



# MOUN KI GEN ASIRANS

## MASSHEALTH YO!

ENFÒMASYON ENPÒTAN SOU PÒSYON YO DWE PEYE POU MEDIKAMAN  
Yo te revize enfòmasyon sa a pou ane 2004 la

A pati de premye Fevriye 2004, MassHealth te ogmante ti pòsyon kòb “co-payment” moun ki gen Mass Health dwe peye. Kounyè a ou dwe peye \$1.00 pou chak medikaman òdinè (generic) oubyen medikaman san preskriksyon ke Mass Health kouvrí, e ou dwe peye \$3.00 pou chak medikaman ki gen non kòmèsyal (brand name) ke yo preskri w. Ou dwe peye ti posyon an chak lè ou ranpli yon preskriksyon, menm lè se reranpli wap reranpli medikaman an. Kòm pafwa gen kèk famasi ki chita ap bay moun move enfòmasyon, li enpòtan pou’w **konn dwa ou antanke yon moun ki gen MassHealth.**

### Èske gen yon maksimòm kòb mwen dwe peye pou ti posyon sa yo?

Gen yon maksimòm kòb pou peye chak ane. Yon fwa ou rive peye \$184 nan ane 2004 la pou medikaman doktè preskri w, ou pa dwe peye lòt kòb ankò pou tout rès ane a. Kantite maksimòm sa a pa ane ap monte a \$200 pou ane 2005 lan.

### Èske gen yon seri de moun ki pa oblige peye ti posyon kòb la?

Wi: timoun ki gen mwens ke 19 an, fi ansent ak fi ki fèk akouche; manb ki gen MassHealth ki limite yo; pasyan ki entène nan kay espesyal pou moun ki aje yo epi ki malad yo (nursing home), moun ki gen maladi kwonik oubyen ki nan lopital pou reyabilitasyon oubyen nan lopital pou moun ki gen maladi tèminal ak moun kap resevwa sa yo rele “EAEDC” ki pa gen “Mass Health Basic” (senp), “Mass Health Essential” (esansyèl) oubyen “Mass Health Standard” (Nòmal). Pou plis detay, silvouplè tcheke lèt ou te resevwa a, tcheke sit entènèt Mass Health la nan [www.state.ma.us/dma/providers/bulletins/bull\\_2003\\_pdf/ALL-130.pdf](http://www.state.ma.us/dma/providers/bulletins/bull_2003_pdf/ALL-130.pdf) oubyen rele Depatman Sèvis Kliyan Mass Health yo nan 1-800-841-2900 (TTY: 1-800-497-4648 pou moun ki soud ak pou moun ki gen pwoblèm tandem)

### Èske gen medikaman mwen pa oblige peye ti posyon an pou yo?

Wi. Ou pa gen pou peye pou medikaman pou planin, pou medikaman yo ba ou pandan ou entène lopital, pou medikaman Medicare kouvrí ke yon doktè ki sètifye pou l pran swen pasyan ki gen Medicare ba ou (pou Manb MassHealth Senior Buy-In ak MassHealth Standard sèlman) ak pou medikaman pou sèvis ijans.

### E si m pa gen ti pòsyon pou m peye pou medikaman yo preskri m yo?

Si w pa gen ti posyon ou dwe peye a, famasi a dwe toujou ba w medikaman w. Yon famasi pa gen dwa pou l refize ranpli pyès nan medikaman w yo paske w pa gen kòb pou peye. Ou pa janm dwe pa pran medikaman ke w bezwen paske w pa gen posyon kòb “co-payment” ou dwe peye a.

### Èske famasi a ka refize ranpli preskriksyon m yo pwochèn fwa mwen retounen vin ranpli yo ankò paske m pat peye ti kòb mwen te dwe peye dènye fwa a?

NON. Famasi a dwe toujou ba w medikaman w, ke w te dwe kòb ke w pat dwe pou dènye fwa ou te ranpli medikaman.

### Èske famasi a ka voye yon bil ban mwen pou pòsyon mwen pat peye yo, oubyen èske l ka eseye kolekte kòb sa yo?

WI. Yon famasi ka toujou voye yon bil pou ou pou kòb ou pat peye yo, e li ka itilize yon ajans pou eseye ede l kolekte yo. Sa yo pa gen dwa fè, se refize ba w medikaman doktè preskri w.

### Kisa pou m fè si famasi a refize ban m medikaman yo paske m pa gen frè pou m peye a?

1. Pote fèy enfòmasyon sa a nan famasi a epi montre famasyen an enfòmasyon Mass Health la nan lòt bò a.
2. Rele **Depatman Sèvis Kliyan MassHealth yo nan 1-800-841-2900** (TTY: 1-800-497-4648 pou moun ki soud ak pou moun ki gen pwoblèm tandem) epi bay reprezantan an non ak adrès famasi kote sa rive a.
3. Rele liy èd “Health Care For All” (Swen Sante Pou Tout Moun) nan 1-800-272-4232 pou rapòte pwoblèm nan, òganizasyon sa a swiv pwoblèm frè pou moun peye yo (co-payments) epi lap refere kote pou jwenn èd legal si sa nesesè.

Fèy sa a se jis yon rezime sou règleman frè pou peye yo. Pou plis enfòmasyon sou frè pou peye medikaman, rele depatman sèvis kliyan Mass Health yo oubyen vizite sit entènèt Mass Health la nan adrès sa a [http://www.state.ma.us/dma/questions/faq\\_pharmacy.html](http://www.state.ma.us/dma/questions/faq_pharmacy.html)

Se òganizasyon yo rele “Health Law Advocates” moun kap lite pou pase lwa sou zafè sante ([www.hla-inc.org](http://www.hla-inc.org)) ak òganizasyon yo rele “Health Care For All” Swen Sante pou Tout Moun ([www.hcfama.org](http://www.hcfama.org)) ki te prepare fèy enfòmasyon sa a **VIRE NAN LÒT BÒ A →**

**Dear Pharmacist:**

**Please note that, under federal and state law [42 USC 1396o(e) and 130 CMR 450.130], you may not refuse to fill a MassHealth recipient's prescriptions if that individual is unable to pay a co-payment. Please read the excerpt of the notice below, from the Division of Medical Assistance:**

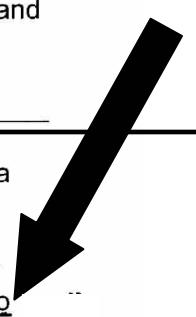
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***Determining If a Member Needs to Pay a MassHealth Copayment***

A member may not know if he or she has met an annual cap or does not otherwise need to pay a MassHealth copayment. The Recipient Eligibility Verification System (REVS) will usually indicate if a member is excluded from the copayment, except if the member is pregnant or in the postpartum period described on page 2 of this bulletin, or receiving emergency services. POPS identifies if any copayment amount is due on each claim. REVS will indicate if the member has met the calendar-year maximum for non-pharmacy services and pharmacy services, respectively, based on the information available to MassHealth through claims.

***Collecting Copayments from the Member***

It is the provider's responsibility to collect the copayment from the member, if a copayment is due. Providers must give members who pay a copayment a receipt. If a copayment is due, but the member does not pay it at the time of service, the member remains responsible for the copayment, and the provider may bill the member for the copayment. However, providers may not refuse to provide a covered service to a MassHealth member who is unable to pay the copayment at the time of service.



***Copayment Cap Letter***

When a member reaches either copayment cap for the calendar year, the Division or the member's MCO sends the member a letter stating that the particular copayment cap has been met. The member may use this letter as proof of having met the copayment cap. When a member presents such a letter, the provider should not charge the member a copayment. If the copayment is for a pharmacy service, and POPS shows that there is a copayment due, the pharmacist should call the ACS Hotline at 1-866-246-8503 and fax the letter to ACS at 1-866-556-9314. ACS will determine if a copayment will be deducted from the provider's payment.

***Self-Declaration of Exclusion from Copayment Requirement***

Because of the time required for claims processing and data-sharing, it is possible for a member to have met a copayment maximum or otherwise be excluded from the copayment requirement, and not be identified as such on REVS or POPS.

Providers may not charge a copayment at the time of service to a member who states that he or she has met one of the exclusions from the copayment requirement. If the provider does not charge the member a copayment and later discovers that the member was not excluded from the copayment requirement, the provider may bill the member for the unpaid copayment.

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