

Massachusetts Health Care Training Forum (MTF):

MassHealth Updates

Summer 2025 Questions and Answers

This document supplements the presentations made during the Massachusetts Health Care Training Forum (MTF) meetings by offering Questions & Answers, and additional presenter comments if applicable.

Enrolling QMB-Eligible Members

Question 1:

What type of communication has been sent to Medicare regarding the QMB campaign? We are being told by SSA that these members can only enroll with a valid SEP and also are not eligible without the 40 quarters. We have to plead and explain the QMB process with each one before they are willing to make an appt?

Answer:

Individuals who are determined eligible for QMB are allowed to enroll outside of SEP and are allowed to enroll even if they have not met work requirements for Part A. Individuals who are being outreached by MassHealth in the yellow envelope can work directly with us to help communicate with Medicare to ensure these individuals are being processed correctly as a QMB. There is also an insert that will be included in all notices that instructs Medicare to the way to handle this population per SSA's Program Operations Manual System (POMS) HI 00801.410 SSA - POMS: HI 00801.140 - Premium-Part A Enrollments for Qualified Medicare Beneficiaries (QMBs); Part A Buy-In States and Group Payer States - 06/15/2009.

Question 2:

If a client becomes eligible for the Frail Elder Waiver in the community, they separate their income of the well spouse and the frail spouse. If the Frail spouse alone meets the QMB eligibility criteria. Will they be eligible for QMB?

Answer:

It is possible for an individual on Frail Elder Waiver to be QMB-eligible based on their income even if their spouse does not qualify.

Question 2a:

In addition, would they in turn be eligible to get Medicare Part B if they did not have it?

Answer:

An individual eligible for QMB may be eligible for Medicare and will be encouraged and required to apply.

Question 3:

Are the SSA appointments in person?

Answer:

SSA appointments are typically handled by phone and do not require a visit to an office.

Question 4:

What if someone wants to apply for Medicare online? Currently, this is the quicker way for someone to get enrolled in Medicare.

Answer:

Individuals who are eligible for QMB are unable to apply for Medicare online.

Question 5:

Regarding the QMB, considering Medicare is now booking appts as far out as October now and some offices stating they do not have appts available, will MassHealth consider extending their coverage as long as an appt is scheduled?

Answer:

MassHealth will not require individuals to be enrolled by a certain date. We simply need the individual to take steps to make an appointment and apply in order to maintain eligibility.

Question 6:

What should the individual do if they try to call their local SSA office and they cannot reach their local office? People have been experiencing the call being transferred to any random

office and the representative may state they do not have the ability to transfer calls to the specified office, citing "a new update with the system."

Answer:

Members who receive a yellow envelope from MassHealth should the MassHealth Medicare Enrollment Support Project at (877) 935-1280, TDD/ TTY: 711 for help setting up your Medicare application appointment with your local Social Security Office.

Question 7:

You indicate coverage for those 65+ will continue during the UMass process. What coverage would that member be on while waiting for Medicare to become effective?

Answer:

As long as they remain eligible for MassHealth, they will maintain their eligibility for their existing program.

Question 8:

Regarding the Medicare enrollment project, some non-citizens eligible for MassHealth Standard, like recent refugees who have not worked for 40 quarters, are not eligible for Medicare. If they are not being screened out, can they just call and explain that they are not eligible? It would be a huge waste of everyone's time to make them actually go to an SSA office to apply and be denied.

Answer:

Individuals who do not have enough work history may still qualify to be eligible to enroll in Medicare. MassHealth pays the Medicare Part A premium for QMB individuals who do not have enough work history to get free Part A.

We understand that some non-citizens may be ineligible for Medicare. We have taken some steps to screen out certain non-citizens but understand that there may be some scenarios where individuals who are selected are outreached. If an individual contacts UMass, they will perform high-level screening before making an appointment with the SSA. We will not require individuals who are screened out to go to the SSA and get a denial letter. If an individual is found ineligible for Medicare (either screened out or applied and denied), MassHealth will remove them from further outreach.

Question 9:

On the Medicare enrollment project: You said that members who did not respond to UMass within 60 days would be terminated from MH. They can re-join MH once they contact UMass

to set up an SSA appt. Will they need to do a new application at that time? And would their coverage, if re-instated, go retroactive back to the date that they lost it?

Answer:

Individuals who contact UMass to set up an SSA appointment should be able to rejoin MassHealth without a new application as long as they have renewed their eligibility within the last twelve months. If reinstated, the coverage will go retroactive back to the date that they took action and contacted UMass.

Question 10:

What is the protocol for individuals who are bed bound and unable to leave their homes, without any supports/POW? Are there counselors available to meet individuals at home to fill out these applications and obtain financial documentation if they cannot make an appointment?

Answer:

Individuals should be able to make appointments over the phone. UMass will offer support.

Question 11:

Will people with all MassHealth types be required to apply for Medicare, e.g., Health Safety Net?

Answer:

MassHealth only requires individuals with full MassHealth to apply for Medicare if they are eligible for QMB because it is available at no additional cost.

- Consistent with Eligibility Operations Memo (EOM) 25-10, the following individuals are excluded from the requirement:
- People who are not eligible for MassHealth Standard, CommonHealth, or Family Assistance
- People who are 65 and older with income above 190% of the FPL; and
- People who are younger than 65.

Question 12:

Is SSA aware they must provide a denial letter to non QMB eligibles? I have come across a few scenarios where members have been denied Medicare benefits due to their working quarters not being met. They have asked SSA for a denial letter, but SSA states there is no letter available to provide them.

Answer:

Individuals who receive a yellow envelope will be supported by UMass and will be instructed to provide a denial letter.

Question 13:

I've called the SSA, and several agents at multiple offices mentioned that they are not aware of a special SEP for QMB members. Any insight?

Answer:

Individuals who are determined eligible for QMB are allowed to enroll at any point (without regard to enrollment periods and are not subject to late enrollment penalties). Individuals who are being outreached by MassHealth in the yellow envelope can work directly with us to help communicate with Medicare to ensure these individuals are being processed correctly as a QMB and allowed to enroll. There is also an insert that will be included in all notices that instructs Medicare to the way to handle this population per [SSA's Program Operations Manual System \(POMS\) HI 00801.410 SSA - POMS: HI 00801.140 - Premium-Part A Enrollments for Qualified Medicare Beneficiaries \(QMBs\); Part A Buy-In States and Group Payer States - 06/15/2009](#).

Question 14:

Someone applied for SSA last September but hasn't received a determination yet. Would the UMASS team be able to help resolve this issue?

Answer:

Individuals should not be instructed to contact UMass unless they have been outreached by MassHealth as a QMB. Questions about pending applications should be directed to the SSA.

Question 15:

To contact UMass with Medicare questions, can members walk in or only call?

Answer:

There is no walk-in location. Individuals who receive a yellow envelope will be instructed to call.

Three-Month Retroactive Eligibility

Question 1:

Does this retroactive eligibility include dental services?

Answer:

If dental is a covered service of the coverage type, they are eligible for, then it should be covered.

Question 2:

Does the new MassHealth start date rule also apply to QMB and SLMB? Example: MSP application submitted on 8-20-25 and is approved. Is it in effect for 8-1-25?

Answer:

Retroactive coverage is only permitted for individuals eligible for SLMB and QI.
Retroactive coverage is **not permitted for QMB**, and the start date will always be the **first day of the month following the eligibility determination**.

Estate Recovery

Question 1:

If an individual receives Medicare Premium Assistance only, Will MassHealth/commonwealth have a claim on their assets after they pass away?

Answer:

Estate recovery does not apply to Medicare Savings Programs (MSPs). However, if an individual has MassHealth and MSP, the MassHealth portion (i.e., MassHealth Standard) may be subject to Estate Recovery.

Question 2:

Under the new rules, are CommonHealth members subject to estate recovery?

Answer:

Currently, CommonHealth members are not excluded from estate recovery. Massachusetts Legislature via Chapter 197 of the Massachusetts Acts of 2024 (H.5033) amended the estate recovery requirements to prohibit estate recovery from individuals who received medical assistance under the CommonHealth program, **provided that MassHealth shall seek federal authority, if required, to implement the exemption**. MassHealth is required to seek authority through the Section 1115 Demonstration Amendment to exclude CommonHealth members from Estate Recovery. Therefore, MassHealth is seeking federal authority: [1115 Amendment Estate Recovery Fact Sheet](#).

Long-Term Care

Question 1:

Someone who is over 65 and is in a long-term care facility as self-pay and this person is soon to run out of money/assets to pay for the LTC facility. This person owns their home. Will this person need to sell their home & spend down this asset prior to applying for MassHealth or would MassHealth put a lien on the home and cover them in the meantime?

Answer:

We cannot speculate on an individual's circumstances and what steps they will need to take to qualify for MassHealth. Generally, a single individual must have assets, including real property, below \$2000 to qualify. If they have a spouse that remains in the community, there are different asset considerations and spousal impoverishment standards that are used when reviewing joint assets. However, the institutionalized individual must still have assets in their name below \$2000.

Medicare Savings Programs

Question 1:

There are mainstream Doctors and providers that are still DENYING to seeing patients that have QMB as a secondary provider, because they don't know how to bill MassHealth the Medicare copays and coinsurance for a QMB member. Are there written instructions or a job aid that are available, or a dedicated number (with the appropriate extensions) available to prevent this from happening?

Answer:

Providers should be directed to All Provider Bulletin 386 - [Eligibility Operations Memo](#). There are also helpful CMS materials available, including this one: [Prohibition on Billing Qualified Medicare Beneficiaries](#).

General MassHealth Eligibility

Question 1:

What about any changes for undocumented people?

Answer:

MassHealth is waiting for implementation and regulatory guidance from the federal government, specifically the Centers for Medicare & Medicaid Services (CMS), before changes are enacted. MassHealth has not paused or stopped any programs or payments

to providers, plans, or other payees. We will continue to provide updates as more information becomes available.

Question 2:

For the Weight Loss Drugs, do you see a time period that Standard MassHealth will end coverage for these drugs as well?

Answer:

At this time, MassHealth continues to provide coverage for weight loss medications for eligible members. We encourage providers to subscribe to the [MassHealth Pharmacy Facts and Prescriber e-Letters](#) for the latest updates.

MassHealth Health Plan

Question 1:

Does the ACO referrals effect SNFs?

Answer:

Currently, services provided by a nursing facility are excluded from referrals for PCC Plan and Primary Care ACO members. Please refer to our 450 regulations (118 and 119) for additional information on services exempted from PCP referrals. We also ask that you refer to the [All Provider Bulletin 406](#) with additional services that do not require PCP referrals for PCC Plan and ACO B members.

SENIOR CARE OPTION (SCO) PLAN

Question 2:

For SCO plans, when members regain MassHealth, if it was lost, it used to be that certain SCO plans retroed back 3 months, is this changing or will it be the same?

Answer:

To clarify, certain members that regain MassHealth eligibility may be eligible to request 3-month retro eligibility if they qualify.

Other Questions

Question 1:

I have read that OBBB adds work requirements (80 hours/month) for Medicaid recipients aged 19–64. If so, when does this begin & when can we expect to hear more about this from MTF?

Answer:

MassHealth is waiting for implementation and regulatory guidance from the federal government, specifically the Centers for Medicare & Medicaid Services (CMS), before changes are enacted. MassHealth has not paused or stopped any programs or payments to providers, plans, or other payees. We will continue to provide updates as more information becomes available.