

OFFICIAL
State Plan under Title XIX of the Social Security Act
State: Massachusetts
Charges Imposed on the Categorically Needy

If an AI/AN has been furnished a service by an Indian health care provider operated by the Indian Health Service (IHS), an Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U), or by non-Indian health care providers through referral, or if he or she is eligible to receive such services, the state's MA-21 program will suppress their premiums.

If an AI/AN has ever been furnished a service by an Indian Health care provider operated by the Indian Health Service (IHS), an Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U) or by non-Indian health care providers through referral, the state's MMIS and POPS systems will not charge that individual a copayment for services received from any Medicaid provider and the state will ensure that provider payments may not be reduced by any coinsurance, copayment or deductible that has been exempted for the AI/AN patient.

- (G) Cumulative maximum that applies to copayment requirements:
- (1) \$250 per year per person for pharmacy services, and
 - (2) \$36 per year per person for non-pharmacy services.

Charges Imposed on the Medically Needy and other Optional Groups

If an AI/AN has been furnished a service by an Indian health care provider operated by the Indian Health Service (IHS), an Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U), or by non-Indian health care providers through referral, or if he or she is eligible to receive such services, the state's MA-21 program will suppress their premiums.

If an AI/AN has ever been furnished a service by an Indian Health care provider operated by the Indian Health Service (HIS), an Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U) or by non-Indian health care providers through referral, the state's MMIS and POPS systems will not charge that individual a copayment for services received from any Medicaid provider and the state will ensure that provider payments may not be reduced by any coinsurance, copayment or deductible that has been exempted for the AI/AN patient.

- (G) Cumulative maximum that applies to copayment requirements:
- (1) \$250 per year per person for pharmacy services, and
 - (2) \$36 per year per person for non-pharmacy services.