



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



August 2011

This is an important message about your MassHealth or Health Safety Net copays.

Effective **October 1, 2011**, MassHealth and Health Safety Net (HSN) copayments for drugs that currently have a \$3 copayment are going up to \$3.65, for both first-time prescriptions and refills.

The copay for certain covered generic and over-the-counter drugs mainly used for diabetes, high blood pressure, and high cholesterol will **not** be changing on October 1, 2011, and will stay at \$1. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antihyperlipidemics (such as simvastatin).

The cap on the amount of copays you must pay for covered drugs will stay at \$200 for calendar year 2011. However, starting in 2012, the calendar year cap on the amount of copays you must pay will go up to \$250.

Sometimes a copay is not required. You will not have to pay a MassHealth copay for covered drugs if

- you are under 19 years old;
- you are pregnant;
- your pregnancy ended and you are within the postpartum period that extends through the last day of the second calendar month after the month in which your pregnancy ended (for example, if you gave birth on May 15, you are exempt from a copay until August 1);
- you are getting benefits under MassHealth Limited (emergency MassHealth);
- you are a MassHealth Senior Buy-In member or a MassHealth Standard member getting a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider;
- you are an inpatient in a nursing facility, chronic-disease or rehabilitation hospital, or intermediate-care facility for the mentally retarded, or are admitted to a hospital from such a facility or hospital;
- you are getting EAEDC (Emergency Aid to the Elderly, Disabled and Children) Program services, and are not covered under MassHealth Basic, Standard, or Essential;
- you are getting hospice care;
- you are an independent foster care adolescent, are in the custody of the Department of Children and Families, and are between ages 18 and 21;
- you are an American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law;
- you are an inpatient in a hospital and receive covered drugs as part of your hospital stay; or
- you have reached your copay cap for that service.

Also, you do **not** have to pay a MassHealth pharmacy copay for family-planning services and supplies, such as oral contraceptives, diaphragms and condoms, and contraceptive jellies, creams, foams, and suppositories.

If your prescription is covered by MassHealth and you are not able to pay the copay at the time of the service, the pharmacy must still fill your prescription. However, the pharmacy can bill you later. You should not go without needed medications because you cannot afford the copay now.

Members in the Children's Medical Security Plan and Healthy Start

Copays for the Children's Medical Security Plan (CMSP) and Healthy Start are not changing.

Members Enrolled in a MassHealth Managed Care Organization

The managed care organization (MCO) pharmacy copay rules are the same as for all other MassHealth members.

Members Enrolled in SCO or PACE

This notice does not affect members enrolled in Senior Care Options (SCO) or Program of All-Inclusive Care for the Elderly (PACE). Members who enroll in SCO or PACE are not required to pay copays.

Questions

If you have questions about copays and are a **MassHealth member**, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

If you are a **Health Safety Net patient**, call 1-877-910-2100 or e-mail dhcfphelpdesk@state.ma.us.

If you are enrolled in a **MassHealth MCO**, contact the customer service center at the MCO.

- **Boston Medical Center HealthNet Plan (BMCHP)**
1-888-566-0010 (English and other languages)
1-888-566-0012 (Spanish)
TTY: 1-800-421-1220 (for people with partial or total hearing loss)
- **Fallon Community Health Plan (FCHP)**
1-800-341-4848
TTY: 1-877-608-7677 (for people with partial or total hearing loss)
- **Health New England (HNE)**
1-800-786-9999
TTY: 1-800-439-2370 (for people with partial or total hearing loss)
- **Neighborhood Health Plan (NHP)**
1-800-462-5449
TTY: 1-800-655-1761 (for people with partial or total hearing loss)
- **Network Health**
1-888-257-1985
TTY: 1-888-391-5535 (for people with partial or total hearing loss)

Notice of Privacy Practices

MassHealth has a notice that explains how we may use and disclose medical information we have about our members. We call this our "Notice of Privacy Practices." You can get a copy of our "Notice of Privacy Practices" by writing to Privacy Office, 600 Washington Street, Boston, MA 02111. You can also see this notice by going to www.mass.gov/masshealth. Click on Information for MassHealth Members, then Applications and Member Forms, and finally, Notice of Privacy Practices.

My Account Page

New! If you are the person who signed your household's MassHealth application (the head of household) and are currently getting benefits, you can now go online, using "My Account Page," to look at your household's current eligibility for health insurance and other programs, print notices from MassHealth, send in certain changes to MassHealth such as address, phone number, or pregnancy and, if a Commonwealth Care member, complete your yearly review online.

To use "My Account Page," you will need your member ID number. This can be found on your MassHealth card and on any notice you get from MassHealth.

Sign up now to use My Account Page at mass.gov/vg/selfservice!