or
  - deceased

# Renewal/RFI and Continuous Coverage during PHE



## What if the member or applicant did not respond to a renewal or RFI from before or during the PHE?

- Member or applicant does not respond:
  - MassHealth will redetermine their ongoing eligibility using the data available to us. The redetermination may result in individuals moving between coverage types or an upgrade of benefits
  - **Members will not be closed for non-response**
  - New applicants will continue to be denied if found ineligible as they always have
  - If the individual does not respond, and the determination using our information results in a closing, coverage in a lower Tier, or loss of permanent HSN (HSN coverage that does not accompany ConnectorCare), MassHealth will maintain the member in their current benefit through the end of the federal PHE period or until another redetermination occurs that results in an upgrade or change in the same tier

# Renewal/RFI and Continuous Coverage during PHE



## What if the member or applicant responds to a renewal or RFI from before or during the PHE?

- Member or applicant does respond:
  - If the response is within the applicable timeframe, changes may occur if the member is determined eligible for an upgrade or another coverage type within the same Tier
  - Individuals are not at risk of losing comprehensive MassHealth coverage

# **New Updates to the ACA-3 and SACCA-2 Application**



# Updates to ACA-3 and SACA-2 Applications

July 1, 2021, ACA-3 and SACA-2 Revisions

- The following changes were made to align both the ACA-3 and SACA-2 applications:
  - **NEW** SNAP checkbox, and added language on the instruction page of the application(s) to provide applicants for MassHealth the opportunity to apply for the Supplemental Nutritional Assistance Program (SNAP)
  - Added new rights and responsibilities of the SNAP program and updated the language on the signature page
  - Removed “\$106,008 (for a household of 4)” income threshold on the instruction page and replaced it with “no matter what your income”



# Updates to ACA-3 and SACA-2 Applications

- Removed the question: “*Is your income steady from month to month?*”
- Added the question: “Did you receive unemployment income in 2021?” to the *Yearly Income* section.
  - The question is to comply with the implementation of the American Rescue Plan Act (ARP). The law provides access to \$0 plans for people who have received or been approved to receive unemployment for any week of 2021

# ACA-3 and SACA-2

- The [ACA-3](#) & [SACA-2](#) applications have been updated
- After July 31, 2021, MassHealth will not accept the March 2021 versions of these applications

## Ordering Materials:

- Call: 1-800-841-2900
- Fax a request: 617-988-8973
- Email a request: [publications@mahealth.net](mailto:publications@mahealth.net)

**Massachusetts Application for Health and Dental Coverage and Help Paying Costs**

**Supplemental Nutrition Assistance Program (SNAP)**

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month.

Check this box if you want this application to be sent to the Department of Transitional Assistance to process an application for SNAP benefits.

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**STEP 1 Person 1**

We need one adult in the household to be the contact person for your application. Please note that this should be someone who appears on the application, not a third party who wishes to serve as a contact for the applicant(s). Please see the Authorized Representative Designation (ARD) at the end of this application, to establish a third-party contact.

1. First name, middle name, and suffix \_\_\_\_\_

3. What is your email address? \_\_\_\_\_

No home address

4. Street address \_\_\_\_\_

6. City \_\_\_\_\_

10. Mailing address \_\_\_\_\_

12. City \_\_\_\_\_

16. Phone number \_\_\_\_\_

19. What is your present address? \_\_\_\_\_

20. Is anyone on this application? Please select **No** if **Yes**, who? Enter name, relationship, and date of birth.

**FOR ENROLLMENT**

Complete this section if you are a Navigator Designated Counselor Designation.

Check one  Navigator  Other

First name, middle name, and suffix \_\_\_\_\_

Organization name \_\_\_\_\_

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**Application for Health Coverage for Seniors and People Needing Long-Term-Care Services**

**Please Print Clearly.** Be sure to answer all questions. Fill out all parts of the application, along with all supplements that apply. If you need more space, attach a separate piece of paper to the application. Put Person 1's name and social security number at the top of any attached paper. For each member in your household, please put the name(s) of the individual(s) under the program or programs he or she wants to apply for. Please see the Senior Guide to learn more about coverage under these programs.

**Please list the names of everyone who is applying for health coverage on this application.**

**MassHealth or the Health Safety Net (HSN)**  
(If living at home, or in a rest home, an assisted living facility, a continuing care retirement community, or life care community, fill out this application and any supplements that apply to you or any household member.) MassHealth will check if anyone applying for health coverage on this application is eligible for MassHealth or the HSN.

You: \_\_\_\_\_

Spouse: \_\_\_\_\_

**Home- and Community-Based Services Waiver**  
(If applying for or getting long-term-care services at home under an HCBS Waiver, or in a nursing home or chronic hospital, fill out this application and any supplements that apply to you or any household member, including all or part of the Long-Term-Care Supplement.)

You: \_\_\_\_\_

Spouse: \_\_\_\_\_

**Health Connector Programs**  
Health coverage through the Massachusetts Health Connector is not MassHealth. If you have Medicare, you will not be eligible for any cost sharing or Advance Premium Tax Credits, and you cannot purchase a plan through the Health Connector, unless you were enrolled in a Health Connector plan when you became eligible for Medicare. The only time you should apply for Health Connector programs if you have Medicare is if you are not enrolled in Medicare yet but would have to pay for your Medicare Part A premium. In this case, you may be eligible for a Health Connector plan.

You: \_\_\_\_\_

Spouse: \_\_\_\_\_

**NOTE: PACE – Program of All-Inclusive Care for the Elderly**  
Some MassHealth members may be eligible to enroll in the Program of All-Inclusive Care for the Elderly (PACE), which provides members access to a wide range of medical, social, recreational, and wellness services through a center-based model. See page 10 of the Senior Guide for more information.

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**Supplemental Nutrition Assistance Program (SNAP)**

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month.

Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities on pages 17-23 and sign on page 23 to proceed with the application.

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**STEP 1 Person 1 (YOU)—Tell us about YOURSELF.**

We need one adult in the household to be the contact person for your application. Please note that this should be someone who appears on the application, not a third party who wishes to serve as a contact for the applicant(s). Please see the Authorized Representative Designation (ARD) at the end of this application, to establish a third-party contact.

1. First name, middle name, last name, and suffix \_\_\_\_\_

2. Date of birth \_\_\_\_\_

3. Street address  Check this box if homeless. You must provide a mailing address. \_\_\_\_\_

4. Apartment or unit number \_\_\_\_\_

5. City \_\_\_\_\_

6. State \_\_\_\_\_

7. ZIP code \_\_\_\_\_

8. County \_\_\_\_\_

9. Is this a hospital, nursing facility, or other institution?  Yes  No  
If Yes, facility name \_\_\_\_\_

10. Mailing address  Check if same as street address. \_\_\_\_\_

11. Apartment or unit number \_\_\_\_\_

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# ACA-3 and SACA-2

## When ordering be sure to include:

- Name of the form being ordered (e.g., ACA-3, SACA-2)
- Quantity requested
- Name of the person, organization, and shipping address the materials will be delivered to, and
- A direct phone number in case there is a question about the order



# COFA Migrants

# COFA Migrants

**Effective immediately, COFA migrants are eligible to receive full MassHealth coverage as a Qualified Non-Citizen, not subject to a five-year bar.**

- What is Compact of Free Association (COFA)?
  - Compact of Free Association (COFA) is an agreement between the United States and the three Pacific Island sovereign states of Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau—known as Freely Associated States (FAS)
- FAS citizens are not citizens or nationals of the United States. However, FAS citizens admitted to the United States under the Compacts may reside, work and study in the United States for an unlimited length of time



Federated  
States of  
Micronesia



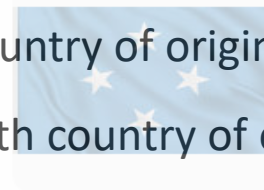
Palau



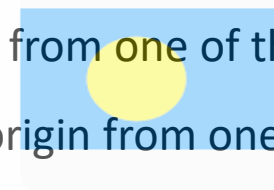
Marshall  
Islands

# Verification of COFA Status

- Applicants and members may verify their COFA migrant status by submitting the following proof:
  - Passport from country of origin with CFA stamp:
    - CFA/PAL: for Palauan Citizens
    - CFA/FSM: for citizens of the Federated States of Micronesia
    - CFA/MIS: for a Republic of the Marshall Islands (RMI) citizen. Some older versions may be marked “CFA/RMI” for an RMI citizen
  - Form I-94, Arrival/Departure Record, which is issued to Palauan, FSM, and RMI citizens, upon their admission to the United States
  - Employment Authorization card with country of origin from one of the FAS
  - Legal Permanent Resident (LPR) card with country of origin from one of the FAS



Federated States of Micronesia



Palau



Marshall Islands

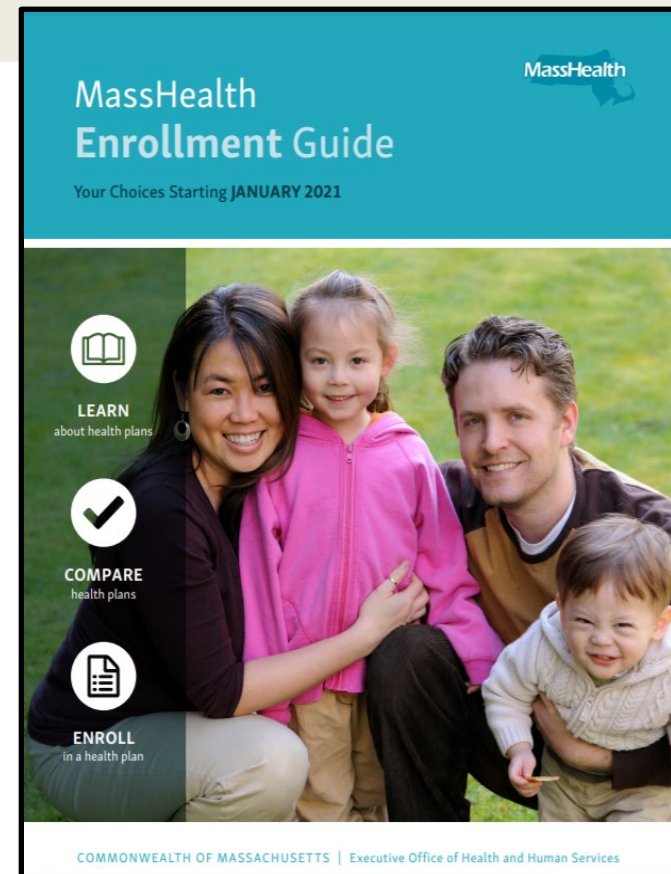
# MassHealth Health Plans



# MassHealth Health Plans

On July 1<sup>st</sup>, MassHealth members whose Primary Care Provider (PCP) joined an Accountable Care Organization (ACO) plan or whose PCP changed from one ACO to another received an *“Important News about Your MassHealth Health Plan”* letter.

- MassHealth intends to keep members with their existing Primary Care Provider (PCP) when possible
  - As a result, members will follow their PCP into the same health plan their PCP has joined unless they take action
- Addition of Service Areas
  - Tufts Health Together with Boston Children’s ACO
    - new service area in Nantucket



# MassHealth Health Plans

On July 1<sup>st</sup>, MassHealth members whose Primary Care Provider (PCP) joined an Accountable Care Organization (ACO) plan or whose PCP changed from one ACO to another received an “*Important News about Your MassHealth Health Plan*” letter.

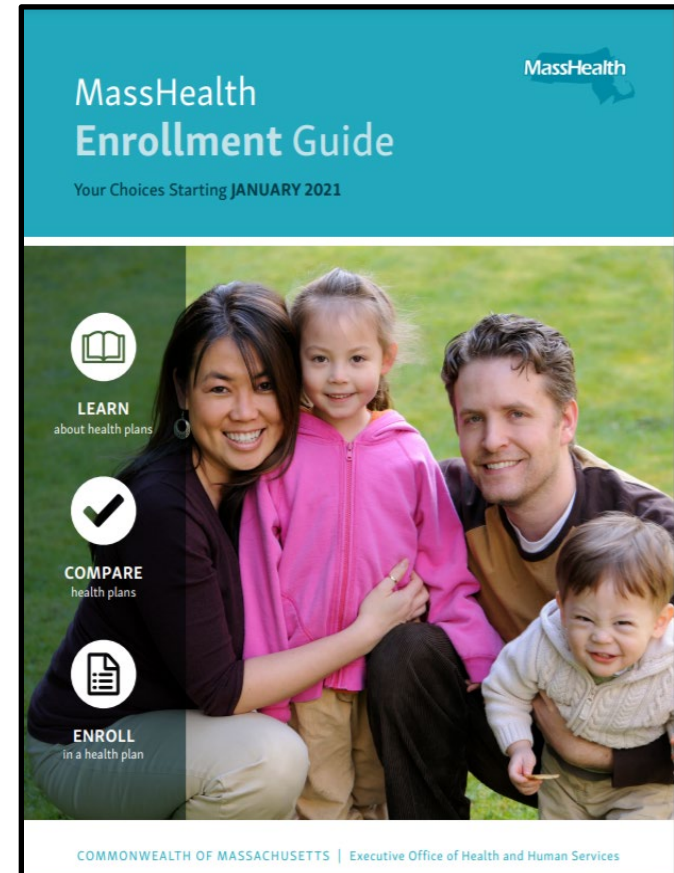
- Plan Selection Period
  - July 1, 2021 – September 30, 2021
- Fixed Enrollment Period
  - October 1, 2021

Note, that Plan Selection Periods and Fixed Enrollment Periods are member-specific, and the dates here only applies to members that will join their new health plan on July 1<sup>st</sup>



# MassHealth Health Plans

- How to change health plan
  - **Online:** [MassHealthChoices.com](https://www.masshealthchoices.com)
  - **Call:** MassHealth Customer Service at (800) 841-2900; TTY: (800) 497-4648
  - **Mail or fax:** Complete the [MassHealth Health Plan Enrollment or Change Form](#)
  - [Certified Assisters](#) (CACs and Navigators)
    - Call to set up an appointment



# MassHealth Health Plans

## Continuity of Care (CoC)

**MassHealth is committed to working with members, providers, and other stakeholders to promote continuity of care. To support a successful transition, these members will have a 90-day continuity of care period to ease the adjustment to their new plans.**

- Members can continue to see their existing providers for 90 days, even if those providers are not in their new plan's network
- Providers who are not in the new plan's network must contact the new plan to make appropriate payment arrangements
- In some cases, the continuity of care period may be extended. For example, members who are pregnant can continue seeing their existing OB/GYN providers throughout their pregnancy and up to six weeks postpartum

# MassHealth Health Plans

**MassHealth is committed to working with members, providers, and other stakeholders to promote continuity of care. To support a successful transition, these members will have a 90-day continuity of care period to ease the adjustment to their new plans.**

- Focused efforts for members with needs requiring specialized care, including but not limited to members who are pregnant, have autism spectrum disorder and receiving ABA services, receiving ongoing services such as dialysis, home health, chemotherapy, and/or radiation, receiving treatment for behavioral health or substance use, including Medication for Addition Treatment (MAT) services.
- Members can contact their new health plan now to let them know of any ongoing treatments or scheduled appointments
- Providers will be able to see new plan information in EVS
  - Providers can contact the new plan for new authorization requests, or with any questions or concerns

## Polling Question

Julie, age 35, was eligible for MassHealth CommonHealth and enrolled in a MassHealth ACO health plan since February 2019. July 1, 2021, she lost her part-time job and received a renewal notice. She submitted her renewal online, showing her income change. Julie is determined eligible for MassHealth Standard. On July 6th, Julie received a notice letting her know her PCP will be moving to a new MassHealth ACO health plan. Julie likes her PCP and doesn't want to change providers.

Does Julie need to take any action?

# MassHealth Cost Sharing Policy

# MassHealth Cost Sharing

## 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: Phase 2

## 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 the member's monthly household 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 Federal 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: Phase 2

## Phase 2 (7/1/21)

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



**Copays** include certain drugs dispensed at pharmacies

- *Pharmacy Copays:*

- \$1 for certain covered generic drugs and over-the-counter drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antihyperlipidemics (such as simvastatin)
- \$3.65 for each prescription and refill for all other generic, brand-name, and over-the-counter drugs covered by MassHealth

*Note:* Members receiving a 90-day supply of a MassHealth covered prescription drug, the total copay amount for that 90-day supply will either be \$1 or \$3.65 depending on the type of drug.

# MassHealth Cost Sharing: Phase 2

## Phase 2 (7/1/21)

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

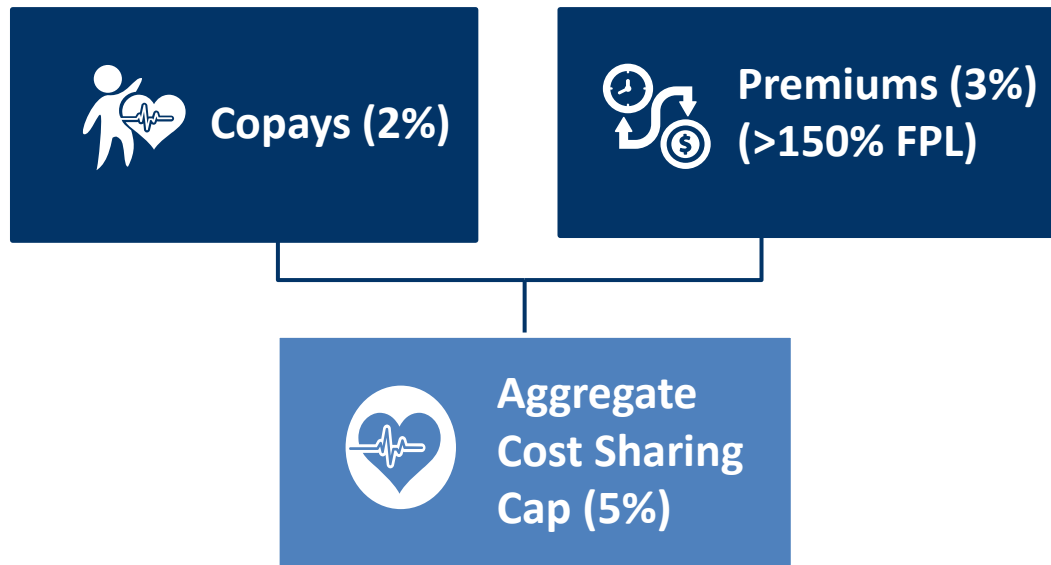


### *Premiums*

- Members' premiums will not exceed 3% of the member's monthly household income, 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</li> </ul> |
|---|--|

# Services Excluded from Cost Sharing

## Services excluded from Cost Sharing (copays)

### SERVICES

#### Excluded services from copays include:

- *Drugs used to treat substance use disorder (SUD), such as medication-assisted therapy (MAT) (for example, Suboxone or Vivitrol)*
- *Certain preventive drugs such as low-dose aspirin for heart conditions, drugs to prevent HIV, and drugs used to prepare for a colonoscopy*
- *Certain vaccines and their administration*
- Family planning drugs or supplies, such as birth control pills (oral contraceptives)
- Drugs to help stop smoking
- Emergency services, or
- Provider preventable services

# Key Terms



## Copay Cap

The highest amount a member would have to pay each month for all of their drugs.



## 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.

# What are the New Copay Cap Amounts



MassHealth will calculate a **monthly copay cap** based on the lowest income in the member's household and their household size, as applicable. MassHealth will round the copay cap down to the nearest ten-dollar increment. No copay cap will be more than \$60.



If the member's monthly copay cap is calculated to be:	The member's final monthly copay cap will be:
<b>\$0 to \$9.99</b>	<b>No Copays</b>
\$10 to \$19.99	\$10
\$20 to \$29.99	\$20
\$30 to \$39.99	\$30
\$40 to \$49.99	\$40
\$50 to \$59.99	\$50
\$60 or More	\$60

- For example, if a member's monthly copay cap is \$12.50 in July, they will not be charged more than \$10 of copays in July. If their household income or family size changes in August, their monthly copay cap may change for August



# 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



# Premium Hardship Waiver

**On July 1<sup>st</sup>, MassHealth expanded 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

**On July 1<sup>st</sup>, MassHealth expanded 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
- 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
  - **New July 1, 2021:** Any medical or dental expenses paid by the family group within the 12 months prior to the date of application for a waiver, regardless of the date of service

# Premium Hardship Waiver

**On July 1<sup>st</sup>, MassHealth expanded 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

# 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. **Temporarily paused***



## **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





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. MassHealth will 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 this 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


- Monthly copay cap notice is temporarily paused, as the notice is revised to clarify information
- Members can use the Self-Service Option to retrieve their copay cap amount for the month

# Sample Notice: Monthly Copay Cap Met



## Monthly Copay Cap Met Notice

- Notice lets members know when their copay cap has been met for the 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: «MASSEALTHIDNUMBER»

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 do not 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

# 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**



# Member Resources

For questions regarding general copay policies, members should reference:



MassHealth Website: [www.mass.gov/masshealth](http://www.mass.gov/masshealth)  
New webpage: [MassHealth Copays and Premiums – For Members](#)



[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 Option:** Member's can learn of their copay cap amount for the tracking period, previous months pharmacy copay history, retrieve up to 5 months of pharmacy copay information (from 7/1/21 onward)



MassHealth Enrollment Center

# Key Takeaway

- MassHealth fully implemented cost sharing changes on **July 1, 2021**
- The change implements federal rules to limit the total member cost-sharing (or out-of-pocket expenses) to no more than 5% of income on a monthly basis
  - Limit premiums to 3% of member income
  - Limit total copays on prescriptions within a month to 2% of member income
  - The \$250 annual cap on pharmacy copays will be eliminated. Copay caps will be tracked monthly, and members will be assigned to copay cap bands based on cap amount not to exceed 2% of the member's monthly household 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
- Monthly copay cap notice is temporarily paused, as the notice is revised
- Call MassHealth at (800) 841-2900 to use the **Self-Service Option** to retrieve: copay cap amount for the month of the tracking period, and copay history

# Polling Question

Jenny is disabled; Jenny's countable household income is \$26,400/year or \$2,200/month (203% FPL for a family of 1). Jenny's monthly copay cap is \$44, which is 2% of her monthly income.

What will be the highest amount Jenny would have to pay each month for all of her prescription drugs?

A large, dense pile of colorful paper scraps, each featuring a black question mark. The colors include red, blue, green, yellow, pink, and white. The word "QUESTIONS" is written in a large, white, serif font across the center of the image. The background is white, and the pile of question marks is the main focus.

# QUESTIONS